

**RESOLUTION NO. 26-21**

**MEDICAL EXAMINER AND MEDICAL EXAMINER INVESTIGATOR COMPENSATION AND  
FEE SCHEDULE**

**WHEREAS**, Iowa Code section 331.802 authorizes the Board of Supervisors to fix fees and compensation for medical examiner and medical examiner investigator services; and

**WHEREAS**, the Board of Supervisors of Wayne County, Iowa, finds it necessary to establish a fair, consistent, and transparent compensation and fee structure that reflects the duties, responsibilities, and conditions under which medical examiner investigations are conducted; and

**WHEREAS**, medical examiner investigations may involve varying levels of complexity, coordination, risk, transportation needs, and additional duties outside of individual investigations;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Supervisors of Wayne County, Iowa, that the following Medical Examiner and Medical Examiner Investigator compensation and fee schedule is hereby adopted:

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**1. Medical Examiner Investigator Investigation Fee**

A fee of **two hundred fifty dollars (\$250.00)** shall be paid for each medical examiner investigation conducted by the Medical Examiner or Medical Examiner Investigator. This fee includes scene response, investigation, documentation, coordination, determination of reportability, preparation of required reports, and related on-scene investigative duties.

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**2. Medical Examiner Consult and Medical Authority Fee**

A fee of **one hundred dollars (\$100.00)** shall be paid for each case requiring review, consultation, concurrence, pronouncement authority, or medical-legal determination by the Medical Examiner, including both autopsy and non-autopsy cases.

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**3. Transportation Fee**

When transportation of a decedent to the State Medical Examiner's Office is performed by county personnel due to the unavailability or refusal of a licensed funeral home, an additional **two hundred dollars (\$200.00)** transportation fee shall apply.

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#### **4. Extreme or Hazardous Case Differential**

An additional **one hundred dollars (\$100.00)** may be applied in cases involving extreme or hazardous conditions, including but not limited to advanced decomposition, prolonged undiscovered death, biohazard exposure, or unsafe scene conditions.

Application of this differential shall be based on case conditions as determined by the Medical Examiner Investigator.

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#### **5. Approved Training and Required Duties Outside of Investigations**

Time spent by the Medical Examiner Investigator on **required training, required meetings, and preparation for court testimony** related to medical examiner responsibilities, when performed outside of individual investigations, shall be compensated at a rate of **twenty-five dollars (\$25.00) per hour**, subject to approval by the Board of Supervisors or its designee.

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#### **6. Reimbursement**

When applicable, reimbursement for medical examiner services shall be sought from the decedent's county of residence in accordance with Iowa law.

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**BE IT FURTHER RESOLVED** that this compensation and fee schedule shall take effect **January 1, 2026**, and shall apply to all medical examiner cases and approved duties occurring on or after that date.

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Passed and approved this 17 day of February, 2026.

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Chairperson, Board of Supervisors

Wayne County, Iowa

Chris Moore

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Wayne County Auditor

Michelle Doolley