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**OFFICE OF THE CHIEF MEDICAL EXAMINER
BOARD OF MEDICOLEGAL INVESTIGATIONS**

**BOARD OF MEDICOLEGAL INVESTIGATIONS
REGULAR MEETING**

Board Meeting Minutes from
Thursday, May 14, 2026, at 02:00 pm
921 NE 23rd Street, Oklahoma City, OK 73105
and Via Videoconference

In conformity with the Oklahoma Open Meeting Act, advance notice of this meeting was transmitted to the Oklahoma Secretary of State on November 17, 2025, at 3:10 PM and public notice of this meeting, together with the agenda, was posted in prominent public view on the front door of the Office of the Chief Medical Examiner, 921 NE 23rd Street, Oklahoma City, OK, and 1627 Southwest Blvd., Tulsa, OK 74117.

Members present: Mr. Greg Mashburn, Dr. Eric Harp, Mr. Keith Reed, Dr. Lee Schoeffler, Mr. Tyler Stiles, and Dr. Eric Pfeifer.

Members present via videoconference: Mr. Ashley Webb and Dr. Jason Beaman

Members absent: Dr. Michael Magguilli

Others Present: Dr. Josh Lanter (OCME), Timothy Dwyer (OCME), Madalynn Martin (OAG), Elysa Imhoff (OCME), Michele Krizan (OCME), Lori Shively (OCME), Robert Sawyers (OCME), Jodi Dillon (OCME), and Dr. Sara Getz (OCME).

Mr. Stiles called the meeting to order at 2:02 p.m. Roll was called, and a quorum was established.

The Board noted that the meeting minutes included in the Board packet were not the correct meeting minutes for consideration. No action was taken regarding approval of the prior meeting minutes. The item will be presented at a future meeting.

- Update from the Chief Medical Examiner

Dr. Pfeifer reported that the Office of the Chief Medical Examiner successfully regained accreditation through the National Association of Medical Examiners (NAME) after approximately fifteen years. The agency completed 365 accreditation checklist items and corrected all deficiencies identified following the loss of accreditation in 2009. He stated that the primary deficiencies involved facilities, staffing levels, and workload compliance. Dr. Pfeifer expressed appreciation to agency staff and leadership whose efforts contributed to achieving accreditation standards.

Dr. Pfeifer stated that while the first twelve years of the accreditation effort progressed steadily, the last three years have been particularly challenging due to budget reductions and increasing operational costs.

Financial-

Dr. Pfeifer advised the Board that the agency is currently facing an estimated budget shortfall of approximately \$3.9 million and has approximately forty-five days to develop and present a balanced budget plan. The agency has relied on available cash reserves to offset recurring funding deficiencies. Available cash reserves, which previously exceeded \$10 million, have declined to approximately \$2.72 million.

Current funding has not kept pace with inflation or increasing operational costs over the past several years. While the agency expects to remain operational through the current fiscal year, current funding levels are not sustainable in future fiscal years without additional appropriations or new revenue sources.

Cost-saving measures under consideration include reductions to physician compensation, elimination of physician travel allowances and academic book funds, a potential salary reduction for employees earning above established thresholds, and implementation of a hiring freeze.

The agency is also pursuing emergency administrative rule changes to increase permit investigation fees to the statutory maximum. The proposed fee increase is expected to generate approximately \$1.1 million in annual revenue, or approximately \$93,000 per month once implemented.

Ms. Krizan advised that the agency has identified measures to address a significant portion of the shortfall; however, additional work remains to eliminate the remaining budget gap.

Investigations-

Dr. Pfeifer reported that the agency is evaluating modifications to investigative triage procedures involving natural deaths. Due to increasing transportation costs, certain natural deaths involving decedents over the age of sixty may no longer require transportation to an OCME facility when there are no suspicious circumstances, evidence of trauma, or concerns regarding the manner of death.

Dr. Lanter clarified that all cases will continue to be individually reviewed by investigative personnel and attending physicians. Cases involving suspicious circumstances, trauma, uncertainty regarding the cause or manner of death, or any concern identified by the attending physician will continue to receive full investigative review and transport, as appropriate.

Dr. Pfeifer reported that transportation expenditures continue to be a significant operational expense for the agency. Approximately 1,600 transports were completed during the previous year, with transportation costs averaging between \$300 and \$400 per decedent. Oklahoma's geographic size continues to present operational challenges due to the need to transport decedents from distant areas of the state.

Dr. Pfeifer noted that reducing transports may result in certain medical conditions going undetected, including pneumonias, cancers, head injuries, and toxicological findings that might otherwise be identified through radiologic examination or autopsy. He further noted that fewer

examinations could result in an increase in death certificates listing nonspecific cardiovascular disease as the cause of death. As an example, he referenced a previous methamphetamine overdose involving an elderly decedent that may not have been identified under the proposed triage model.

An increase in requests for the agency to certify death certificates in cases that would not traditionally fall within OCME jurisdiction. He stated that some attending physicians are increasingly reluctant to sign death certificates, resulting in additional workload for the agency.

A hiring freeze remains under consideration. One investigator position in the southeastern district will not be replaced following a vacancy. He further advised that another investigator may be leaving to accept federal employment and that the agency does not intend to fill that position. Reductions in investigative staffing could increase travel requirements and result in longer scene response times in certain regions of the state.

The average scene response time is 1 hour and 18 minutes, which is an average across all 77 counties.

Permit turnaround time is 16 hours and 24 minutes, with a goal of 48 hours (2 business days).

Physicians-

Dr. Pfeifer reported that the agency continues to meet National Association of Medical Examiners (NAME) accreditation standards for case completion. More than ninety percent of cases continue to be finalized within ninety days, with both the Oklahoma City and Tulsa offices maintaining compliance with accreditation requirements

Dr. Pfeifer expressed concern that continued funding deficiencies could affect future physician recruitment, retention, and potentially impact compliance with NAME accreditation workload standards.

Dr. Pfeifer advised that the agency's forensic pathology fellowship program continues to perform well. Twelve fellowship candidates interviewed during the current recruitment cycle, representing more than twenty-five percent of forensic pathology fellowship applicants nationwide.

Anthropology-

Dr. Pfeifer highlighted accomplishments within the forensic anthropology division. The division continues to utilize radiocarbon analysis and other investigative techniques to reduce reliance on costly genetic testing in skeletal identification cases. It was reported that radiocarbon testing may cost approximately \$500 compared to approximately \$23,000 for genetic testing in certain skeletal identification investigations. The division's work has received national attention and continues to influence forensic anthropology practices across the country.

OCME involvement in those investigations remains limited and does not create a significant operational burden on the agency. Oklahoma continues to experience a substantial number of skeletal recoveries and clandestine grave investigations. There is no statute of limitations for murder. Documentation and investigation of historical cases remain important, even when

criminal prosecution may be unlikely. Even with four full-time forensic anthropologists, the agency struggles to keep pace with the demand.

Toxicology-

Dr. Pfeifer reported that toxicology turnaround times continue to improve and remain well within accreditation standards. He recognized Chelsea Yakovazzi on her promotion to forensic toxicologist and noted her plans to pursue a doctoral degree in forensic toxicology.

The toxicology laboratory continues to improve operational efficiency through workflow modifications and process improvements, contributing significantly to overall case completion times. Dr. Pfeifer stated that the laboratory is one of the primary reasons the agency continues to achieve current turnaround goals.

Dr. Pfeifer reported that a long-term agency goal is achieving completion of ninety percent of cases within sixty days. He stated that while desirable, that goal is not currently attainable given existing staffing and funding limitations.

Legislative-

Dr. Pfeifer reported that agency leadership continues to engage with state officials regarding future funding needs and legislative priorities. He and Timothy Dwyer will continue meeting with legislators to increase awareness of the agency's funding needs and the continuance of this trend could significantly affect core services to the state.

Dr. Pfeifer concluded by emphasizing the importance of maintaining the progress achieved through accreditation and OCME must avoid operational setbacks after years of work toward meeting national standards.

● Update from the Deputy Chief Medical Examiner

Dr. Lanter advised that Dr. Pfeifer had covered the items he intended to report and that he has no additional updates for the Board.

New Business-

No new business.

Mr. Stiles motioned to adjourn the meeting. Mr. Mashburn seconded the motion. Roll was called and all were in favor. The meeting was adjourned at 2:24 pm.