

12/19/25
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2026	2027	2028	2029	2030
Personal Services					
Operating Costs					
Capital Expenditures					
External Revenues	(\$195,910)	(\$201,787)	(\$207,841)	(\$214,076)	(\$220,498)
Program Income(County)					
In-Kind Match(County)					
NET FISCAL IMPACT	(\$195,910)*	(\$201,787)	(\$207,841)	(\$214,076)	(\$220,498)
#ADDITIONAL FTE POSITIONS (CUMULATIVE)					

Is Item Included in Current Budget? Yes X No
Is this item using Federal Funds? Yes No X
Is this item using State Funds? Yes No X

Budget Account Exp No: Fund ____ Dept ____ Unit ____ Obj. ____
Rev No: Fund 0001 Dept 670 Unit 4100 Rev. 4141/4900

B. Recommended Sources of Funds/Summary of Fiscal Impact:


*Cremations currently \$50 raising fees to \$70 creating additional \$187,640 (based on 9,382 cremations); new charges, slide cuts for histology \$50 per specimen and \$450 for new slides additional \$1,600; new storage fees additional \$520; increasing court cost fees from \$600 hourly and \$5,000 daily (both for doctors) and other professional staff new fees \$150 hourly and \$1,200 daily additional \$6,150. Total of \$195,910 and 3% increase each year or increase by the consumer price index (CPI) whichever is less.

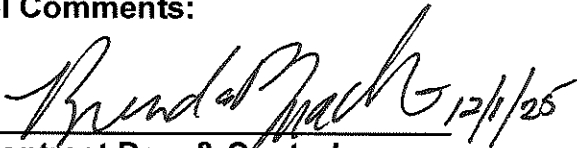
Digitally signed by Mariana Diaz
DN: DC=org, DC=pbccgov, OU=Enterprise, OU=PSD, OU=Users, CN=Mariana Diaz, E=MDiaz@pbcc.gov
Date: 2025.11.20 09:02:40-05'00'

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS:

A. OFMB Fiscal and/or Contract Dev. and Control Comments:


OFMB
MD 11/21


Contract Dev. & Control
26 11.21.25
11-25-25 TW

B. Legal Sufficiency


Assistant County Attorney

C. Other Department Review


Department Director

This summary is not to be used as a basis for payment

RESOLUTION NO. R-2026-

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF PALM BEACH COUNTY, FLORIDA, REPEALING
RESOLUTION 2008-0893 AND RESOLUTION 2008-1691 AND
ESTABLISHING A SCHEDULE OF FEES FOR MEDICAL
EXAMINER OFFICE SERVICES.**

WHEREAS, Chapter 406, Florida Statutes, known as the Medical Examiners Act, prescribes the various duties and responsibilities of district medical examiners; and

WHEREAS, pursuant to its authority, the Palm Beach County Board of County Commissioners (the "Board") has enacted the Palm Beach County Medical Examiner Ordinance 08-041 (the "Ordinance"); and

WHEREAS, the Ordinance authorizes the Medical Examiner to receive fees, compensation, and expenses as determined by the Board; and

WHEREAS, fees charged for services provided by the Medical Examiner's Office (the "MEO") will be used to offset expenses of the operations of the MEO; and

WHEREAS, this Resolution repeals previous resolutions establishing fees to be charged by the MEO and consolidates all such fees into one resolution; and

WHEREAS, this Resolution increases the fees previously charged for cremation services from \$50 to \$70, increases expert witness fees from \$400 per hour to \$600 per hour, and establishes other fees to be charged by the MEO; and

WHEREAS, the Board has determined that approving a schedule of fees to be imposed by the MEO for services rendered will reduce the cost of MEO operations by increasing revenues and offset the costs of services rendered; and

WHEREAS, this Resolution provides that fees will be automatically increased annually by the annual percentage change in the Consumer Price Index ("CPI") or three percent (3%), whichever is less.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

Section 1.

The above recitals are true and correct and incorporated herein by reference.

Section 2.

The schedule of fees attached hereto as **Exhibit "A"** is hereby adopted and shall be effective immediately.

Section 3.

Resolution 2008-1691, Resolution 2008-0893, and all other resolutions or parts thereof in conflict with the provisions of this Resolution are hereby repealed.

Section 4.

Should any section, paragraph, sentence, clause, or word of this Resolution be held to be unconstitutional, inoperative, or void, such holding shall not affect the validity of the remainder of this Resolution.

The foregoing Resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____, and upon being put to a vote, the vote was as follows:

Commissioner Sara Baxter, Mayor -

Commissioner Marci Woodward, Vice Mayor -

Commissioner Maria G. Marino -

Commissioner Gregg K. Weiss -

Commissioner Joel G. Flores -

Commissioner Maria Sachs -

Commissioner Bobby Powell Jr. -

The Chair thereupon declared the Resolution duly passed and adopted this _____ day of _____, 20__.

PALM BEACH COUNTY, FLORIDA, BY ITS
BOARD OF COUNTY COMMISSIONERS

MIKE CARUSO, CLERK & COMPTROLLER

By: _____
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


By: 
County Attorney

EXHIBIT "A"

PALM BEACH COUNTY MEDICAL EXAMINER OFFICE
FEE SCHEDULE

Expert Witness and Witness Fees.

a. Forensic pathology and toxicology consultation, expert testimony, and associated fees for State Attorneys, Public Defenders, court-appointed attorneys, and indigent pro se individuals shall be as established by the Legislature for due process providers.

b. Forensic pathology and toxicology consultation, expert testimony, and associated fees for other attorneys shall be as follows:

1. District Medical Examiner and Associate Medical Examiner:

a) Court time, deposition time, conference, and phone conference time ("Court Time"):

Per hour \$600.00

or

Per day \$5,000.00

b) Review of records and preparation time, per hour \$600.00.

c) Wait or travel time to testify in court or at deposition, per hour \$600.00.

2. Other Professional Staff (including, Forensic Investigators, Forensic Technicians, Administrative/Operations Staff, and Supervisors):

a) Court time, deposition time, conference, and phone conference time ("Court Time"):

Per hour \$150.00

or

Per day \$1,200.00

b) Review of records and preparation time, per hour \$150.00.

c) Wait or travel time to testify in court or at deposition, per hour \$150.00.

3. All hourly rates are billable to the nearest quarter of an hour.

Cremation.

The fee for cremation, burial at sea, or donation to medical science shall be \$70.00.

Slide Cuts for Histology.

- a. Tissue preparation (cutting and preparation): \$50.00 per specimen.
- b. If new slides are being prepared (not a re-cut): \$450.00 per specimen.

Body Storage Fees.

- a. Body storage fee after authorized release (to be paid by funeral home):
 - 1. 5 - 9 days after notification to family: \$35.00 per day.
 - 2. 10 or more days after notification to family: \$55.00 per day.

Annual Fee Increases.

Effective January 1, 2027, and each January 1st thereafter, all fees provided for in this schedule shall be increased by the annual percentage change in the Consumer Price Index ("CPI") or three percent (3%), whichever is less. Each year's fee increase shall be calculated based on the fee amount from the previous year. The adjustment shall be based on the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U), Miami-Fort Lauderdale-West Palm Beach, FL, as published by the U.S. Bureau of Labor Statistics, comparing the most recent available index to the index published for the same month of the preceding year. In no event shall the fees be reduced due to a decrease in the CPI. The adjusted fees shall be calculated by the Medical Examiner's Office and shall be posted on the Medical Examiner's website.