



# OREGON MORTUARY & CEMETERY BOARD

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## Indigent Disposition Fund (IDF) Management Moves to OMCB

*Relevant to: Those applying for IDF reimbursement*

The Indigent Disposition Fund (IDF) management officially transferred to the OMCB on January 1, 2016. Sarah Casey, our new Document Compliance & Indigent Program Specialist, was hired in May and is reviewing all indigent disposition reimbursement applications – many of you have already had the opportunity of speaking and corresponding with her. Thank you for everyone's patience and understanding during this transition.

As previously mentioned in our January 2016 issue of the E-News, we now have a dedicated [IDF webpage](#), which includes a description of the IDF's purpose, the required application forms, rules governing claims, how to submit a reimbursement & information relating to death filing fees.

The IDF Reimbursement Application was developed in January to reflect additional requirements based on the recent law and rule changes. Now that we've used this form for 6 months, we've had the opportunity to work with several FSPs to determine how to make it better and easier to use! The newest version of the application is available on the IDF webpage, and Funeral Establishments can begin using it immediately. The webpage also includes help and tips for each step of the indigent disposition application process.

Three significant requirements include: (1) *contacting institutions on list that may accept the decedent's body for education or research purposes*, (2) *working with the Department of State Lands to determine if any funds are available from the decedent's estate*, and (3) *contacting the Department of Veterans' Affairs to determine if the decedent is eligible for any state or federal benefits*.

### Contacting Education/Research Institutions

For many years, the Demonstrator of Anatomy at Oregon Health & Science University (OHSU) maintained a list of institutions approved to receive indigent individuals for education or research purposes.

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This list continues to be maintained by [OHSU Body Donation Program's Executive Director, William E. Cameron, Ph.D.](#) and is available on the IDF webpage. Currently, the only approved institution is **Western University of Health Sciences**. The contact person is **Steven Carmichael, Body Donation Director**, and can be reached at [scarmichael@westernu.edu](mailto:scarmichael@westernu.edu) & (541) 259-0256.

### Determining if the Department of State Lands Must be Contacted

When an individual dies with no known heirs, the [Department of State Lands](#) must be contacted. The department will conduct an additional search for heirs, and if they find none, the department becomes the administrator of the decedent's estate and can determine if the estate has any funds to pay for final disposition. Contact the department at (503) 986-5247.

### Contacting the Department of Veterans' Affairs

This is a new requirement. The purpose of this is to determine whether the decedent is a veteran or not; and if so, what benefits are available.

Based on board staff's conversations with a number of VA-related representatives and licensees who've made attempts to determine a decedent's eligibility, the [National Cemetery Scheduling Office](#) has been identified as the best contact that can provide the appropriate information. The Scheduling Office can be reached at 1 (800) 535-1117. (For best results, ask to speak to a lead.)

## “Simplified” VA Burial Benefits

*Relevant to: All Licensees*

### Burial Benefits:

Beginning on July 7, 2014, VA changed its monetary burial benefits regulations to simplify the program and pay eligible survivors more quickly and efficiently. These regulations authorize VA to pay, without a written application, most eligible surviving spouses basic monetary burial benefits at the maximum amount authorized in law through automated systems rather than reimbursing them for actual costs incurred.



- The new regulations permit VA to pay, at a flat rate, burial and plot or interment allowances thereby enabling VA to automate payment of burial benefits to most eligible surviving spouses and more efficiently process other burial benefit claims.
- The burial allowance for a non-service-connected death is \$300, and \$2,000 for a death connected to military service.

### Service-Related Death:

For a service-related death, VA will pay up to \$2,000 toward burial expenses. If the Veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

### Non-Service-Related Death:

For a non-service-related death, VA will pay up to \$747 toward burial and funeral expenses for death (if hospitalized by VA at time of death), or \$300 toward burial and funeral expenses (if not hospitalized by VA at time of death), and a \$747 plot-interment allowance (if not buried in a national cemetery).

An annual increase in burial and plot allowances for a death is based on the Consumer Price Index for the preceding 12-month period.

### Eligibility Requirements:

- You paid for a Veteran's burial or funeral, **AND**
- You have not been reimbursed by another government agency or some other source, such as the deceased Veteran's employer, **AND**

### Board Mission

The Board's programs affect those who have suffered a loss, those who make final arrangements and those who provide death care goods and services. It is the Board's responsibility to license and regulate the practice of individuals and facilities engaged in the care, preparation, processing, transportation and final disposition of human remains, to educate the general public, and advise on relevant issues of public policy.

### 2016 Board Members

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**President**

Funeral Service Practitioner

**Morris Pearson**  
**Vice President**

Embalmer

**Nancy Corr**  
**Secretary/Treasurer**

Public Member

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Funeral Service  
Practitioner/Embalmer

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Cemetery Operator, City/County

**Larry Gyure**  
Cemetery Operator, Special  
District

**Marie Henry**  
Cemetery Operator, For Profit

**Judy Juntunen**  
Public Member

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Crematorium Operator

**RCA Moore**  
Public Member

**Corrina Patzer**  
Public Member

Members are volunteers serving 3 year terms. Members are appointed by the Governor & confirmed by the Senate.

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## “Simplified” VA Burial Benefits

Continued from Page 2



- The Veteran was discharged under conditions other than dishonorable, **AND**
- The Veteran died because of a service-related disability, **OR**
- The Veteran was receiving VA pension or compensation at the time of death, **OR**
- The Veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, **OR**
- The Veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, **OR**
- The Veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care, **OR**
- The Veteran had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date of death, **OR**
- The Veteran died on or after October 9, 1996, while a patient at a VA-approved state nursing home.

**NOTE:** VA does not pay burial benefits if the deceased:

- Died during active military service, **OR**
- Was a member of Congress who died while holding office, **OR**
- Was a Federal prisoner.

### Evidence Requirements:

- Acceptable proof of death as specified in 38 CFR 3.211., **AND**
- Receipted bills that show that you made payment in whole or part, **OR**
- A statement of account, preferably on the printed billhead of the funeral director or cemetery owner. The statement of account must show:
  - The name of the deceased Veteran for whom the services and merchandise were furnished, **AND**
  - The nature and cost of the services and merchandise, **AND**
  - All credits, **AND**
  - The amount of the unpaid balance, if any.

### How to Apply:

- Complete and submit a [VA Form 21-530](#), *Application for Burial Allowance*. For questions, call **1(800) 827-1000**, **OR**
- Apply online using [eBenefits](#) (<https://www.ebenefits.va.gov/ebenefits/homepage>), **OR**
- Work with an accredited [representative](#) or [agent](#), **OR**
- Go to a VA regional office and have a VA employee assist you. You can find your regional office on our [Facility Locator](#) page (<http://www.va.gov/directory/guide/division.asp?dnum=3>).

For more information on how to apply and for tips on making sure your claim is ready to be processed by VA, visit our [How to Apply](#) page (<http://www.benefits.va.gov/COMPENSATION/apply.asp>).

### Additional Information:

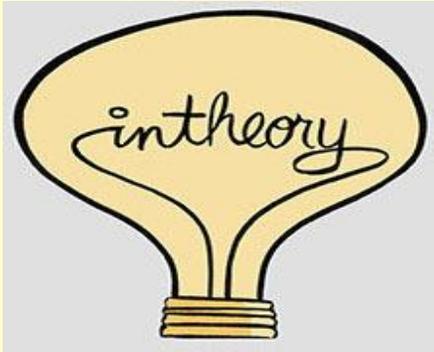
Other information regarding VA burial benefits such as flags, headstones and markers is provided by the [National Cemetery Administration](#) (<http://www.cem.va.gov/>).

(Taken from: <http://www.benefits.va.gov/compensation/claims-special-burial.asp>)

**Note:** If the veteran has no family and is unclaimed, the funeral establishment may submit a claim.

## The Washington Post: In Theory (Part III)

Relevant to: All Licensees



*“Building trust with ethnic minority communities will be critical if the US health care system is to achieve the goal of high-quality end-of-life care for all Americans.”*

*“Why are we more interested in pushing death than improving life?”*

*“Perhaps we need to create a new narrative that honors the graceful retreat as much as it celebrates the fight.”*

(Quoted from: <http://us3.campaign-archive2.com/?u=163e18111683bc0d5746e6f89&id=00794f1e45>)

Continued from January 2016 E-News Issue:

With or without physician-assisted suicide, VJ Periyakoil, director of Palliative Care Education and Training at Stanford University, makes it clear that there are significant disparities in the way end-of-life care is provided in the United States. “Health disparities that plague ethnic minorities throughout their youth and middle age doggedly pursue them through the end of life. **Minorities are less likely to enroll in, more likely to revoke and less likely to report satisfaction with hospice care.** They are also more likely to be subjected to burdensome treatments at the end of life that do not necessarily increase lifespan or quality of life but instead prolong the dying process.”

**Some of these differences are based in cultural and religious beliefs, but others are based in a fundamental distrust of the medical system.** Periyakoil affirms that this mistrust is fairly earned, recounting some of the dehumanizing experiments carried out on African-American patients in the 20<sup>th</sup> century. In this historical context, many African-American patients are in no hurry to sign away their rights to any potential treatment, even if doctors might think “comfort care” is better. Building trust with ethnic minority communities will be critical if the US health care system is to achieve the goal of high-quality end-of-life care for all Americans.

**Karl Lorenz, professor of medicine at Stanford University, examines the importance of truthful words and encourages us to begin to speak more honestly about dying.** Lorenz supports better communication being incentivized, including through making payments to doctors for doing end-of-life planning consultations with patients. Yet, more open communication is not enough, in and of itself. Outcomes matter, too. After all the conversations, it is critical that patient choices are respected. Lorenz is also encouraged by the growth of electronic registries that will soon allow clinicians to stay abreast of patient choices, even in trying conditions.

**Burke Balch, director of the Robert Powell Center for Medical Ethics at the National Right to Life Committee, asks, “Why are we more interested in pushing death than improving life?”** Balch says, “The universal assumption seems to be that people should be getting less rather than more lifesaving care.” He feels patients are encouraged to reject treatments that can help them.

**“Half a million dollars couldn’t buy my husband his life. But that didn’t stop me from trying,” written by Amanda Bennett, tells the story of Terence Foley.** Though they had advanced directives, said his wife, “At each turn in Terence’s illness we made the same choice to go on, to try again.” The article explores the difficulties we face in even following our own pre-stated wishes. **“As it turns out, the kinds of choices we made, and the ones millions of other people make, are at the heart of some of the most complicated and gut-wrenching issues surrounding end-of-life care.”** Says Bennett, “Perhaps we need to create a new narrative that honors the graceful retreat as much as it celebrates the fight. To change regulations, like hospice reimbursement rules that now require a sharp break between treatment and letting go. To train doctors, nurses, clergy and ourselves to recognize that the end is as much a part of life as the beginning so that we can see it, not as an abrupt break, but as a gentle glide.



*Relevant to: All Licensees*

What if a natural disaster cut off most (if not all) access to water, electricity, and gas? Additionally, what if most of the highways and bridges that you rely upon were gone in an instant?

These questions and others were addressed during the recent Cascadia Rising exercise (June 7-10, 2016) by Oregon, Washington, and Idaho state agencies, as well as federal partners (including military) and tribal nations.

Chad Dresselhaus from the OMCB, Rick Harvey from OFDA, and licensee Craig Collins participated in the discussions and brought a “death care industry” perspective to the table.

The Cascadia Subduction Zone (CSZ), (pictured above) experiences an 8.0-9.0 earthquake on average once every 200 to 500 years. The last major CSZ earthquake and tsunami occurred in 1700. The 800 mile CSZ fault line, which will affect the coastlines from British Columbia to California, is expected to be triggered at any moment.

The exercise simulated that there would be 10,000 fatalities due to a 9.0 earthquake and tsunami occurring approximately 15 minutes afterwards. The State ME’s Office speculated that there would be 2,000 additional deaths during the days following the event. (It is important to note that this fatality number doesn’t take into account the time of year. If this natural disaster takes place during the summer or spring break, the fatalities on the Oregon Coast could be significantly higher based upon peak tourist season.)

Many of the disaster preparedness plans from other states seem to stop at body recovery and identification and do not have anything in place related to the issues that funeral directors will encounter such as determining where recovered bodies will be temporarily stored (which can be up to a year or longer), how families will connect with funeral directors, how families will obtain death certificates, etc.

Two of the most substantial death care-related decisions made during the exercise were: 1) Recovered bodies will be temporarily stored rather than temporarily interred, and 2) When funeral directors pick up identified bodies that have been processed through the Disaster Portable Morgue Unit (DPMU), they will be able to leave with the bodies and completed death certificates.

It was determined that temporarily interring human remains would not only be financially burdensome on families, but would also take an emotional toll since deceased loved ones would have to be disinterred from a temporary burial space and reinterred at a cemetery. Therefore, locating multiple storage facilities that can store human remains in a respectful and accountable way is extremely important. It is our understanding that OFDA will begin reaching out to its members to work collaboratively with county officials to locate area buildings that could be used as storage facilities in the event of a natural disaster.

The other issue was the need for families to receive death certificates as soon as possible. Based on discussions with Victim Information Center (VIC) representatives, it was agreed that the professionally-trained personnel would input all of the decedent’s personal information, the funeral director would confirm, and the appropriate medical professional would certify the cause of death, etc.

In the near future, the OMCB and OFDA will be working collaboratively to determine the available resources of all Oregon funeral homes relating to the size of refrigeration units, number of cots, misc. supply amounts, number of vehicles, etc. This information will be provided to the Oregon Public Health Division, which oversees the state disaster preparedness efforts.

For more information about Cascadia Rising 2016, please visit the following website:

[https://www.oregon.gov/OMD/OEM/Pages/preparedness\\_information.aspx](https://www.oregon.gov/OMD/OEM/Pages/preparedness_information.aspx)

For more information about Oregon disaster preparedness in general, please visit the Oregon Office of Emergency Management’s website:

<http://www.oregon.gov/OMD/OEM/pages/index.aspx>

(Information taken from: [https://www.oregon.gov/OMD/OEM/docs/plan\\_train/Cascadia2016/CascadiaRisingEX-flyer-Oregon\\_v2.pdf](https://www.oregon.gov/OMD/OEM/docs/plan_train/Cascadia2016/CascadiaRisingEX-flyer-Oregon_v2.pdf))



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To conserve resources, we have distributed only one copy per facility.  
The full color version of this publication can be read or printed from our website.

## Upcoming OMCB Meetings

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& Cemetery Board**

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**Regulating Death Care  
Facilities & Practitioners  
in Oregon.**

**Tuesday, August 9, 2016 @ 9am**  
OMCB Board Meeting  
Location: Portland Office Building

**Thursday, October 6, 2016**  
Strategic Planning Session  
Medford

**Friday, October 7, 2016**  
Board Meeting  
Medford

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*We're on the Web!*

*Visit us at:*

<http://www.oregon.gov/mortcem>

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