TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control _______ 420 _________ Alabama Department of Public Health

Rule Number 420-7-1-.18
Rule Title Amendment or Correction of Information Provided by the Medical Certifier on Death Certificates

_______ New ______ XXXX Amend _______ Repeal _______ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? No

Is there a reasonable relationship between the state’s police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of Certifying Officer ___________________________ Date 01/8/22
STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-7-1-.18, Amendment or Correction of Information Provided by the Medical Certifier on Death Certificates

INTENDED ACTION: To amend the current rule.

SUBSTANCE OF PROPOSED ACTION: To document the requirement for identification from an applicant requesting an amended death certificate.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held on September 15, 2022, at 9:00 a.m., at the RSA Tower, Suite 1540, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on October 5, 2022. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Nicole H. Rushing, Center for Health Statistics, Alabama Department of Public Health, P.O. Box 5625, Montgomery, Alabama 36103-5625, Telephone Number: (334) 206-2679.

P. Brian Hale, Agency Secretary
420-7-1-.18 Amendment or Correction of Information Provided by the Medical Certifier on Death Certificates

(1) Application to correct the date of death or the medical certification on a death certificate shall be made by one of the following:

(a) The medical certifier who originally completed the medical certification on the death certificate.

(b) If the medical certifier was a coroner, the current coroner in the same county as the coroner who originally completed the medical certification.

(c) If the medical certifier was a medical examiner, another medical examiner in the same office as the medical examiner who originally completed the medical certification.

(d) If the death occurred in a facility and the medical certifier was a physician who is no longer in that facility, the chief medical officer of that facility.

(e) If none of the above situations apply, the State Registrar may accept a request to correct the medical certification from another physician, medical examiner, or coroner who has knowledge of the facts of the medical certification provided a sufficient explanation can be made on why the original medical certifier cannot make the correction.

(f) Minor corrections may be made at the discretion of the State Registrar without specific application from one of the above.

(2) With the exception of minor corrections, an application to make an amendment or correction to the date of death or the medical certification must be made in writing on a form or in format specified by the State Registrar and must contain the signature of the applicant.

(3) Correction of Minor Errors Within One Year of the Date of the Event:

(a) Correction of obvious errors, transposition of letters in words, or additions of omitted information may
be made by the State Registrar based upon his or her observation or query.

(b) A notation documenting the source of information for the correction or addition and the date the change was made shall be maintained with the certificate but does not need to appear on certified copies of the certificate.

(4) No fee shall be charged for an amendment or correction of information provided by the medical certifier on death certificates and no certified copies will be issued to the medical certifier when the amendment or correction is made. However, an authorized applicant may request certified copies by submitting a separate application, providing valid identification, and paying the required fee for the number of copies requested.

Author: Dorothy Harshbarger; Nicole Henderson Rushing
History: Repealed and Replaced: Filed June 20, 2007; effective July 25, 2007. Amended: Filed XX-XX-XXXX; effective XX-XX-XXXX.