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FISCAL NOTI

No. 1
 Bill Version: SB 365
 (\$ Publish Date: 2-18-92)

STATE OF ALASKA
 1992 LEGISLATIVE SESSION

Revision Date: _____ Dept. Affected Health & Social Services
 Title: Living wills and do not resuscitate orders BRU: State Health Services
 Component: Public Health Administration
 Sponsor: Craft
 Requestor: HES COMPONENT SERIAL NO 0-60-40602-292

Expenditures/Revenues (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES						
TRAVEL	1.0					
CONTRACTUAL	9.3					
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	10.3	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	10.3					
FEDERAL FUNDS						
OTHER						
TOTAL	10.3	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

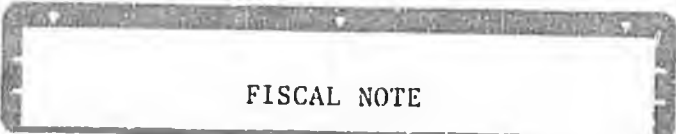
The department would need to contract out the writing of the regulations which are mandated by SB 365. A contract for 3 months of writing and walking the regulations through the adoption procedure would cost \$6.0. Additional costs associated with the adoption procedure are as follows:
 Printing - \$0.5, Mailings - \$0.3, Advertising \$1.5, 2 Teleconferences @ \$7.0

Prepared by: Peter M. Nakamura, MD, MPH *PmN* Phone: 465-3090
 Division: Public Health Date: 1/29/92

Approved by Commissioner: Theodore A. Mala, MD, MPH *T. Mala* Date: 30 Jan 1992
 Agency: Department of Health and Social Services

Distribution (by preparer):
 Legislative Finance OMB
 Legislative Sponsor Impacted Agency(ies)
 Requestor

Changes in CS SB 365 (HES)
 have no fiscal impact. This
 fiscal note is appropriate.
14 Feb 92 *M. Malone*
 date Comte Aide (initial)



ALASKA STATE LEGISLATURE

119 North Cushman, #201
Fairbanks, Alaska 99701
(907) 452-4882
Fax: 452-3254



Room 125, State Capitol
Juneau, Alaska 99801-1182
(907) 465-3834
Fax: 586-6246

Shirley Craft
Alaska State Senator

To: Senator Rick Halford, Chair
The Senate Judiciary Committee

From: Senator Shirley Craft *Shirley*

Date: February 12, 1992

Re: CS SB 365
"An Act relating to living wills and do not resuscitate orders; and providing for an effective date."

BACKGROUND

Do not resuscitate (DNR) orders are a request by an individual to not be resuscitated upon cardiopulmonary failure. A DNR order can be obtained through an oral request to your doctor or by filling out a DNR order form. If an individual has an incurable or painful illness, he or she may not want to be resuscitated.

Physicians, emergency response personnel and home care nurses all use different guidelines when responding to DNR orders. SB 365 would streamline DNR procedures for all health care professionals and provide protection from liability when an individual's DNR request is carried out.

SB 365 PROVIDES FOR THE FOLLOWING:

SB 365 reinforces an individual's wish to not be resuscitated by requesting the Department of Health and Social Services to develop: (1) DNR identification such as bracelets, necklaces, forms and wallet size cards; and (2) regulations for standard DNR procedures.

DNR identification will help alert medical personnel who may not be familiar with the individual, or his or her wish to not be resuscitated. For instance, in the case of a motor vehicle accident or an emergency situation occurring at home when the individual's doctor or next of kin are not available.

A health care provider, other than a physician, is required to comply with DNR protocol, when they are presented with DNR identification.

SPONSOR STATEMENT

DNR Orders
February 12, 1992
Page .2

Physicians or medical personnel who act in accordance with a DNR order, will not be subject to civil or criminal liability, or be found guilty of unprofessional conduct.

Physicians or medical personnel who do not feel comfortable complying with a DNR order, must transfer the individual to a facility that will comply or to the individual's home.

Physicians or medical personnel who are aware of the individual's DNR order, but do not honor the request, can only be penalized for up to \$1,000.00 and the actual costs associated with their failure to comply. (These requirements are the same stipulations required by state law for living wills, in section 5, of AS 18.12.070.)

The Alaska statutes address living wills, but do not enforce an individual's choice to not be resuscitated. I urge your early scheduling and favorable consideration of this measure. I would be happy to answer any questions you may have and provide further information upon request.

DIVISION OF LEGAL SERVICES

LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


240 Main Street, Suite 500
Juneau, Alaska 99801-2101

MEMORANDUM

April 10, 1992

SUBJECT: Sectional Summary of CSSB 365(HES)

TO: Senator Rick Halford
ATTN: Jeff

FROM: Terri Lauterbach 
Legislative Counsel

You have asked for a sectional analysis of CSSB 365(HES). In the absence of specific questions, this memorandum contains a general summary of the bill. If you have legal questions not addressed by this memorandum, please let me know and I will try to be of assistance.

Section 1. Adds a section about do not resuscitate orders (DNR's) to the chapter of statutes that currently addresses living wills. DNR orders are already issued by physicians. This new section gives them statutory recognition so that state-approved DNR identification can be used by persons for whom a DNR order has been issued and so that the liability of persons who withhold CPR from someone wearing DNR identification can be limited by statute. (These issues are addressed later in the bill.)

Sec. 2. Provides that a person for whom a DNR order has been issued still has the right to make decisions regarding the use of CPR as long as the patient is able to do so.

Sec. 3. Provides that a health care facility that is unwilling to comply with a DNR order or unwilling to honor the intent of DNR identification must try to get a DNR patient to the patient's home or to a health facility that will honor the DNR order or identification.

Sec. 4. Provides limited liability for persons who implement DNR orders or DNR identification that is similar to the limited liability already existing in statute for persons who implement living wills.

Sec. 5. Provides that a person need not honor DNR identification if the patient has previously requested the person to apply CPR or other life sustaining procedures.

SECTIONAL

Senator Rick Halford

April 10, 1992

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Sec. 6. Subsection (a) provides a penalty against a physician who fails to comply with a DNR order similar to the penalty currently applicable to a physician who fails to comply with a living will. Subsection (b) establishes civil liability for a person who wilfully conceals, cancels, defaces, obliterates, or damages DNR identification similar to the liability currently existing with respect to damage to a living will.

Secs. 7 - 11. These five sections amend various subsections of AS 18.12.080 so that DNR orders and DNR identification are considered to be the same under Alaska law as living wills with respect to suicide, homicide, life insurance, the receipt of health care services, presumptions about persons who do not have DNR identification, and the right to make decisions about medical treatment while still able to do so.

Sec. 12. Provides that DNR orders and DNR identification from other jurisdictions will be honored in this state.

Sec. 13. Definitions.

Secs. 14 - 15. Direct DHSS to begin work on the regulations establishing a DNR protocol and the DNR identification so that the rest of the bill can be implemented in a timely manner.

Sec. 16. Delays the effective date of most of the bill until the regulations about DNR orders and DNR identification are in effect.

TML:pl
92-260.plm

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

gmc

DATE: 1/22/92

FURTHER: Judiciary

Date of 5-Day Notice: 06 Feb 92
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 14 Feb 92

HES Committee considered SB 365

"An Act relating to living wills and do not resuscitate orders; and providing for an effective date."

and a majority of the committee recommends it be replaced with

and recommends:

replace with CS SB365 (HES)

- same title
- new title
- technical title change (HB only)

attaches amendment(s) and do pass

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

FBI

NEW FISCAL NOTES: Dept/Date

zero fiscal notes _____

fiscal notes DHSS 30 Jan 92

SB & CS

PREVIOUS FISCAL NOTES: Dept/Date

Governor's bill with fiscal notes:

zero fiscal notes _____

fiscal notes _____

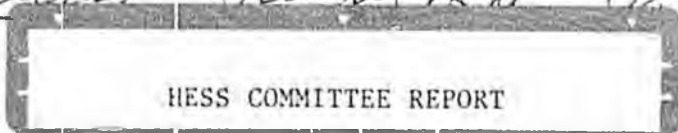
appropriation--no fiscal note

DO PASS:

Sam Costello
[Signature]

OTHER RECOMMENDATIONS:

[Signature]



7-LS1644J ✓
Lauterbach
2/26/92

CS FOR SENATE BILL NO. 365 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR CRAFT

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to living wills and do not resuscitate orders; and providing for an
2 effective date."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 18.12 is amended by adding new sections to read:

5 Sec. 18.12.035. DO NOT RESUSCITATE ORDERS AND PROTOCOLS. (a) An
6 attending physician may issue a do not resuscitate order for a patient of the physician. The
7 physician shall document the grounds for issuing the order in the patient's medical file.

8 (b) The Department of Health and Social Services shall, by regulation, adopt a do not
9 resuscitate protocol that sets out a standardized method of procedure for the withholding of
10 cardiopulmonary resuscitation by physicians and other health care providers. The regulations
11 must include standardized procedures for implementing a do not resuscitate order issued in a
12 jurisdiction outside of this state. The regulations may not be adopted unless they have been
13 approved by the State Medical Board.

14 (c) A health care provider other than a physician shall comply with the do not resuscitate

1 protocol adopted under (b) of this section when presented with any of the following: DNR
2 identification, an oral do not resuscitate order issued directly by a physician, or a written do not
3 resuscitate order entered on a form prescribed by the Department of Health and Social Services.

4 Sec. 18.12.037. LIVING WILL AND DNR IDENTIFICATION. The Department of
5 Health and Social Services shall develop standardized designs for DNR identification cards,
6 forms, necklaces, and bracelets that signify, when carried or worn, that the possessor has
7 executed a declaration under this chapter or is a patient for whom a physician has issued a do
8 not resuscitate order.

9 * Sec. 2. AS 18.12.040(a) is amended to read:

10 (a) A qualified patient or a patient for whom a physician has issued a do not
11 resuscitate order has the right to make decisions regarding use of cardiopulmonary
12 resuscitation and other life-sustaining procedures as long as the patient is able to do so. If a
13 qualified patient or patient for whom a physician has issued a do not resuscitate order is not
14 able to make these decisions, the declaration or do not resuscitate protocol governs decisions
15 regarding use of cardiopulmonary resuscitation and other life-sustaining procedures.

16 * Sec. 3. AS 18.12.050(b) is amended to read:

17 (b) If the policies of a health care facility preclude compliance with the declaration of
18 a qualified patient under this chapter or a do not resuscitate order issued by an attending
19 physician, or the facility is unwilling to accept DNR identification as evidence of the
20 existence of a declaration or do not resuscitate order, that facility shall take all reasonable
21 steps to notify the patient or, if the patient is not able to make treatment decisions, the patient's
22 guardian, of the facility's policy and shall take all reasonable steps to effect the transfer of the
23 patient to the patient's home or to a facility where the provisions of this chapter can be carried
24 out.

25 * Sec. 4. AS 18.12.060(a) is amended to read:

26 (a) In the absence of actual notice of the revocation of a declaration or do not
27 resuscitate order, as applicable, the following, while acting in accordance with the do not
28 resuscitate protocol adopted under AS 18.12.035 or with the other requirements of this
29 chapter, are not subject to civil or criminal liability or guilty of unprofessional conduct:

30 (1) a physician who causes the withholding or withdrawal of life-sustaining
31 procedures from a qualified patient or the withholding or withdrawal of cardiopulmonary

1 resuscitation from a patient for whom a do not resuscitate order has been issued or who
2 possesses DNR identification;

3 (2) a person who participates in the withholding or withdrawal of
4 cardiopulmonary resuscitation or other life-sustaining procedures under the direction or with
5 the authorization of a physician or upon discovery of DNR identification upon a person;

6 (3) the health care facility in which the withholding or withdrawal occurs.

7 * Sec. 5. AS 18.12.060 is amended by adding a new subsection to read:

8 (c) A person who causes or participates in the providing of cardiopulmonary resuscitation
9 or other life-sustaining procedures after an oral or written request to do so communicated to the
10 person by another who possesses DNR identification is not subject to civil or criminal liability
11 for failing to honor the intent of the DNR identification nor is the person guilty of unprofessional
12 conduct for that action. The health care facility in which actions described in this subsection are
13 undertaken is also not subject to civil or criminal liability for the failure to honor the intent of
14 DNR identification.

15 * Sec. 6. AS 18.12.070 is amended to read:

16 Sec. 18.12.070. PENALTIES. (a) An attending physician who fails to comply with a
17 do not resuscitate order or the declaration of a qualified patient or to make the necessary
18 arrangements to effect a transfer under AS 18.12.050 has no right to compensation for medical
19 services provided to a [QUALIFIED] patient after withholding or withdrawal should have been
20 effective or after transfer should have occurred and may be liable to the [QUALIFIED] patient
21 and to the heirs of the [QUALIFIED] patient for a civil penalty not to exceed \$1,000.00 plus the
22 actual costs associated with the failure to comply with the order or declaration, and this shall
23 be the exclusive remedy at law for damages.

24 (b) A person who wilfully conceals, cancels, defaces, obliterates, or damages the DNR
25 identification or declaration of another person without the other's [DECLARANT'S] consent
26 or who falsifies or forges a revocation of the DNR identification or declaration of another
27 person may be civilly liable to the other person [QUALIFIED PATIENT] and to the heirs of
28 the other person [QUALIFIED PATIENT].

29 * Sec. 7. AS 18.12.080(a) is amended to read:

30 (a) Death resulting from the withholding or withdrawal of cardiopulmonary
31 resuscitation or other life-sustaining procedures under a do not resuscitate order or protocol,

1 under a declaration, or upon discovery of DNR identification on a person and in accordance
2 with this chapter does not, for any purpose, constitute a suicide or homicide.

3 * Sec. 8. AS 18.12.080(b) is amended to read:

4 (b) The issuing of a do not resuscitate order, the possession of DNR identification,
5 or the making of a declaration under AS 18.12.010 does not affect in any manner the sale,
6 procurement, or issuance of a policy of life insurance, nor does it modify the terms of an existing
7 policy of life insurance. A policy of life insurance is not legally impaired or invalidated in any
8 manner by the withholding or withdrawal of life-sustaining procedures from an insured qualified
9 patient or the withholding or withdrawal of cardiopulmonary resuscitation from an insured
10 patient who possesses DNR identification or for whom a do not resuscitate order has been
11 issued, notwithstanding any term of the policy to the contrary.

12 * Sec. 9. AS 18.12.080(c) is amended to read:

13 (c) A physician, health care facility, or other health care provider, and a health care
14 service plan, insurer issuing disability insurance, self-insured employee welfare benefit plan, or
15 nonprofit hospital plan, may not require a person to execute a declaration, obtain a do not
16 resuscitate order from a physician, or possess DNR identification as a condition for being
17 insured for, or receiving, health care services.

18 * Sec. 10. AS 18.12.080(d) is amended to read:

19 (d) This chapter creates no presumption concerning the intention or intended treatment
20 of an individual who does not have DNR identification, has not executed a declaration, or for
21 whom a do not resuscitate order has not been issued with respect to the use, withholding, or
22 withdrawal of cardiopulmonary resuscitation or the use, withholding, or withdrawal of other
23 life-sustaining procedures in the event of a terminal condition.

24 * Sec. 11. AS 18.12.080(e) is amended to read:

25 (e) Nothing in this chapter increases or decreases the right of a patient to make decisions
26 regarding use of cardiopulmonary resuscitation or other life-sustaining procedures as long as
27 the patient is able to do so, or impairs or supersedes any right or responsibility that a person has
28 to effect the withholding or withdrawal of medical care in a lawful manner. In that respect, the
29 provisions of this chapter are cumulative.

30 * Sec. 12. AS 18.12.090 is amended to read:

31 Sec. 18.12.090. RECOGNITION OF DECLARATIONS AND ORDERS EXECUTED

1 OR ISSUED IN OTHER STATES. A declaration, do not resuscitate order, or DNR
2 identification executed, issued, or authorized in another state or a territory or possession of the
3 United States in compliance with the law of that jurisdiction is effective for purposes of this
4 chapter.

5 * Sec. 13. AS 18.12.100 is amended by adding new paragraphs to read:

6 (8) "cardiopulmonary resuscitation" means cardiopulmonary resuscitation or a
7 component of cardiopulmonary resuscitation;

8 (9) "DNR identification" means identification substantially similar to that
9 approved under AS 18.12.037;

10 (10) "do not resuscitate order" means a directive from a licensed physician that
11 emergency cardiopulmonary resuscitation should not be administered to a particular person;

12 (11) "do not resuscitate protocol" means the protocol developed under
13 AS 18.12.035(b).

14 * Sec. 14. The commissioner of health and social services shall promptly begin the procedure to
15 adopt regulations implementing AS 18.12.035 and 18.12.037, enacted by sec. 1 of this Act, so that the
16 regulations can take effect as soon as practicable.

17 * Sec. 15. AS 18.12.035(b) and 18.12.037, enacted by sec. 1 of this Act, and sec. 14 of this Act take
18 effect immediately under AS 01.10.070(c).

19 * Sec. 16. Except as provided in sec. 15 of this Act, this Act takes effect on the effective date of the
20 regulations adopted under AS 18.12.035 or 18.12.037, enacted by sec. 1 of this Act, whichever is later.
21 The commissioner of health and social services shall notify the revisor of statutes and the lieutenant
22 governor of that date.

POSITION PAPER

SENATE BILL NO. 365

A Bill for an Act entitled: "An Act relating to living wills and do not resuscitate orders; and providing for an effective date."

ANALYSIS

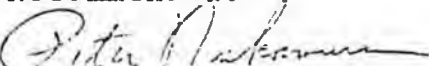
SB 365 complements current statutes on the rights of the terminally ill by adding specific recognition of do not resuscitate (DNR) orders to the existing legislation on the rights of the terminally ill to make a declaration relating to the use of life-sustaining procedures. A new section (18.12.035), allows attending physicians to issue do not resuscitate orders, requires the Department of Health and Social Services, with the approval of the State Medical Board, to issue regulations adopting a standardized protocol governing the withholding of cardiopulmonary resuscitation by physicians and other health care providers, and establishes the requirements under which health care providers other than physicians must comply with do not resuscitate orders. Section 18.12.037 requires the Department of Health and Social Services to develop standardized designs for DNR identification cards, forms, necklaces, and bracelets to indicate that the possessor has executed a living will or that a DNR order has been issued by a physician. Other provisions of the Bill amend existing statutory provisions by including DNRs along with living wills in areas such as immunities for health care providers acting under the provisions of living wills and DNR orders, penalties, etc.

Do not resuscitate orders are issued only in the case of terminal illness. Existing statutes on living wills appear to apply only to physicians, persons participating in the withholding or withdrawal of life-sustaining procedures from a qualified patient under the direction of with the authorization of a physician, and health care facilities in which the withholding or withdrawal occurs. Under existing practice, emergency response providers (EMT's and paramedics) are required to institute cardiopulmonary resuscitation on site even if the sick person has a living will. A properly executed DNR order and procedural protocol recognized by all concerned parties would help to avoid futile and unwanted interventions. Similarly, within health care institutions, DNR orders are necessary in the absence of a living will when attempts at resuscitation serve only to prolong the process of dying.


POSITION

The Department of Health and Social Services supports enactment of: SB 365.

Recommended:


Peter M. Nakamura, MD, MPH
Director
Division of Public Health

Approved:


Theodore A. Mala, MD, MPH
Commissioner
Health and Social Services

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

February 24, 1992

REPLY TO:

- 1031 W 4th AVENUE SUITE 200
ANCHORAGE, ALASKA 99501-1994
PHONE: (907) 276-3550
FAX: (907) 276-3697
- 1st NATIONAL CENTER
100 CUSHMAN ST. SUITE 400
FAIRBANKS, ALASKA 99701-4679
PHONE: (907) 452-1568
FAX: (907) 456-1317
- P.O. BOX K—STATE CAPITOL
JUNEAU, ALASKA 99811-0300
PHONE: (907) 465-3600
FAX: (907) 463-5295

465-3603

Barbara Bitney
Aide to Senator Shirley Craft
P.O. Box V
Juneau, AK 99811

Re: CSSB 365(HES) An Act relating to living wills and do not resuscitate orders; and providing for an effective date.

Dear Ms. Bitney:

You have asked several questions regarding the CSSB 365, an Act relating to living wills and do not resuscitate orders. Initially, you ask if section 5 of the bill means that a person who provides resuscitative measures after learning that a do not resuscitate order has been revoked, may be liable criminally or civilly for the provision of resuscitative services. Section 5 provides:

AS 18.20.060 is amended by adding a new subsection to read:

(c) A person who causes or participates in the providing of cardiopulmonary resuscitation or other life-sustaining procedures after an oral or written request to do so communicated to the person by another who possesses DNR identification is not subject to civil or criminal liability for failing to honor the intent of the DNR identification nor is the person guilty of unprofessional conduct for that action. The health care facility in which actions described in this subsection are undertaken is also not subject to civil or criminal liability for the failure to honor the intent of DNR identification.

Ms. Barbara Bitney
Aide to Senator Shirley Craft
Re: CSSB 365

February 24, 1992
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A person who provides resuscitation is not subject to civil or criminal liability if he or she fails to honor the do not resuscitate identification when the patient has revoked his or her DNR request. Section 11 provides:

AS 18.12.080(e) is amended to read:

(e) Nothing in this chapter increases or decreases the right of a patient to make decisions regarding use of cardiopulmonary resuscitation or other life-sustaining procedures as long as the patient is able to do so, or impairs or supersedes any right or responsibility that a person has to effect the withholding or withdrawal of medical care in a lawful manner. In that respect, the provisions of this chapter are cumulative.

A person may revoke his or her do not resuscitate request as long as he or she is able to do so.

Next you ask if a do not resuscitate order may be a way for a health care professional to assist a patient commit suicide. Section 7 provides:

AS 18.12.080(a) is amended to read:

(a) Death resulting from the withholding or withdrawal of cardiopulmonary resuscitation or other life-sustaining procedures under a do not resuscitate order or protocol, under a declaration, or upon discovery of DNR identification on a person and in accordance with this chapter does not, for any purpose, constitute a suicide or homicide.

Perhaps a hypothetical fact situation would be helpful in responding to your question. A young man is brought to the emergency room of a hospital after taking a potentially lethal overdose of "pain killer." He has a history of depressive episodes. Without treatment he will probably die from the overdose. He has DNR identification. In this situation, the patient's condition would not be considered "terminal" as the term is used in the living will statutes. AS 18.12.100(7) provides:

(7) "terminal condition" means a progressive incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of two physicians, when available, who have personally examined the patient, one of who must be the attending

Ms. Barbara Bitney
Aide to Senator Shirley Craft
Re: CSSB 365

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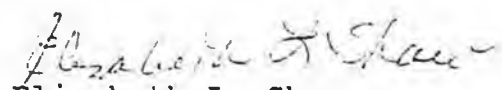
physician, result in death within a relatively short time.

The young man's condition is reversible. A doctor could not certify that the young man has a terminal condition. The provisions of AS 18.12 concerning a living will or the proposed additions regarding DNR orders do not apply. But a change in the facts may change these conclusions. Add the fact that the young man has cancer and he is in the terminal stages of the disease. The condition created by the overdose of pain killer is reversible, the underlying cancer is not. Perhaps now a physician would certify that the young man has a terminal condition. In this situation the protocol embodied in the Department of Health and Social Services regulations may shed light on what is the appropriate action to take.

The bill provides that DNR procedures are to be developed by the Department of Health and Social Services and approved by the Alaska State Medical Board prior to being adopted as regulations. The protocol developed will have to comport with reasonable medical practices and medical ethics. In the process of developing the standards, I am certain that there will be discussion of the medical ethics involved in these matters including the recent cases regarding physician assisted suicide.

Sincerely,

CHARLES E. COLE
ATTORNEY GENERAL

By: 
Elizabeth L. Shaw
Assistant Attorney General

ELS/bap

cc: Deborah E. Behr
Paul Fuhs



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

March 6, 1992

Senator Shirley Craft
Alaska State Legislature
P. O. Box V (MS 3100)
Juneau, AK 99811

Dear Senator Craft:

Thank you very much for your letter of February 20. The Legislative Affairs Committee is strongly supportive of the committee substitute for Senate Bill 365. We appreciate your working with us on the beneficial amendments. This bill has our strong support and is nicely complemented by Senator Eliason's Bill 431.

If I can be of further assistance regarding this bill, do not hesitate to contact me.

Sincerely yours,

Donald R. Lehmann, M.D., A.B.F.P.
Chairman, Legislative Affairs Committee

DRL:bj

SUPPORTING LETTERS



Kachemak Bay Medical Clinic

Professional Corporation
PAUL D. RAYMOND, M.D.
4285 Hone St, Suite 2
Homer, Alaska 99603
(907) 235-4050

February 28, 1992

Shirley Craft, Alaska State Senate
119 North Cushman, #201
Fairbanks, Alaska 997021

Dear Shirley:

I would like to thank you for the time and effort you spent on SB 365. It is very much appreciated that you took the time to seek out opinions on this bill prior to going forward.

You have done an excellent job in cleaning up much of the ambiguities in the present law. I commend you for your efforts.

Sincerely,

Paul D. Raymond, M. D.

PDR:NMC



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

1881 MARIKA ST. • FAIRBANKS, ALASKA 99709

PHONE (907) 456-3978



March 11, 1992

The Honorable Shirley Craft
P.O. Box V
Juneau, Alaska 99811-1182

Dear Senator Craft:

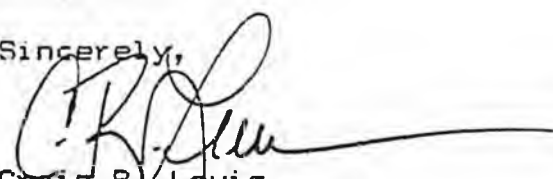
Thank you for your memorandum of March 2, 1992.

Needless to say, Interior Region Emergency Medical Services Council, Inc. is very supportive of your efforts to improve the "do not resuscitate" components of Alaska statutes. As the main trainer of EMT's and paramedics in Interior Alaska, we have toiled with questions regarding resuscitation for some time, and are pleased that the rules are beginning to catch up with reality.

I am looking forward to discussing the issue of "cessation of resuscitation" when I am in Juneau next week.

It was 43 above zero today in Fairbanks. A beautiful day in interior.

Sincerely,



Craig R. Lewis
Executive Director

CRL/crl

to Eleanor Anne
Fairbanks, AB 99001

Jan 25, 1992

Dear Sen. Shirley Craft

I enclosed find a letter
Mr. Starr wrote & gave me to
give to ambulance's medic.

The other is a copy
the News Miner had in
their paper.

I hope Bill 365 is passed.
I miss Jack but also know
the pain he had, and would
not want him or anyone else
to go thru it needlessly.

Sincerely Yours,
Marjorie Conner.

Patience Coast



Fairbanks
Memorial Hospital

1650 Cowles Street
Fairbanks, Alaska 99701
907-452-8181

December 12, 1988

Mr. William Shechter
656-7th Avenue
Fairbanks, AK 99701

Dear Mr. Shechter:

As Mr. Jack Conger's personal physician, I am writing this letter to request your cooperation regarding future medical care that Mr. Conger may receive from our emergency medical technicians and ambulance attendants. I was given your name by Mr. Don Callahan and I hope that this letter of explanation will suffice.

Mr. Conger, unfortunately, suffers from severe, end stage congestive cardiomyopathy and chronic obstructive lung disease. It has been his request that no heroic measures be provided in the case of cardiopulmonary arrest. As such, he is not to be intubated or receive CPR or receive advanced cardiac life support. It will be inevitable that he will suffer a respiratory or cardiac arrest; as such, we would appreciate very much that Mr. Conger be made as comfortable as possible. This should include being given oxygen, intravenous Morphine, and transport to the Emergency Room, if necessary.

This issue has been discussed multiple times both with Mr. Conger and his wife, Marjorie. Mr. Conger's address is 6-Eleanor Street in Fairbanks.

If you have any other questions, please let me know. I appreciate your help in his matter.

Sincerely,
J. Starr, MD
Jonathan R. Starr, M.D.

Jack Conger *Marjorie Conger*
Jack Conger Marjorie Conger

JRS/ljb
L099649

I have read this letter.
12-16-88 @ 0710 Z. Anderson, RN
T. Anderson, R.N.