

**HB**

**39**

## CS FOR HOUSE BILL NO. 39(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES THERRIAULT, B.Davis, Bunde

## A BILL

## FOR AN ACT ENTITLED

1 "An Act relating to the authority of mobile intensive care paramedics, physician  
 2 assistants, and emergency medical technicians to pronounce death under certain  
 3 circumstances."

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

5 \* Section 1. AS 09.68.120 is amended to read:

6           Sec. 09.68.120. DEFINITION OF DEATH. An individual is considered dead if,  
 7 in the opinion of a physician licensed or exempt from licensing under AS 08.64 or a  
 8 registered nurse authorized to pronounce death under AS 08.68.395, based on acceptable  
 9 medical standards, or in the opinion of a mobile intensive care paramedic, physician  
 10 assistant, or emergency medical technician authorized to pronounce death based on  
 11 the medical standards in AS 18.08.089, the individual has sustained irreversible  
 12 cessation of circulatory and respiratory functions, or irreversible cessation of all functions  
 13 of the entire brain, including the brain stem. Death may be pronounced in this

1       circumstance before artificial means of maintaining respiratory and cardiac function are  
2       terminated.

3       \* Sec. 2. AS 18.08 is amended by adding a new section to read:

4               Sec. 18.08.089. AUTHORITY TO PRONOUNCE DEATH. (a) A mobile  
5       intensive care paramedic or physician assistant registered under AS 08.64.107 or an  
6       emergency medical technician certified under this chapter may make a determination and  
7       pronouncement of death of a person under the following circumstances:

8               (1) the paramedic or emergency medical technician is an active member  
9       of an emergency medical service certified under this chapter;

10              (2) neither a physician licensed under AS 08.64 nor a physician exempt  
11       from licensure under AS 08.64 is immediately available for consultation by radio or  
12       telephone communications;

13              (3) the paramedic, physician assistant, or emergency medical technician has  
14       determined, based on acceptable medical standards, that the person has sustained  
15       irreversible cessation of circulatory and respiratory functions.

16              (b) A mobile intensive care paramedic, physician assistant, or emergency medical  
17       technician who has determined and pronounced death under this section shall document  
18       the clinical criteria for the determination and pronouncement on the person's emergency  
19       medical service report form and notify the appropriate medical director or collaborative  
20       physician as soon as communication can be established. The paramedic, physician  
21       assistant, or emergency medical technician shall provide to the person who signs the death  
22       certificate the

23              (1) name of the deceased;

24              (2) presence of a contagious disease, if known; and

25              (3) date and time of death.

26              (c) Except as otherwise provided under AS 18.50.230, a physician licensed under  
27       AS 08.64 shall certify a death determined under (b) of this section within 24 hours after  
28       the pronouncement by the mobile intensive care paramedic, physician assistant, or  
29       emergency medical technician.

30              (d) In this section,

31              (1) "acceptable medical standards" means

1 (A) the presence of injuries incompatible with life, including  
2 cardiac arrest accompanied by incineration, decapitation, open head injury with  
3 loss of brain matter, or detraction;

4 (B) the presence of rigor mortis;

5 (C) the presence of post mortem lividity; or

6 (D) failure of the patient to respond to properly administered  
7 resuscitation efforts;

8 (2) "failure of the patient to respond" means without restoration of  
9 spontaneous pulse or respiratory effort by the patient;

10 (3) "properly administered resuscitation efforts" means

11 (A) when a person authorized to perform advanced cardiac life  
12 support techniques is not available and the patient is not hypothermic, at least 30  
13 minutes of properly performed cardiopulmonary resuscitation;

14 (B) when a person authorized to perform advanced cardiac life  
15 support techniques is not available and the patient is hypothermic, at least 60  
16 minutes of cardiopulmonary resuscitation properly performed by an emergency  
17 medical technician in conjunction with rewarming techniques as described in the  
18 current State of Alaska Hypothermia and Cold Water Near-Drowning Guidelines  
19 published by the division of public health, Department of Health and Social  
20 Services; or

21 (C) at least 30 minutes of cardiopulmonary resuscitation and  
22 advanced cardiac life support techniques properly performed by a person  
23 authorized to perform advanced life support services.

STATE OF ALASKA  
1995 LEGISLATIVE SESSION

BILL NO. HB 39

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act relating to the authority of mobile intensive care BRU: State Health Services  
paramedics, PAs, and EMTs to pronounce death. Component: State Medical Examiner  
 Sponsor: Reps. Therriault, B. Davis COMPONENT SERIAL NO. 293  
 Requestor: House HESS See also (SN#): \_\_\_\_\_

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY96	FY97	FY98	FY99	FY00	FY01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
----------------------	-----	-----	-----	-----	-----	-----

CHANGES IN REVENUES (	0.0	0.0	0.0	0.0	0.0	0.0
-----------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other (please specify)						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY95) cost: \_\_\_\_\_ \$0.0

ANALYSIS: (Attach a separate page if necessary)

There is no fiscal impact.

Prepared by: Peter M. Nakamura, MD, MPH *[Signature]*  
 Division: Public Health

Phone: (907) 465-3090  
 Date: 01/24/95

Approved by Commissioner: *[Signature]*  
Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Date: 1/25/95

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE  
 For further distribution information, call the Governor's Legislative Office

# HOUSE COMMITTEE REPORT

(9)

Date Referred: January 16, 1995

FURTHER REFERRALS:

Judiciary

Date of Committee Action: 1/26/95

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 39

HOUSE BILL NO. 39

AUTHORITY TO PRONOUNCE DEATH

"An Act relating to the authority of mobile intensive care paramedics, physician assistants, and emergency medical technicians to pronounce death under certain circumstances."

recommends it be replaced  
with the following committee substitute

CS HB 39 (HES)

the same title  
 a new title

additional referral to \_\_\_\_\_ Committee

attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_

APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

zero fiscal note(s) HSS

zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			

CHAIR'S SIGNATURE

*[Chair's Signature]*

# Alaska State Legislature

REPRESENTATIVE  
**GENE THERRIAULT**  
Mailing Address  
119 N. Cushman, Suite 101  
Fairbanks, Alaska 99701  
(907) 488-0862  
Fax (907) 488-4271



Walter J. Moore  
State Capitol  
Juneau, Alaska  
99801-1182  
(907) 465-4797  
Fax (907) 465-3994  
House District 33

## House Of Representatives

### SPONSOR STATEMENT

#### HB 39

**HB 39** The authority of mobile intensive care paramedics, physician assistants, and emergency medical technicians to pronounce death under certain circumstances.

**SPONSOR:** Rep. Gene Therriault

#### **SPONSOR STATEMENT:**

House Bill 39 proposes to allow mobile intensive care paramedics, physician assistants, and Emergency Medical Technicians (EMT) to determine and pronounce death under certain circumstances. Registered physician assistants, registered paramedics, and certified emergency medical service may make a determination and pronouncement of death upon determining that a person has suffered irreversible cessation of circulatory and respiratory functions while a physician is not immediately available for consultation by radio or telephone.

Currently, when a member of an emergency medical service begins CPR they are required to continue resuscitation until: the person recovers; the EMT, physician assistant, or paramedic is relieved by either a medical facility or physician; the responding parties become physically exhausted and no longer able to continue; their physical safety is seriously threatened; or a physician pronounces the person dead.

Many times, particularly in rural Alaska, physicians and medical facilities are not immediately available, and emergency medical response members are required to continue unproductive resuscitation for several hours.

HB 39 would allow an EMT, physician assistant, or paramedic to declare death in situations where a physician is not available. This will help emergency response teams to better attend to the emergency medical needs of Alaska.

### SPONSOR STATEMENT

# Alaska State Legislature

REPRESENTATIVE  
**GENE THERRIAULT**  
Mailing Address  
119 N Cushman, Suite 101  
Fairbanks, Alaska 99701  
(907) 488-0862  
Fax: (907) 488-4271



Write in Juneau  
State Capitol  
Juneau, Alaska  
99801-1182  
(907) 465-4797  
Fax: (907) 465-3884  
House District 23

## House Of Representatives

### SECTIONAL ANALYSIS

#### HB 39

**HB 39** The authority of mobile intensive care paramedics, physician assistants, and emergency medical technicians to pronounce death under certain circumstances.

**SPONSOR:** Rep. Gene Therriault

#### SECTION 1:

This section makes a technical amendment to AS 09.65.120 DEFINITION OF DEATH, to add mobile intensive care paramedics, physician assistants, and emergency medical technicians to the list of individuals who may pronounce death.

#### SECTION 2:

Section 2 of HB 39 proposes new language, AS 18.08.089 AUTHORITY TO PRONOUNCE DEATH, which introduces detailed circumstances in which a registered mobile intensive care paramedic, registered physician assistant, or a certified emergency medical technician may determine and pronounce the death of a person.

The paramedic, physician assistant, or EMT may pronounce a person dead when a physician is not immediately available for consultation by radio or telephone and they have determined, by "acceptable medical standards," that the person has suffered irreversible cessation of circulatory and respiratory functions. The EMT or paramedic who determines and pronounces death must be an active member of a certified emergency medical service.

The paramedic, physician assistant, or EMT who determines the death shall document the clinical criteria for the determination and pronouncement of death and notify the appropriate medical director as soon as communications can be established.

Proposed AS 18.08.089 (d) (1) gives the definition of "acceptable medical

standards" as injuries incompatible with life, the presence of rigor mortis, the presence of post mortem lividity, or a failure to show signs of spontaneous pulse or respiratory functions in response to "properly administered resuscitation efforts." Injuries incompatible with life are defined in this section as cardiac arrest accompanied by incineration, decapitation, open head injury with loss of brain matter, or detraction.

Proposed AS 18.08.089(d) (3) defines "properly administered resuscitation efforts" as at least 30 minutes of CPR on a non-hypothermic patient when a person authorized to perform advanced cardiac life support techniques is not available. When a patient is hypothermic at least 60 minutes of CPR in conjunction with rewarming techniques is required as described in the current State of Alaska Hypothermia and Cold Water Near-Drowning Guidelines published by the Division of Public Health. A minimum of 30 minutes of CPR combined with properly performed advanced life support techniques would be required when a person authorized to provide such services is present.

# Making the call

## Bill would let rescue workers declare death

By ED SCHOENFELD

THE JUNEAU EMPIRE

Joey Peyton still remembers the day he tried to resuscitate the victim of a plane crash near the Bethel Airport.

The emergency medical technician arrived to find a man mangled beyond recognition, bleeding profusely, with bone fragments jutting from his body.

But since there was a heart-beat, Peyton had to try to get air into his lungs and intravenous fluid into his bloodstream.

It didn't work.

"Air was blowing out holes in his chest and holes in his head and holes in his throat," said Peyton, an emergency medical trainer now based in Delta Junction. "The guy was obviously, hopelessly dead. In fact, he was bleeding IV fluid by the time the rescue helicopter got there."

Resuscitation, however, had to continue since there was no one present with sufficient medical authority to declare the man dead.

That would change under a bill that proposes giving some rescue crew workers the power to pronounce death.

House Bill 478 would end the obligation to continue fruitless resuscitation efforts when a doctor or other authority could not be reached to verify death, said sponsor Rep. Gene Therriault, a North Pole Republican.

Giving paramedics and emergency medical technicians the

Please see Bill, back page

## Bill...

Continued from Page 1

power to declare death would lessen trauma to loved ones as well as rescue workers, said Janet North, a Galena EMS coordinator who was involved in an unsuccessful five-hour resuscitation effort last weekend in the community.

"It was pretty distressful to the family and to us," North told a House Health, Education and Social Services Committee hearing this week.

At the hearing, rescue workers from Ketchikan to Fort Yukon told lawmakers of dozens of hours-long resuscitation efforts that should have never taken place.

"Prolonged resuscitation is a mindless and barbaric tradition that will be broken by passing this bill," said Peyton, who now works with a rescue team that responds to accidents along the Alaska Highway. The incident in Bethel occurred about five years ago.

The bill does not give rescue workers permission to declare death in any situation.

It defines conditions, such as rigor mortis, that can be used to proclaim death. It also takes into account cases of drowning and hypothermia, where extended medical attention can revive a seemingly dead victim.

If the bill passes, additional details would also be added, Therriault said.

"I envision there would be some regulatory fleshing out of this so it became real clear to the EMS provider when they did have this authority and when they didn't," he told the committee before it passed out the bill.

Intent language attached to the bill also calls for emergency medical technicians and paramedics to receive additional training in recognizing signs of death.

The bill, recently endorsed by an Alaska State Medical Association's panel, would mostly affect rescue workers in rural areas where it can be hard to reach or locate a person with the authority to proclaim death.

But it would also be practical in Juneau and other cities, where air ambulance workers are sometimes required to continue resuscitation after a patient is beyond any chance of recovery, said Steve Iha, Capital City Fire-Rescue EMS captain.

"Significant amounts of money could be saved by allowing the pre-hospital advisers to stop a resuscitation in the field," Iha said.



## INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

1881 MARIKA ST. • FAIRBANKS, ALASKA 99709  
PHONE (907) 456-3978 • FAX 456-3970



January 23, 1995

Representative Gene Therriault  
ATTN: FRANK SPAULDING  
Alaska State Legislature  
State Capitol (MS3100)  
Juneau, Alaska 99801-1182

Dear Frank:


Interior Region Emergency Medical Services strongly endorses HB 39 as critically legislation for the pre-hospital emergency medical care providers of Alaska.

In many areas of Alaska, no physician or coroner is immediately available to determine and pronounce the death of a patient. Meanwhile, significant effort and resources are expended on resuscitation efforts that are clearly futile - this fact frequently precipitates unrealistic expectations on the part of the pre-hospital provider as well as the family of the patient. It is especially true in isolated, rural settings where the combination of inadequate transportation and/or communication make it impossible to gain access to a higher level of medical care.

The objective of the proposed legislation (HB 39), is to ensure that all patients receive appropriate emergency care, including resuscitation efforts, while at the same time allowing EMT's and paramedics to determine and pronounce death in circumstances where either starting or continuing a resuscitation effort are likely to be futile. Although EMT's and paramedics will need limited additional training, the bill clearly defines the setting under which resuscitation may stop as well as the records that are required to document the death. This bill will remove the mandate for EMT's and paramedic to initiate and continue extensive resuscitation efforts (over periods of hours) on a dead patient or a patient who may have been dead, by giving the decision to pronounce death to the medical care provider (EMT or paramedic) on the scene. It will also alleviate the personal anguish and physically taxing responsibility of the medical provider who provides definitive patient care on a person that the provider knows has expired, but who may not stop for fear of litigation.

HB 39 is good legislation and excellent public policy.

Sincerely,



Craig R. Lewis  
Executive Director

SUPPORT

TO: HOUSE H.E.S.S. COMMITTEE

FROM: DONALD R. LEHMANN, MD  
PRESIDENT, ALASKA STATE MEDICAL ASSOCIATION

RE: HOUSE BILL NO. 39. January 26, 1995

I apologize for not being able to testify in person on this bill.

The Alaska State Medical Association has in general been supportive of the intent of HB 39. We recognize the value of appropriately trained paramedics and EMTs. Having such personnel being able to legally pronounce death under appropriate guidelines will be of benefit to Alaskans, primarily in rural areas, as well as a benefit to these paraprofessionals who would otherwise be forced to continue futile resuscitative efforts.

We would oppose any dilution of the clear guidelines listed under Section 2. Some of our members expressed concern and have requested that line 3, page 3 item

[(C) the presence of post mortem lividity;]

be deleted. It was the feeling by a pathologist that this can be problematic and should not be used by EMTs in the field as a criteria for death.

I would be happy to answer any questions of the committee prior to any additional hearings that might be required.



Donald R. Lehmann, MD  
700 Katlian St.  
Sitka, AK 99835  
907-747-5861