

HB

356



Library

Health, Education, and Social Services Committee
Alaska State Legislature
House of Representatives
Representative Peggy Wilson - Chair

House HESS Committee

AGENDA

Thursday, March 23^d

3:00 – 5:00 p.m.

Capitol 106

- + = HB 356 Minors: Medical Consent, Incl Bone Marrow
- +* HJR 33 Supporting In-State Med. Care For Vets
- + = HB 430 Palmer Senior Citizen Center
- + = SB 255 Optometry: Extend Bd/Lic. Endorsement
- +* HB 436 Social Worker Caseloads & Workloads
- + Bills previously heard/scheduled

HOUSE
HEALTH
EDUCATION
& SOCIAL
SERVICES
COMMITTEE
PACKET

March 23, 2006

1	HB 356 Minors: Medical Consent, Incl Bone Marrow
2	HJR 33 Supporting In-State Med. Care For Vets
3	HB 430 Palmer Senior Citizen Center
4	SB 255 Optometry: Extend Bd/Lic. Endorsement
5	HB 436 Social Worker Caseloads & Workloads
6	Bills Previously Scheduled /Heard

Alaska State Legislature

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Representative Carl Gatto

Sponsor Statement for HB 356

"An Act allowing minors to donate bone marrow."

House Bill 356 allows a minor with doctoral and parental consent to donate bone marrow.

Bone marrow contains stem cells, which can be transplanted into a person to restore stem cells that were destroyed by high doses of chemotherapy and/or radiation. The National Cancer Institute reports that bone marrow transplants are most commonly used for treating persons with leukemia or lymphoma, and may also be used to treat childhood brain tumors and neuroblastoma.

Eligibility to receive a bone marrow donation is based on the tissue compatibility with that of the donor. Tissue type is inherited, thus patients are most likely to match someone of their same race and ethnicity. According to the Alaska Blood Bank of the available 3.5 million volunteers on the National Registry only 1.3% could be possible matches to a Native American. With the large Native population in Alaska it is essential that there be an increase in the availability of possible matches for bone marrow transplants.

The National Bone Marrow Donor Program (NMDP) does not allow for minors to participate in testing determining capability for bone marrow donation. The reasoning cited by the NMDP has been that minors are not capable to consent to the medical procedures. The reasoning for this limitation is unclear. This procedure would only be done for a minor with the proper consent of the parent, guardian, and physician.

Current medical procedures have created the possibility for less painful transplant procedures. Donating marrow typically does not create significant problems for the donor because only a small amount of marrow is needed. The body replaces the lost marrow in only a few weeks.

Allowing for donations of bone marrow by minors could significantly improve the odds of survival for many Alaskans. This legislation is imperative if Alaskans are to win the fight against leukemia or lymphoma

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB356-DHSS-FMS-02-27-06
 () Publish Date: _____
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): _____

Title PARENTAL CONSENT FOR MEDICAL AND DENTAL SERVICES

RDU Departmental Support Services

Component Commissioner's Office

Sponsor GATTO

Requester HOUSE (HES)

Component No. 317

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other (Specify Type-do not abbreviate)						
Other (Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

House Bill 356 has no fiscal impact on the Department of Health and Social Services.

Prepared by: Sherry Hill, Special Assistant

Phone 465-1618

Division Office of the Commissioner

Date/Time 02/27/2006

Approved by: Karleen Jackson, Commissioner

Date 02/27/2006

Agency Department of Health and Social Services

NATIONAL MARROW DONOR PROGRAM®

Steps of Marrow and PBSC Donation

Information on this topic is available in [Spanish](#)



1. Join the Registry. Anyone age 18 - 60 who meets the health guidelines can join. Volunteers should be committed to helping any patient. To join, you complete a short health questionnaire and sign a form stating that you understand what it means to be listed on the Registry. Then, a small blood sample is taken to find your tissue type. This information is added to the Registry.

2. Stay committed and available. Doctors search the Registry to find a donor whose tissue type matches their patient's. If you are chosen, your donor center will contact you. If you agree, more testing will be scheduled.



3. Attend an information session. You will meet with staff from your donor center to learn about the donation process, risks and side effects. You are free to bring a friend or family member. You will also be told which source of blood-forming cells is being requested - either collected from the marrow or from the circulating blood (known as a PBSC donation). You will then decide whether or not to donate.

4. Receive a physical exam. If you agree to donate, you will be given a physical exam to discover if donating would pose any special risks to you or the patient.



5. Marrow donation Marrow donation is a surgical procedure. While you receive anesthesia, doctors use special, hollow needles to withdraw liquid marrow from the back of your pelvic bones. Many donors receive a transfusion of their own previously donated blood.



5. PBSC Donation PBSC donation takes place at an apheresis center. To increase the number of blood-forming cells in the bloodstream, donors receive daily injections of a drug called filgrastim for five days before the collection. Your blood is then removed through a sterile needle in one arm and passed through a machine that separates out the blood-forming cells. The remaining blood is returned to the donor.

6. Side effects and recovery. You can expect to feel some soreness in your lower back for a few days or longer. Most donors are back to their normal routine in a few days. Your marrow is completely replaced within four to six weeks.

7. Follow-up. Your NMDP donor center coordinator will follow up with you until you are able to resume normal activity. You will also receive annual calls for long-term follow-up.

6. Side effects and recovery. You may experience headache, or bone or muscle aches for several days before collection. This is a side effect of the filgrastim injections that you received to increase the number of blood-forming cells in the bloodstream. These effects disappear shortly after the collection.

7. Follow-up. Your NMDP donor center coordinator will follow up with you until you are able to resume normal activity. You will also receive annual calls for long-term follow-up.

After you donate marrow or peripheral (circulating) blood cells, your NMDP Donor Center coordinator will call you to follow up on your experience. Your coordinator will continue to call you regularly until you are able to resume normal activity, and annually for long-term follow up.

Last Updated: October 2005

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Md. Students Celebrate Marrow Donor Bill

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By Ylan Q. Mui
Washington Post Staff Writer
Thursday, April 7, 2005; Page B03

For three long years -- a lifetime for most teenagers -- the girls of Sister to Sister at Oakland Mills High School in Columbia have toiled on a bill that would lower the age of consent for bone marrow donations. Club members helped draft the original legislation, lobbied politicians and testified before the General Assembly.

At first, their bill was deferred. Last year, it died in committee. But yesterday the House gave the bill final approval, following a green light by the Senate last week.

"Perseverance pays off," said senior Monica Holloway, 17, who worked on the bill from the start. "It would've been really discouraging after all this if they just said, 'No thanks.'"

The bill would allow minors to give bone marrow to non-relatives with permission from their physician and if there is no substantial medical risk to the donor. Gov. Robert L. Ehrlich Jr. (R) still must sign the legislation, but Del. Elizabeth Bobo (D-Howard), who sponsored the bill and represents the girls' district, said she is confident that they have cleared all the hurdles.

"The enthusiasm and commitment of the girls is one thing that keeps me going," she said. "I think they have a really good public policy idea here."

The project began three years ago when Oakland Mills English teacher and club sponsor Joslyn Wolfe read a newspaper article about a 16-year-old in Washington state who wanted to donate bone marrow to a stranger with leukemia who shared his complex ethnic heritage: African American, Hispanic and Korean. The chance of finding a bone marrow match for people of mixed race is slim.

But the teenager soon discovered that state law prohibited those younger than 18 from giving bone marrow to someone who was not a relative. That's when he decided to launch a crusade for the country's first law to lower the age for bone marrow donors.

Washington state adopted the measure in 2000, and Missouri has passed a similar bill. Wolfe decided that pursuing the effort in Maryland would be an ideal project for Sister to Sister, which supports achievement among black teenage girls, and the girls immediately warmed to the task. Little did they expect how long -- and sometimes thorny -- the road would be.

"We were told that," Holloway said. "But I don't think it really hit home."

That is, until the girls were forced to sit through endless debates and hearings on the issue. Their project morphed from a simple service effort to an in-depth lesson in the wheeling and dealing of the General Assembly.

In its first incarnation, the bill sought to lower age of consent for bone marrow donations to 16. The girls presented the idea to Howard County's delegation in the summer of 2003. It was too late to introduce the bill that year, but Bobo assured the students that they had the delegation's support.

Yet when the bill was presented during last year's session, it died in committee. Lawmakers and some health advocates worried that 16-year-olds are too young to make such a decision. The National Marrow Donor Program, which limits donors to those 18 to 60 years old, opposed the bill, citing the medical risks associated with donation.

The girls were determined to see their bill through to the end. When it was reintroduced this session, the House Health and Government Operations Committee took out specific references to minors and instead required that all donors, regardless of age, have a doctor's approval. Parental consent for minors is implied, Bobo said.

The end result was not exactly what the girls had envisioned. But it passed the House and the Senate unanimously.

"I think it makes sense," said senior Jade Vaughn, 18, whose father is D.C. Michael L. Vaughn (D-Prince George's). "If that's what it would've taken for it to pass, that's fine with us."

The girls said their three-year journey has taught them a lot, from writing and research skills to how to give testimony. But if there's one lesson that they've mastered, it is how to be diplomatic.

"People's lives are saved either way," Holloway said. "So it doesn't matter that much."

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**Musher Susan Butcher Undergoes Treatment For
Leukemia**
Bone Marrow Donor Being Sought

December 08, 2005
Thursday

Seattle, Wash. - Susan Butcher, four-time champion of the Iditarod Trail Sled Dog Race and once the most dominant athlete in her sport, has been diagnosed with acute myelogenous leukemia (AML), a malignant disease of the blood and bone marrow, and is undergoing chemotherapy treatment at Fred Hutchison Cancer Research Center at the University of Washington, Seattle.

Butcher's husband, David Monson, said she was diagnosed late last week and began treatment December 6. Butcher's protocol calls for several months chemotherapy. Then once the leukemia is in remission, she probably will undergo a bone marrow transplant if a suitable donor can be found.

The Leukemia and Lymphoma Society and the National Cancer Institute report that about 12,000 people are diagnosed with AML every year. About 50 cases have been reported in Alaska.

"We'll be in Seattle for at least six months," he said, "and my job is to take care of Susan. Susan's job is to not worry and focus on her healing. But we've been overwhelmed that people want to help any way they can."

The biggest need right now, he said, is to find a donor whose bone marrow is compatible with Butcher's. The hospital is recruiting donors from her immediate family including Monson and the couple's two daughters, but statistically it's unlikely any of them will provide a match, he said.

The Blood Bank of Alaska is organizing a statewide donor drive on December 30th to test anyone who would like to donate. The process is a simple blood test and samples are sent to the Puget Sound Blood Center.

The matching process takes up to two months, and those tested through the Blood Bank of Alaska are entered into the national database for a possible match with anyone in need of a bone marrow transplant.

GCI, Butcher's long-time sponsor, said it would donate funds to the Blood Bank of Alaska to help defray testing costs and provide for a greater pool of possible donors for Susan and all who are afflicted with AML. Up to 500 people can be tested for free. After that, the cost is \$65 per person.

If someone wants to be tested to donate specifically to Butcher, bone marrow compatibility testing is available through a private laboratory called TEPNEL LIFECODES. Upon request, the company will send a kit. The donor takes the kit to a private physician for blood typing, and the blood sample is sent back to the company. Test results are usually known within a week, but donors do not become part of the national registry. The cost for the private test is \$115 for the kit plus the cost of the physician's visit and/or lab fees.

The National Marrow Donor Program says of the 5.5 million potential donors on the national registry, the chance of a match is one in 20,000 to one in 50,000. Currently, the NMDP facilitates an average of 200 transplants per month and more than 15,000 have donated marrow for patients who are not



a family member. The program says once a perfect match is found, the rejection rate is less than 5 percent.

"I think people understand there's a very small chance their bone marrow will be a match," Monson said, "but someone is going to save Susan's life through a bone marrow donation. If they go on the register, they have the possibility to save someone else's life. This process is so important, and this call for help is for everybody who needs a bone marrow donor."

Monson said updates on her progress will be posted on <http://www.susanbutcher.com> which is currently under construction. The site also will provide a place where people can find out how they can contribute to the family's needs. Wells Fargo has set up the Susan Butcher Donation Account and donations can be made at any Wells Fargo branch in the country.

"Susan will fight this as hard as any person can," Monson said. "She loves her family and she loves her life. That will be what keeps her motivated through the hard times."

Information:

Information about bone marrow donations can be found at <http://www.bonemarrowtest.com> or <http://www.bloodbankofalaska.org> or <http://www.bonemarrow.org>.

To contact TEPNEL LIFECODES, contact 1.800.915.3695.

To contact the Blood Bank of Alaska, call 907.376.1195.

Information on the disease and treatment options can be found at <http://www.leukemia-lymphoma.org> and <http://www.cancer.gov>.

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What's next for Alaskans tested as possible donors for Susan Butcher.

By ANN POTEMPA
Anchorage Daily News

(Published: January 17, 2006)

Last month, a record 1,147 people throughout Alaska had their blood drawn in hopes of adding their name to the national bone marrow registry.

Many did it to help Iditarod Trail Sled Dog Race champion Susan Butcher, who's fighting leukemia and needs a marrow transplant. But registering as a possible donor meant they might be matched to many other people needing transplants across the nation.

Since forming in 1987, the National Marrow Donor Program has coordinated more than 20,000 transplants of bone marrow or blood cells, most of which went to people with leukemia or other types of blood cancer.

What does joining the donor registry mean? And if you do match someone in need of a transplant, how do you donate your bone marrow?

Staff at the Blood Bank of Alaska and Puget Sound Blood Center explained the donation process, which can start almost as soon as you are logged into the registry or many years later.

That's what happened to Sheri Hobson-Hill from Big Lake. She registered with the National Marrow Donor Program in 1988 during a Lions Club drive. In 2003 — 15 years later — she got a letter saying she likely matched a man she didn't know who needed new marrow. She was still interested in donating so completed counseling about the procedure, received a lesson on what to expect and eventually flew to Seattle for surgery that removed bone marrow from the back of her pelvic bones.

Hobson-Hill said she felt she had something to give someone else — even though she didn't know that person.

"I feel most fortunate that I was able to give that gift, and I would absolutely do it again," she said.

THE DONOR REGISTRY

Today, more than 5.5 million people are registered with the National Marrow Donor Program, the world's largest registry of volunteer donors, said Andrea Marsden, supervisor for the Puget Sound Blood Center's marrow donor program.

The Puget Sound program recruits donors from Washington and Alaska. So far, about 62,000 of the two states' residents have signed up, about 9,000 of them Alaskans.

Only people age 18 to 60 can join the National Marrow Donor Program, Marsden said. Donors 55 or

younger are preferred. If two possible donors are available, transplant centers will pick the younger donor. The donation procedure becomes riskier with age, and the recovery period may be longer.

Unless they say they want to be removed from the registry sooner, donors stay on until they turn 61, Marsden said.

To sign up as a donor, people must fill out paperwork that shows they meet the age requirements and don't have health conditions that would prevent them from donating. They also have to give a blood sample that's tested and typed.

"The testing is so simple," said Keri Scaggs, a California woman who repeatedly visits Alaska to sing and take photographs.

In the late 1990s, she entered the national marrow registry when her sister had recurring cancer and was looking for a match. Scaggs and her sister were not compatible, but Scaggs stayed on the list in hope of helping others.

"After watching my sister die, how could I hold on to something that could help someone else?" she asked.

FINDING THE MARKERS

In 2004, Scaggs heard that she might be a match for another woman in need. She went in for more blood tests but later learned the woman had sought other treatment options and the donation wasn't needed.

These blood tests are collected to match the donor and the recipient. Everyone has a blood type such as A, B or O but that's not what laboratories focus on when matching marrow. Instead, they look for the type of human leukocyte antigen, also called HLA markers. These are small proteins found on white blood cells, Marsden said. For a donor and recipient to be paired, the donor's HLA markers need to match the recipient's to a certain degree.

HLA markers are genetically passed from parents to children, so people in need of bone marrow donations are more likely to find matches among family members — especially siblings — than nonrelatives.

"About 30 percent of people find a match within their family," Marsden said.

But that means the majority don't, and they're forced to find a match through the national registry of unrelated donors. Butcher has not found a match in her family so has turned to the national registry, said her husband, David Monson.

It's easier for people of some races than others to find matches. A person needing a bone marrow donation is more likely to match a donor of the same race than a donor of a different race, Marsden said.

For example, about three-fourths of the people registered with the National Marrow Donor Program are white. That makes it easier for Caucasian people to find matches, because there are more potential white donors than donors of other races. Only 8 percent of the registered donors are black. Only about 1 percent are Native American and Alaska Native, said Mysti Skelton, the Blood Bank of Alaska's bone marrow coordinator.

If a match is made, the donor and recipient will not learn many details about each other to protect

confidentiality, Marsden said. If both parties agree, they can meet one year after the donation.

THROUGH THE HIP

During her late 40s, Hobson-Hill heard she matched someone. Before donating her marrow, she had another round of blood tests to confirm the match and was paired with a coordinator who made sure all her questions were answered. She learned what the donation procedure entailed and what side effects she could expect.

"I had no questions about what was going to happen," she said.

Hobson-Hill said she was repeatedly asked if she still wanted to go through with the donation.

"At any time, you can stop the process," she said. "It's up to you."

In May 2003, Hobson-Hill flew to Seattle to donate bone marrow. All of her costs, including travel, hotel, food and medical fees, were covered. Marsden said those costs are typically covered by the National Marrow Donor Program, the Puget Sound Blood Center and the recipient's health insurance.

The purpose of the process is to pull blood stem cells from the donor and give them to the recipient. Blood stem cells normally live in the bone marrow, and they can create other types of blood cells, including red blood cells, white blood cells and platelets, Marsden said.

The recipient prepares for the donation by receiving chemotherapy, radiation or both to destroy the diseased marrow. Then the cells collected from the healthy donor are given to the recipient through the bloodstream. The cells travel to the marrow and multiply, according to the National Marrow Donor Program.

When Hobson-Hill flew to Seattle to donate her marrow, she checked into the hospital in the morning. She was given general anesthesia, and the doctor inserted a large, hollow needle into the pelvic bones in Hobson-Hill's back and removed marrow.

The amount removed depends on how much is needed by the recipient, Marsden said. The marrow is packaged and then flown or driven to the recipient in need. The donor's body replaces all marrow removed in four to six weeks, according to the National Marrow Donor Program.

The entire procedure typically lasts an hour or two, and the donor is sent home or to a hotel that afternoon. Most donors will have pain and discomfort for a few days to a week, but they are walking right after the procedure, Marsden said. They're also given pain medication should they need it. More serious complications are rare, although Marsden said one donor went through massage therapy to alleviate nerve pain in her leg after the procedure.

Hobson-Hill said she felt pain and stiffness and was slow-moving, but all of that waned during the week after her donation.

STRAIGHT FROM BLOOD

A different procedure, called peripheral blood stem cell collection, can be used during bone marrow transplants. Marsden explained the process:

The donor is given a drug for five days to encourage the bone marrow to send the stem cells into

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J1

(S10439)

ENROLLED BILL

-- Health and Government Operations/Finance --

Introduced by Delegates Bobo, Moe, Pendergrass, Quinton, F. Turner, ~~and~~
~~Vaughn, Benson, Boteler, Boutin, Brownell, Costa, Donohue,~~
~~Elliott, Frank, Goldwater, Hammen, Hubbard, Hurzon, Kach, Kullen,~~
~~Mandl, McDonough, Morhaim, Murray, Nathan-Pulliam, Oaks,~~
~~Rudolph, V. Turner, and Weldon~~

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 Hospitals - Bone Marrow Donation

3 FOR the purpose of requiring a certain hospital to allow an individual to donate bone
4 marrow to any individual under certain circumstances; and generally relating to
5 hospitals and the donation of bone marrow.

6 BY repealing and reenacting, with amendments,
7 Article - Health - General
8 Section 19-310
9 Annotated Code of Maryland
10 (2000 Replacement Volume and 2004 Supplement)

2

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1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
2 MARYLAND, That the Laws of Maryland read as follows:

3

Article - Health - General

4 19-310.

5 (a) (1) In this [section] SUBSECTION, "designated requestor" means a
6 hospital employee who has completed a course offered by an organ, tissue, or eye
7 recovery agency on how to approach potential donor families and request organ or
8 tissue donation.

9 [(b)] (2) [(1)] (I) On or before the occurrence of each death in a hospital, the
10 hospital shall contact an appropriate organ, tissue, or eye recovery agency in order to
11 determine the patient's suitability for organ, tissue, or eye donation.

12 [(2)] (II) The contact and its disposition shall be noted in the patient's
13 medical record.

14 [(c)] (3) [(1)] (I) The appropriate organ, tissue, or eye recovery agency, in
15 consultation with the patient's attending physician or the physician's designee, shall
16 determine the patient's suitability for organ, tissue, or eye donation.

17 [(2)] (II) If the organ, tissue, or eye recovery agency, in consultation with
18 the patient's attending physician or the physician's designee, determines that
19 donation is not appropriate based on established medical criteria, this determination
20 shall be noted by hospital personnel in the patient's medical record and no further
21 action is necessary.

22 [(3)] (I) If the organ, tissue, or eye recovery agency, in consultation with
23 the patient's attending physician or the physician's designee, determines that the
24 patient is a suitable candidate for organ, tissue, or eye donation, a representative of
25 the appropriate organ, tissue, or eye recovery agency or a designated requestor shall
26 initiate a request under [subsection (d) of this section] PARAGRAPH (4) OF THIS
27 SUBSECTION, if applicable.

28 [(d)] (4) [(1)] (I) Except as provided in [subsection (j) of this section]
29 PARAGRAPH (10) OF THIS SUBSECTION, when an individual dies in a hospital in
30 accordance with § 5-202 of this article, a representative of the appropriate organ,
31 tissue, or eye recovery agency or a designated requestor shall request, with
32 sensitivity, in the order of stated priority, that the individual's representative consent
33 to the donation of all or any of the decedent's organs or tissues as an anatomical
34 donation if suitable.

35 [(2)] (II) For the purposes of [paragraph (1) of this subsection]
36 SUBPARAGRAPH (1) OF THIS PARAGRAPH, the representative of the deceased
37 individual is 1 of the following individuals listed in the following order of priority:

38 [(i)] 1. A spouse, but, if not alive or not competent, then;

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- 1 [(ii)] 2. A son or daughter who is at least 18 years old, but, if not
2 alive, competent, or immediately available, then;
- 3 [(iii)] 3. A parent, but, if not alive, competent, or immediately
4 available, then;
- 5 [(iv)] 4. A brother or sister who is at least 18 years old, but, if not
6 alive or not competent, then;
- 7 [(v)] 5. A guardian;
- 8 [(vi)] 6. A friend or other relative of the decedent, if the individual:
9 [1.] A. Is a competent individual; and
10 [2.] B. Presents an affidavit to the attending physician
11 stating:
12 [A.] I. That the individual is a relative or close friend of the
13 decedent; and
14 [B.] II. Specific facts and circumstances demonstrating that
15 the individual maintained regular contact with the decedent sufficient to be familiar
16 with the decedent's activities, health, and personal beliefs; or
17 [(vii)] 7. Any other person authorized or required to dispose of the
18 body.
- 19 [(3)] (III) [(i)] 1. This [subsection] PARAGRAPH does not apply if the
20 decedent has given contrary directions.
- 21 [(ii)] 2. The failure of the decedent to make a gift is not a contrary
22 direction for purposes of this [subsection] PARAGRAPH.
- 23 [(4)] (IV) Contrary directions given by the decedent under this
24 [subsection] PARAGRAPH shall be recorded in the decedent's medical record.
- 25 [(5)] (V) The representative of the appropriate organ, tissue, or eye
26 recovery agency or the designated requestor and the representative of the deceased
27 patient are entitled to protection from civil and criminal liability as provided in §
28 4-508(b) of the Estates and Trusts Article.
- 29 [(c)] (5) In all discussions concerning donations of organs and tissues, the
30 representative of the appropriate organ, tissue, or eye recovery agency or the
31 designated requestor shall show reasonable discretion and sensitivity:
- 32 [(1)] (I) To the circumstances of the family of the decedent;
- 33 [(2)] (II) To the religious beliefs of the decedent; and

4 UNOFFICIAL COPY OF HOUSE BILL 565

1 [(3)] (III) To the nonsuitability for organ or tissue donation of the
2 decedent.

3 [(f)] (6) [(1)] (i) When a representative of the appropriate organ, tissue, or
4 eye recovery agency or a designated requestor makes a request under [subsection
5 (d)(1) of this section] PARAGRAPH (4)(I) OF THIS SUBSECTION, the representative or
6 designated requestor shall document the request and its disposition by having the
7 appropriate individual described in [subsection (d)(2) of this section] PARAGRAPH
8 (4)(II) OF THIS SUBSECTION sign a consent form or give a witnessed telegraphic,
9 witnessed telephonic, or recorded consent to the donation.

10 [(2)] (II) Hospital personnel shall note the request and its disposition in
11 the decedent's medical record or death certificate.

12 [(g)] (7) A hospital may not bill the estate of the decedent, a surviving spouse
13 of the decedent, an heir of the decedent, or an insurer of the decedent for the costs
14 associated with the removal of all or any of the decedent's organs or tissues for the
15 purpose of organ or tissue donation.

16 [(h)] (8) After consultation with the Maryland Hospital Association, Inc., the
17 Medical and Chirurgical Faculty of the State of Maryland, the Transplant Resource
18 Center of Maryland, Inc., the Washington Regional Transplant Consortium, the
19 Medical Eye Bank of Maryland, the Lions of District 22-C Eye Bank and Research
20 Foundation, Incorporated, the Health Facilities Association of Maryland, and Tissue
21 Banks International, the Secretary shall publish guidelines designed to implement
22 this [section] SUBSECTION, including guidelines:

23 [(1)] (I) Requiring that, at or near the time of each individual death in a
24 hospital, the hospital contact by telephone an appropriate organ, tissue, or eye
25 recovery agency to determine the suitability of the individual for organ, tissue, and
26 eye donation;

27 [(2)] (II) Requiring that each hospital designate a person to make the
28 contact; and

29 [(3)] (III) Identifying the information that the person designated by the
30 hospital shall have available before making the contact.

31 [(i)] (9) The provisions of this [section] SUBSECTION shall in no way
32 interfere with the duties of the office of the Chief Medical Examiner. In sudden deaths
33 under the jurisdiction of the office of the Chief Medical Examiner as provided in §
34 5-309 of this article, notification will be made to the office of the Chief Medical
35 Examiner prior to organ removal.

36 [(j)] (10) The consent of the decedent's representative is not necessary and the
37 provisions of [subsection (d) of this section] PARAGRAPH (4) OF THIS SUBSECTION do
38 not apply if:

39 [(1)] (I) The decedent's driver's license or identification card contains a
40 notation that the decedent is an organ donor; or

5

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1 (2) (II) The decedent has consented to the gift of all or any part of the
2 decedent's body in accordance with the provisions of:

3 (i) 1. § 5-604.1 of this article; or

4 (ii) 2. Title 4, Subtitle 5 of the Estates and Trusts Article.

5 [(k)] (11) A person who acts in good faith to recover organs or tissues in
6 accordance with a notation on the decedent's driver's license or identification card
7 that the decedent is an organ donor, a gift made in accordance with § 5-604.1 of this
8 article or Title 4, Subtitle 5 of the Estates and Trusts Article, or a gift made in
9 accordance with the anatomical gift laws of another state or country is immune from
10 criminal prosecution and liability for damages in any cause of action related to the
11 recovery and donation of the decedent's organs or tissues.

12 [(l)] (12) The Department shall conduct annual death record reviews at each
13 hospital to determine the hospital's compliance with the provisions of this [section]
14 SUBSECTION. The Department may delegate its duty to conduct annual death record
15 reviews to the appropriate organ, tissue, or eye recovery agency serving the region in
16 which a particular hospital is located.

17 (B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND
18 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A HOSPITAL OFFERING BONE
19 MARROW TRANSPLANT SERVICES SHALL ALLOW AN INDIVIDUAL TO DONATE BONE
20 MARROW TO ANY INDIVIDUAL.

21 (2) AN INDIVIDUAL MAY DONATE BONE MARROW TO ANOTHER
22 INDIVIDUAL IF A LICENSED PHYSICIAN DETERMINES, BASED ON THE PHYSICIAN'S
23 MEDICAL JUDGMENT, THAT THE DONATION OF THE BONE MARROW IS IN THE BEST
24 INTERESTS OF THE ~~DONOR AND DONEE~~ DONEE AND THERE IS NO SUBSTANTIAL
25 RISK OF MEDICAL INJURY TO THE DONOR.

26 SECTION 2. AND BE IT FURTHER ENACTED. That this Act shall take effect
27 October 1, 2005.

FINAL BILL REPORT

SB 6172

C 116 L 00

Synopsis as Enacted

Brief Description: Allowing minors to donate bone marrow.

Sponsors: Senators Fraser, Deccio, Thibaudeau, Prentice, T. Sheldon, Kohl-Welles, Fairley, McAuliffe and Oke.

Senate Committee on Health & Long-Term Care
House Committee on Health Care

Background: The National Marrow Donor Program does not permit testing people under the age of 18 to determine compatibility for bone marrow donation. The reason cited has been that minors are not competent to provide informed consent to the medical procedures. The age and maturity of the minor have not been sufficient exceptions to the policy, despite the fact that teenage minors can consent to certain kinds of medical care.

Attention was focused on this policy by the media when North Thurston High School sophomore Alden Tucker was refused testing to see if he was a bone marrow match for his friend Michael Penon. Through private efforts, testing was finally performed, but he was not a match. Michael Penon ultimately died of complications of leukemia.

Alden Tucker has not been listed on the national registry despite a recognized need for increased minority representation on the registry. The National Marrow Donor Program indicates that most minorities who search the Registry, with its current donor pool, are less likely to find a marrow match than Caucasians. Some estimate nearly a 40 percent difference.

Summary: A person's status as a minor cannot disqualify him or her from bone marrow donation.

Votes on Final Passage:

Senate	48 0
House	91 7

Effective: June 8, 2000

CERTIFICATION OF ENROLLMENT

SENATE BILL 6172

Chapter 116, Laws of 2000

56th Legislature
2000 Regular Session

BONE MARROW DONATION--MINORS

EFFECTIVE DATE: 6/8/00

Passed by the Senate February 9, 2000
YEAS 48 NAYS 0

BRAD OWEN

President of the Senate

Passed by the House March 3, 2000
YEAS 91 NAYS 7

CLYDE BALLARD

**Speaker of the
House of Representatives**

FRANK CHOPP

**Speaker of the
House of Representatives**

Approved March 24, 2000

GARY LOCKE

Governor of the State of Washington

CERTIFICATE

I, Tony M. Cook, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 6172** as passed by the Senate and the House of Representatives on the dates hereon set forth.

TONY M. COOK

Secretary

FILED

March 24, 2000 - 3:18 p.m.

**Secretary of State
State of Washington**

SENATE BILL 6172

Passed Legislature - 2000 Regular Session

State of Washington 56th Legislature 2000 Regular Session

By Senators Fraser, Deccio, Thibaudeau, Prentice, T. Sheldon,
Kohl-Welles, Fairley, McAuliffe and Oke

Read first time 01/10/2000. Referred to Committee on Health &
Long-Term Care.

1 AN ACT Relating to bone marrow donation; and adding a new section
2 to chapter 70.54 RCW.

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.54 RCW
5 to read as follows:

6 A person's status as a minor may not disqualify him or her from
7 bone marrow donation.

Passed the Senate February 9, 2000.

Passed the House March 3, 2000.

Approved by the Governor March 24, 2000.

Filed in Office of Secretary of State March 24, 2000.