



About the Electronic Death Registration System (EDRS)

New York State's Electronic Death Registration System (EDRS) was developed as a secure web-based system to electronically register deaths. It is accessible anywhere that internet access is available. The purpose of EDRS is to:

- streamline the death registration process;
- improve the quality and timeliness of the data collected;
- reduce the time it takes to file death records, and
- improve communication among those responsible for filing.

Users authorized to complete a death certificate are granted access to the system. Among those who use the system are funeral directors and funeral firm staff, physicians and other medical certifiers and medical facility staff, medical examiners and coroners and their staff, and local Registrars, Deputy Registrars and sub-registrars of Vital Statistics.

Compared with the previous paper-based process, EDRS provides faster delivery of death certificates, reduced travel costs for funeral firms, improved disease tracking for public health purposes, and reduction in fraudulent filing of death benefits due to faster vital events tracking.

As of August 16, 2019, the Department of Health formally announced the completion of the statewide, EDRS roll-out. Full compliance in the **use of EDRS is mandatory for all hospitals** (all departments including Emergency Room and Special Units where deaths may occur), **nursing homes, certified hospice providers, primary care physicians, specialty providers** (oncologists, cardiologists, surgeons, etc.), **medical examiners, coroners, funeral directors, and local registration officials in New York State, excluding New York City.**

Benefits of EDRS

- Greater efficiency - participants access and sign/certify the same case online and interact electronically, thus reducing travel time and costs
- Higher data accuracy and reporting of required data items thereby reducing errors, queries and rejection of death certificates
- Consistency in reported demographics, cause-of-death information, and disease tracking for public health purposes
- Capability to report cause-of-death with increased accuracy, uniformity and timeliness as an integral part of patient care
- Electronic submission of supplemental cause-of-death information and referrals to Medical Examiners/Coroners by Physicians, Funeral Directors and Health departments for pending investigations
- Ease of filing death registrations with the state and complete order requests from a single database



Background Information on New York State Public Health Law for Registering of Deaths

New York State began registering deaths in the state in 1881. [Public Health Law, Article 41, Title 4, Section 4140](#) designates the roles and processes established to register a death and arrange for disposition of a body. As of 1953, the death of each person who has died in this state shall be registered immediately and not later than seventy-two (72) hours after death or the finding of a dead human body.

On September 27, 2013, Governor Cuomo signed into Law, Chapter 352 of the Laws of 2013, which amends Article 41 of New York State Public Health Law (PHL) to add Section 4148.

Section 4148 establishes an electronic death registration system (EDRS). The law authorized and directed the Department of Health to design, implement and maintain a system for collecting, storing, recording, transmitting, amending, correcting and authenticating information relating to deaths occurring in New York State.

[Public Health Law §4148 \(Effective September 27, 2013\)](#)

Implementation History

New York State began the implementation of the EDRS in 2015. As of August 16, 2019, the Department of Health formally announced the completion of the statewide, EDRS roll-out. **Full compliance in the use of EDRS is mandatory** for all hospitals (all departments including Emergency Room and Special Units where deaths may occur), nursing homes, certified hospice providers, primary care physicians, specialty providers (oncologists, cardiologists, surgeons, etc.), medical examiners, coroners, funeral directors, and local registration officials in New York State, excluding New York City.

A phased rollout approach was used to implement EDRS across the State, as described below.

Phase 1, 2015-2017

Phase 1 of EDRS implementation included electronic processing of natural deaths occurring in a medical facility, which may not require the involvement of a medical examiner (ME)/coroner. EDRS roll-out in New York State began at the end of 2015 with a Pilot Program. Designated counties and medical facilities participated in pilot testing, processing Death Certificates electronically in EDRS. The Pilot Program concluded at the end of 2016.

Statewide roll-out for Phase 1 was then conducted on a region-by-region basis. Hospitals, nursing homes, hospice facilities, funeral firms, and local registration offices in those districts were enrolled in EDRS and offered live web-based training. In some areas in-person training was made available. Phase 1 roll-out was completed in November 2017.

Phase 2, 2018-2019

Phase 2 implementation added functionality to support electronic processing of unattended deaths (deaths occurring external to a medical facility), and deaths from unnatural causes.



First Part of Phase 2 - Pilot Program

Phase 2 Pilot Program began Fall 2017 in select counties, while new functionality was still being developed to support ME/Coroner roles and work processes. The Phase 2 Pilot Program was conducted until Summer 2018.

Second Part of Phase 2 - Regional Roll-Out

The main part of Phase 2 implementation was a region-based roll-out to Phase 2 users across the state. Phase 2 Roll-Out began spring 2018 when the full functionality for Phase 2 became available in EDRS. This effort focused on Medical Examiners, Coroners, and Coroner's certifying physicians, as well as Local Registrars and Sub-registrars who deferred coming online earlier because their district did not have Phase 1 medical facilities.

Regional Roll-Out for Phase 2 was completed in spring 2019. All regions of the state are now live with EDRS. The [EDRS Phase 2 Roll-Out Map](#) (PNG image file) shows when each region and county of the state began using EDRS for Phase 2 of implementation. The "Go-Live" schedule was accelerated at the request of key stakeholders.*

Third Part of Phase 2 - Primary Care Physicians and Medical Specialists

The final part of Phase 2 roll-out included identifying and enrolling Primary Care Physicians and medical specialists who complete Death Certificates. New York State continues to conduct outreach to medical practitioners through professional associations and through in-patient medical facilities, informing physicians about EDRS and asking them to contact NYS Vital Records if they will need to Certify Death Certificates. Private practices and their staff continue being set up in EDRS and offered training as they become known to the EDRS implementation team.

*** What Did Go-Live Mean?** - "Go-live" for Phase 2 meant that all Medical Examiners/Coroners, specific Coroner-designated physicians, and Local Registrars had their office and user accounts established in HCS and EDRS, user accounts were expected to be activated, and users were provided opportunities to attend region-specific EDRS training within the two to three weeks before their go-live date. These users were expected to begin processing death certificates electronically as of their region's Go-Live date.

Go-Live did *not* mean that all primary care physicians and medical specialists who are sometimes requested to Certify a death certificate to have their private practice set up in EDRS.