

**HB**

**39**

# Alaska State Legislature

REPRESENTATIVE  
GENE THERRIAULT

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Fairbanks, Alaska 99701  
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While in Juneau  
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House District 33

## House Of Representatives

### MEMORANDUM

**TO:** Senator Lyda Green, Chairman;  
Senate Health, Education & Social Services Committee

**FROM:** Representative Gene Therriault *G.T.*

**DATE:** February 28, 1995

**SUBJECT:** Scheduling of HB 39

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I would like to request that HB 39, "An act relating to the authority of mobile intensive care paramedics, physician assistants, and emergency technicians to pronounce death under certain circumstances," be scheduled for a hearing before the Senate Health, Education & Social Services committee.

House Bill 39 is designed to address a situation in which a physician is not immediately available to pronounce death, despite 'irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem,' as might be the case in remote or rural areas. This bill would allow a mobile intensive care paramedic, physician assistant, or an emergency medical technician to make a determination and pronouncement of death, in situations in which a physician is unavailable for immediate consultation. Under current law, emergency medical personnel are required to continue resuscitation until relieved by a physician, physically exhausted, or until their situation becomes a hazard to personal safety. Attached you will find a sponsor statement and sectional analysis.

Thank you for the consideration of my request.

STATE OF ALASKA  
1995 LEGISLATIVE SESSION

Io. 1  
Bill Version: CS HB 39 (HES)  
(H) Publish Date: 1/27/95

Revision Date: \_\_\_\_\_  
Title: An Act relating to the authority of mobile intensive care paramedics, PAs, and EMTs to pronounce death.  
Sponsor: Rep. Theriault, B. Davis  
Requestor: House BESS

Dept. Affected: Health and Social Services  
BRU: State Health Services  
Component: State Medical Examiner  
COMPONENT SERIAL NO. 293  
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
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGES IN REVENUES	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE

(Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY95) cost: 30.0

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: Karen Perdue *(Signature)*  
Agency: Department of Health & Social Services

Date: 1/25/95

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1995 LEGISLATIVE SESSION

Revision Date: \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: "An Act relating to the authority of mobile intensive care paramedics to pronounce death..." Alaska State Troopers  
 Component: Detachments  
 Sponsor: Representatives Theriault and B. Davis  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 0799

EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL EXPENDITURES	-0-	-0-	-0-	-0-	-0-	-0-
CHANGE IN REVENUES ( ) Revenue Code	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

Estimate of current year (FY 95) impact: \$ -0-

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary.)  
 No significant impact on the Alaska State Troopers.

Prepared By: Francis C. Allan Phone: 289-5891  
 Division: Alaska State Troopers Date: 01/25/95  
 Approved by Commissioner: Ronald L. Otte Date: 1/26/95  
 Agency: Ronald L. Otte, Dept. of Public Safety

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Revision Date: \_\_\_\_\_  
 Title: An act authorizing paramedics, PA's & EMT's to pronounce death.  
 Sponsor: Therriault, B. Davis  
 Requestor: House HES

Dept. Affected: Health and Social Services  
 BRU: State Health Services  
 Component: EMS Training & Licensing  
 COMPONENT SERIAL NO. 297  
 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						
<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						
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CHANGES IN REVENUES ( )						
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**FUND SOURCE**

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1008 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: 90.0

**ANALYSIS:** (Attach a separate page if necessary)

This bill would help to relieve emotional pressures on paramedics, PA's and EMT's by allowing them to cease prolonged resuscitation in cases where it is determined that there is no value in continuing. There is no fiscal impact from this bill.

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health

Phone: (907) 465-3090  
 Date: 02/02/95

Approved by Commissioner: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Date: 2/6/95

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# Alaska State Legislature

REPRESENTATIVE  
GENE THERRIAULT

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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.

# Alaska State Legislature

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GENE THERRIAULT

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House District 33

## 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.



## INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

1881 MARIKA ST. • FAIRBANKS, ALASKA 99709  
PHONE 19071 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



David L. Tyler  
President

## Interior Fire Chiefs Association

1710 30th Avenue  
Fairbanks, Alaska 99709  
(907) 479-5672

February 9, 1995

Representative Gene Therriault  
House District 33  
State Capitol, Room 421  
Juneau, Alaska 99801-1182

Dear Representative Therriault,

At the February 8, 1995 meeting of the Interior Fire Chiefs Association we voted unanimously to support House Bill 39. We all feel this is a very important bill that is long over due.

Being responsible for medical units we all realize the importance of giving our patients every possible chance to survive. All too often, though, we find ourselves with hopeless situations. Having to provide treatment to the obviously deceased creates two specific problems.

Relatives of the deceased can usually tell when there is no hope left. When we are forced by law to start treatment this puts an additional hardship on the survivors. CPR and advanced life support efforts are not pretty, especially when it is your loved one that is being treated.

It also puts the medical staff treating the patient in a difficult position. Treating someone who is obviously deceased is very stressful. You know there is no hope, but you still have to treat the patient. Plus the situation can and sometime does cause conflict between the survivors and the medics. Stress management of emergency services personnel is a very real concern.

As Fire Chiefs we feel the implementation of House Bill 39 will help the emergency responders in our state provide a much better service.

I am also going to be talking with Chief Billy Harris, President of the State Fire Chief's Association, regarding this matter. As the Chairman of the State Chief's Legislative Affairs Committee I feel very confident you will have their support as well.

In closing I would like to thank you for introducing this bill. Please feel free to contact me at any time should you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read 'D. Tyler', with a stylized flourish at the end.

David L. Tyler  
President



alaska academy of physician assistants

To: Rep. Cynthia Toohey, Chairman  
Health, Education, and Social Services Committee  
House of Representatives  
State of Alaska

From: Alaska Academy of Physician Assistants

Re: House Bill 39

The Alaska Academy of Physician Assistants is in support of House Bill 39. This bill will give the authority to Physician Assistants to pronounce death. While in urban areas where physicians, coroners, and law enforcement personnel are available, pronouncement of death is not a problem. But since our State is mainly rural and these personnel are often not available in the bush, it becomes an issue. A number of villages and remote industrial work sites have Physician Assistants available to perform the duty of pronouncement of death.

Please give you support for this bill.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joanne Clark".

Joanne Clark, PA-C

President Elect

Alaska Academy of Physician Assistants

# 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 heartbeat, 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.