LEGISLATIVE BUDGET AND FINANCE COMMITTEE

A JOINT COMMITTEE OF THE PENNSYLVANIA GENERAL ASSEMBLY

REPORT HIGHLIGHTS

A Report in Response to HR 1087 of 2020
COVID-19 Death Reporting

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The Officers of the Legislative Budget and Finance Committee (LBFC) adopted this study in response to House Resolution (HR) 1087 of 2020. This report is our first under this mandate and it focuses on COVID-19 death reporting. Highlights of our report include the following:

- **Scope Limitation and Impairment**. Our primary objective was to review death certificates for citizens who may have died from COVID-19 to ensure the deaths were properly, accurately, and consistently reported to DOH. Unfortunately, DOH counsel concluded that the Vital Statistics Law (VSL) prohibits DOH from sharing death certificates with us. Although VSL data is generally confidential, exceptions are permitted under the law, including for "agencies of government" and "research purposes." DOH's legal conclusion was that the LBFC does not meet these exceptions. We disagree with this conclusion. As a result, we have issued a scope limitation for our work.

- **Terminology**. In this report, we use the term "death certificate" in its common meaning—an official documentation of death. Technically speaking, a death certificate is a legal document issued on special paper that contains a raised seal. DOH (or local registrars) issue a death certificate from an underlying "death record," which is created from a "death report" that closely mirrors the death certificate. The death report is initiated electronically via DOH's Electronic Death Registration System (EDRS) by mandated reporting authorities (a paper-based system may also be used). DOH also receives amendments to death records.

- **Death reporting is a complex process**. A funeral director or a medical certifier initiates the process. A funeral director obtains standard demographic detail about the decedent, while a medical certifier establishes the "cause of death." Once complete, DOH will register the death and maintain the death record in perpetuity. Until EDRS was established, the reporting process was paper based, which led to Pennsylvania being ranked as one of the worst in the nation for timely death record submission to the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS).

- **Although EDRS was in place prior to the pandemic, its use was not mandated until March 2020.** EDRS was fully adopted by 2016, but evidence shows its use was not common until March 2020, when DOH issued a series of State Registrar Notices mandating EDRS use for COVID-19 death reporting. EDRS use has greatly increased since these notices were issued, although a hybrid system that includes paper records continues.

- **Data discrepancies in death reporting may cause confusion**. Data on deaths in long-term care facilities (LTCF), e.g., skilled nursing facilities, personal care homes, and assisted living facilities, required downloading two different spreadsheets of facility-reported data, which frequently contained entries of "no data." DOH has acknowledged these inconsistencies and has rescinded a data reporting order to skilled nursing facilities.

- **Counting COVID-19 deaths begins with analysis of cause of death statements.** Cause of death on the death report involves two parts, which are based on medical judgment. Part I lists the *chain of events*: immediate, intermediate, and underlying cause of death (UCOD). Part II lists *comorbidities* (health conditions) that contributed to, but did not result in, the Part I UCOD. DOH follows guidance from the CDC/NCHS and counts a "COVID-19 death" as one where COVID-19 appears anywhere on a death record (i.e., Part I or Part II). This count includes laboratory confirmed cases and clinically presumed cases. For additional perspective, we found that in 2020 Pennsylvania had a 17% increase in registered deaths over what was "expected" by the CDC/NCHS for a typical year.

- **DOH supplied limited information on 17,834 COVID-19 deaths that occurred in 2020**. After denying our access to death certificates (death records), DOH provided a data file containing "internal classifications" for COVID-19 reporting purposes, as well as the CDC/NCHS' determination of the UCOD (only Part 1 of the record). Comparing these fields, we found nearly 9% of deaths had been coded as something other than COVID-19 by the CDC/NCHS. This does not mean that DOH incorrectly reported the deaths as COVID-19, rather DOH likely used information from Part II of the death record to make its conclusion (although we cannot confirm this without source documentation).

- **Our report contains three recommendations**. The primary recommendation is that the VSL be amended to expressly grant access to vital records by legislative agencies. Other recommendations include improving the data collection and presentation on DOH's website (including reporting source and data conflicts) and creating a stakeholder task force to monitor the suitability of cause of death reporting.

For a full copy of the report, email us at lbfcinfo@palbfc.us or download a copy at http://lbfc.legis.state.pa.us/.