

ALABAMA LEGISLATURE

HOUSE and SENATE FINANCE COMMITTEE FILES,

1993-1994

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Gun Dealers Lament Curbs on Weapons

By WILLIAM FLANNERY
St. Louis Post-Dispatch

Even before the mass shooting on a Long Island commuter train, Congress was fashioning a new law to curb the rising flood of gun mayhem on America's streets.

Last month, the Senate added a provision to the new crime bill that would ban the import, domestic manufacture and sale of semi-automatic military-style assault weapons.

Congress restricted the sale of new machine guns—or fully automatic weapons—in 1986. But the ban on semi-automatic assault weapons (one pull of the trigger for each shot) is the first time an entire class of widely sold firearms has been outlawed. Fully automatic weapons had a narrow market because of their expense—several thousand dollars—and federal regulations.

The proposed ban—which the House has to approve and the president has to sign—has set off a bitter debate.

The amendment's main sponsor, Sen. Jesse Helms, R-Calif., said, "This legislation will stop the flow of the most deadly weapons on our streets."

"Military-style assault weapons have no place in our society," Helms said, on the day of the amendment's passage last month.

Firearm dealers and manufacturers and gun owners fire back

that the ban is a public relations ploy that will not cut street crime and will only punish law-abiding citizens.

"Criminals will always get guns," said Chip Johnson, the owner of Direct Firearms in St. Joseph, Mo.

While criminals will still be in business, many gun dealers say they might not be.

"It's going to be pretty darn hard to stay in business," said James Keller, of Keller-Gun Works in Florissant, Mo.

Johnson agrees. He sells semi-automatic rifles and pistols.

"Unless a gun dealer is into selling a lot of bolt-action rifles or pump-action shotguns, they are pretty much out of business," Johnson said. "Anybody that just sells semi-autos is kind of like a moth to a candle flame."

While Johnson sells to police departments, he said, police sales account for only 20 percent of his business. Johnson is also a trained gunsmith. "But there's no money in that," he said. "I just do it for friends."

Many firearm manufacturers are also fearing the worst.

Colt Firearms of Hartford, Conn., is one of the oldest and largest U.S. gun makers. Company spokesman John Weber said it's too early to determine whether the proposed ban will kill the 150-year-old company, which is trying to come out of bankruptcy.

"The ban could have a very

negative effect on us," Weber said. "The (AR-15) Sporter rifle accounts for about 25 to 33 percent of our annual sales ... which have been running around \$100 million to \$125 million a year."

Weber said many of Colt's 1,000 employees could face temporary layoffs.

Mike Miller is president of Calico Inc. in Bakersfield, Calif. Calico makes 22 caliber and 9 mm weapons, which could be banned because of their large magazines and pistol grips.

"The ban would do no good for our domestic business," Miller said. "It would affect about 60 or 70 percent of our sales."

The company employs 30 people and has annual sales of about \$4 million.

Several gun merchants said the proposed ban has already had an impact on assault rifle sales—one that was not intended by the Senate.

"Assault rifles are a seller's market now," Johnson said. "It's a better investment than gold."

The prices have gone up about 10 percent a week in the past month.

Weber agrees.

"In the past month, we had the two best days for gun sales—the Senate passing the assault rifle ban and the passage of the Brady bill," Weber said. "Everybody is going out and buying guns."

(The Brady bill, which has been signed into law by President

Bill Clinton, establishes a national five-day waiting period on handgun purchases.)

Johnson and others said many gun wholesalers are running out of weapons.

"A few weeks ago, the Colt AR-15s were going for \$625; they are now around \$900," Johnson said.

The less-expensive Chinese-made MAK-90, a semi-automatic version of the Soviet-designed AK-47, has gone from about \$150 retail to \$250, Johnson said. And the price is rising fast.

Johnson said the price of semi-automatic pistols, which are not covered under the Senate assault weapon ban, have gone up by 10 percent.

A high-quality semi-automatic pistol will retail for \$300 to \$600; specialty handguns for competition target shooting will range from \$300 to \$2,000.

Bruce E. Bogus said he saw the same seller's market back in 1989 when President George Bush banned import of certain foreign-made assault rifles. Bogus is president of Shooting Systems in Fenton.

"In six months in 1989, we basically sold a five-year supply," Bogus said. "We still get people coming in now wanting to sell their AR-15 (to cash in on the higher prices)."

And the rifles are still in their original boxes and have never been fired."

Bogus said the semi-automatic 9 mm UZI carbine has been available since the Bush

"A used UZI used to go for \$1,000," Bogus said. "Now you can find one, they will sell for \$1,200 to \$1,500."

The shootings on a Long Island commuter train did not involve an assault weapon.

But the incident, in which a pistol-wielding gunman killed people and wounded 21, launched new calls for stricter national gun laws.

Clinton says he will see tougher laws when Congress comes back into session early next year.

The new legislation is required in the absence of handgun curbs and other gun restrictions in addition to a ban on assault weapons.

But some gun-industry officials believe the assault-weapon ban and stricter gun laws will pass in the House.

"Look at the Brady Bill," said Michael Feldman of American Shooting Sports Council in Atlanta, a gun manufacturer trade group. "It passed the (435-member) House by only a voice."

Feldman said Weber believes a move to ban whole classes of rifles or pistols would be seen too extreme and would be defeated.

— Distributed by Scripps Howard News Service

Pratt, from page 1

such case which was printed by the U.S. Congress in the Congressional Record.

In 1991, Bonnie Elmasri of Wisconsin secured a restraining order against her husband who had repeatedly threatened to kill her. She also tried to buy a gun since she was afraid the restraining order might not provide her enough protection.

But Wisconsin has a waiting period, so she had to wait 48 hours before picking up her gun. Sadly, Elmasri never picked up her gun. She and her two sons were murdered the next day by an abusive husband of whom the police were well aware.

Courtesy Elmasri's situation with that of Theresa Terry. In 1991, Terry was in a Shoney's restaurant in Anniston, Alabama when armed robbery began herding employees and customers alike into a walk-in refrigerator. They

Table 1
Rate per 100,000 Persons

COUNTRY	HOMICIDE	SUICIDE	TOTAL DEATHS
Japan	.8	21.1	21.9
England & Wales	1.1	8.6	9.7
Scotland	1.7	10.2	11.9
Canada	2.7	12.8	14.5
Australia	2.8	11.8	14.3
New Zealand	1.7	10.8	12.5
Switzerland	1.1	21.4	22.5
United States	7.9	12.2	20.1

SOURCE: Guns, Crime, and Virtue, based upon U.S. Department of Justice and Internal Sources.

were planning to kill them there until Terry pulled the .45 pistol he had a permit to carry and shot two of the attackers and chased off the third.

If Terry had not had his gun on him, nearly as many people could have died as were killed in Luby's cafeteria a month earlier

when a lone murder crashed through the wall of the building and systematically killed 23 people. Nobody in the cafeteria was armed — again because of gun control laws prohibiting decent people from exercising their constitutional right to keep and bear arms.

We have heard the emotional

argument from gun control advocates that if just one life could be saved, their legislation should be enacted. If they really believed that, they would work to eliminate such killer laws as the D.C. gun ban so that decent people could legally protect themselves with guns from the criminal element.

The assumption that a civilized society is made up only of pacifists is merely submitting to violence in unwarrantable and immoral. Jeffrey Snyder put it well in his article "A Nation of Cowards" in a recent issue of The Public Interest. In truth, one who believes it wrong to arm himself against criminal violence shows contempt of God's gift of life (or, in modern parlance, does not properly value himself), does not live up to his responsibilities to his family and community, and proclaims himself mentally and morally deficient, because he does not trust himself to behave responsibly.

For the government to de-

prive its citizens of the right to keep and bear arms is to usurp a right that our founders viewed as inalienable because they occurred from God. And since the government cannot protect us from criminals, by what logic do they try to tell us to disarm? Especially we who know that guns are used to fight crime so much more often than to commit crime. In fact, guns are used in self-defense about four times more often than they are used in crime.

For those wishing to see Congress "No" to more gun control and "No" to banning gun owners in America has prepared a mailgram that can be sent by Western Union to your Senators and Representatives. Simply call 1-800-258-2222. Be sure to ask for Hotline 9463. The cost will be \$8.95.

— Larry Pratt is the Executive Director of Gun Owners of America

Amen



Alaska State Legislature

Session:
State Capitol
Juneau AK 99801-1182

Senate State Affairs

Interim:
716 W 4th Avenue
Anchorage AK 99501-2133

HB 351 IS SUPPORTED and ENDORSED BY THE FOLLOWING GROUPS AND ORGANIZATIONS:

1. Alaska Peace Officers Association, Farthest North Chapter
2. Alaska Outdoor Council (15,000 members and affiliate groups)
3. Alaska Second Amendment Coalition
4. Alaska Boating Association
5. Alaska Competitive Shooting Organization
6. Alaska Falconers Association
7. Alaska Gamebird Association
8. Alaska Gun Collectors Association
9. Alaska Marine Dealers Association
10. Alaska Rifle Club
11. Alaska Sportfishing Association
12. Alaska State Pacific Trapshooting Association
13. Alaska State Amateur Trapshooting Association
14. Alaska State Snowmobile Association
15. Alaska Waterfowl Association
16. Alaskan Bowhunters Association
17. Anchorage Rifle & Pistol Club
18. Chitina Dipnetters
19. Chugach Range Riders
20. Clear Sky Sportsmen's Association
21. Delta Sportsmen's Association
22. Fairbanks Practical Pistol Club
23. Fairbanks Retriever Club
24. Fairbanks Snow Travelers Association
25. Foundation For North American Wild Sheep, Alaska Chapter
26. Golden North Archery Association
27. Interior Alaska Airboat Association
28. Interior Alaska Trail Riders Association
29. Interior Wildlife Association of Alaska
30. Juneau Gun Club
31. Juneau Rifle & Pistol Club

Senate State Affairs Committee
Organizations Supporting HB 351
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32. Kenai River Sportfishing, Incorporated
33. Ketchikan Marine Charters
34. Ketchikan Sports & Wildlife Club
35. Ketchikan Volunteer Rescue Squad
36. Kodiak Island Sportsmen's Association
37. Matanuska Valley Sportsmen
38. McKinley Mountain Men Muzzleloading Rifle Club
39. Midnight Sun Flycasters
40. Safari Club International, Alaska Chapter
41. Sitka Sportsmen's Association
42. Slana Alaskans Unite
43. Stikine Sportsmen's Association
44. Tanana Valley Sportsmen's Association
45. Tanana Valley Sportsmen's Rifle & Pistol Club
46. Territorial Sportsmen, Incorporated
47. Tok Shooters Association
48. Tongass Sportfishing Association
49. National Rifle Association (Over 22,000 Alaskar Members)

In addition to the support of the organizations and groups listed above, petition booklets with the signatures of over **6,800** Alaskans in favor of HB 351 can be provided to the Committee upon request.



Alaska State Legislature

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716 W 4th Avenue
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MEMORANDUM

TO: Senator Loren Leman, Chairman
Senate Committee on State Affairs

FROM: Portia Babcock, Committee Aide
Senate Committee on State Affairs

DATE: April 27, 1994

RE: Comparative Analysis of Senate CS for CSHB 351 (STA) and
CSHB 351 (FIN) am(efd add)

Following is a comparative analysis outlining the differences between the version of HB351 that passed the House and the Senate State Affairs CS for HB351. The changes will be referred to as "additions" to the Senate State Affairs CS or "deletions" from the House passed version of HB 351.

1. Page 2, lines 15, 16, and 17: ADDED: "; and (2) chamber, magazine, clip, or cylinder is installed in or on the firearm."
2. Page 2, lines 29, 30, 31, and page 3, line 1: ADDED: "the fingerprints must be taken by a person, group, or agency approved by the department; the department shall maintain a list of persons, groups, or agencies approved to take fingerprints and shall provide the list to the public upon request."
3. Page 3, lines 8, 9, and 11: DELETED: "30, background, background"
4. Page 3, lines 13,14, and 16: ADDED: "15, permit eligibility, permit eligibility"
5. Page 3, lines 17 and 18: DELETED: "three, size and type"

Senate Committee on State Affairs
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6. Page 3, lines 22, 23, and 24: ADDED: "five, action types and maximum calibers"
7. Page 4, line 6: DELETED: "11.56.810"
8. Page 4, lines 9, 10 and 11: DELETED: "(G) AS 18.65.750, 18.65.755, 18.65.760; or (H) any misdemeanor offense committed while the person possessed a concealed handgun;"
9. Page 4, lines 15, 16, and 17: ADDED: "(5) has not been convicted of two or more class A misdemeanors of this state or similar laws of another jurisdiction within the five years immediately preceding the application;"
10. Page 4, line 29 through page 5, line 7: DELETED: all material contained in (13) and (14)
11. Page 5, lines 4 through 7: ADDED: "(14) is not now in and has not in the three years immediately preceding the application been ordered by a court to complete and alcohol treatment program; (15) is not now in and has not in the three years immediately preceding the application entered a substance abuse treatment program; and"
12. Page 5, lines 11 and 12: DELETED: "at a minimum, include"
13. Page 5, line 12: ADDED: "contain the following information"
14. Page 5, lines 15 through 17: ADDED: "and the city and state of each place the applicant has resided in the five years immediately preceding the application"
15. Page 5, line 29: DELETED: "background"
16. Page 5, line 31: ADDED: "permit eligibility"
17. Page 6, lines 1 through 3: DELETED: "and (8) any other information the department determines to be necessary to carry out the provisions of AS 18.65.700 - 18.65.790."

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18. Page 6, lines 4 through 7: ADDED: "(b) An application under (b) of this section may not inquire of an applicant about or require the submission of information beyond that described in that subsection. As part of an application under (a) of this section, the department may not inquire of an applicant as to any firearms owned by the applicant."
19. Page 6, line 7 and 9: DELETED: "type and size"
20. Page 6, lines 11,12, 13, 14, 15, 16, 18, and 19: ADDED: "action type and caliber; that the applicant may be permitted to carry; an action type of; A permittee may only carry as a concealed handgun the caliber of the action type that the permittee has demonstrated competence with or any lesser caliber of the same action type; the personal protection course offered by the National Rifle Association and any other"
21. Page 6, lines 20, 21, and 22: DELETED: "for the second time and every other renewal thereafter; at the time of renewal"
22. Page 6. lines 22 and 23: DELETED: "refresher; refresher"
23. Page 6, lines 29 and 30: ADDED: "certificate of successful completion of a handgun course approved by the department under (a) of this section"
24. Page 7, lines 12 and 13: DELETED: "if required under AS 18.65.715; refresher"
25. Page 7, lines 11,12, and 13: ADDED: "However, the fee for the processing of an application and initial issuance of a permit may not exceed \$125 and the fee for renewal for a permit or replacement of a permit may not exceed \$50."
26. Page 8, lines 4, 5, and 6: ADDED: "(d) A renewal form under (a) of this section may not inquire of a permittee about, or require the submission of, information beyond that described in (a) of this section."

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27. Page 9, lines 8, 9, and 10: ADDED: "(2) is convicted of two class A misdemeanors of this state or similar laws of another jurisdiction within a five-year period if at least one of the convictions occurs after the application"
28. Page 9, line 9: DELETED: "department"
29. Page 9, line 24: ADDED: "state"
30. Page 9, line 28 and 29: DELETED: "or (b); class B misdemeanor"
31. Page 10, line 12 and 13: ADDED: "(e) A person who violates (a) of this section is guilty of a violation and upon conviction may be punished by a fine of not more than \$100."
32. Page 10, line 14: ADDED: "(b) or"
33. Page 10, lines 21,22,23, and 24: ADDED: "of this state, unless t he permittee (A) is a judge; or (B) has been authorized to possess a concealed handgun by a judge presiding at that courthouse or courtroom"
34. Page 10, line 26: ADDED: "except as authorized under (3) of this subsection"
35. Page 10, line 30: DELETED: "or expired"
36. Page 11, line 9: DELETED: "Type and size"
37. Page 11, line 16 and 17: ADDED: "(3) possess or display a suspended or revoked permit; or (4) display an expired permit"
38. Page 11, lines 18: ADDED: "(a) (1)-(3) of"
39. Page 11, line 20 and 21: ADDED: "(c) A person who violates (a)(4) of this section is guilty of a violation and upon conviction may be punished by a fine of not more than \$100."

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40. Page 11, line 30: ADDED: "action type and caliber"
41. Page 12, lines 13, 14, and 15: ADDED: "18.65.778. MUNICIPAL PREEMPTION. A municipality may not restrict the carrying of a concealed handgun by permit under AS 18.65.700 - 18.65.790 except as provided in AS 18.65.780 - 18.65.785."
42. Page 13, line 12: DELETED: "January 1, 1995"
43. Page 13, line 30 through page 14, line 6: ADDED: ";in this paragraph, (A) \"derringer\" means a handgun that has individual barrels for each cartridge it is capable of firing and lacks a manufacturer's installed trigger guard that completely encircles the trigger and which is part of the frame; and (B) \"miniature handgun\" means a handgun that has a barrel length of three and one-half inches or less and lacks a manufacturer's installed trigger guard that completely encircles the trigger and which is part of the frame;\"
44. Page 14, line 13: ADDED: "October 1, 1994"

MISDEMEANOR OFFENSES IN Senate CS for CSHB 351 (STA)

Page 4, lines 7 through 14:

- (A) 11.41.230 Assault in the 4th Degree
11.41.250 Reckless Endangerment
11.41.270 Stalking in the 2nd Degree
- (B) 11.46.315 Possession of Burglary Tools
11.46.320 Criminal Trespass in the 1st Degree
11.46.330 Criminal Trespass in the 2nd Degree
11.46.430 Criminally Negligent Burning
11.46.484 Criminal Mischief in the 3rd Degree
- (C) 11.51.130 Contributing to the Delinquency of a Minor
- (D) 11.56.330 Escape in the 4th Degree
11.56.350 Unlawful Invasion in the 2nd Degree
11.56.380 Promoting Contraband in the 2nd Degree
11.56.545 Tampering with a Witness in the 2nd Degree
11.56.700 Resisting or Interfering with Arrest
11.56.710 Harming a Police Dog in the 2nd Degree
11.56.740 Violating a Domestic Violence Retraining Order
11.56.780 Hindering Prosecution in the 2nd Degree
11.56.790 Compounding
11.56.800 Making a False Report
11.56.805 False Accusations
- (E) 11.61.110 Disorderly Conduct
11.61.120 Harassment
11.61.210 Misconduct Involving Weapons in the 4th Degree
11.61.220 Misconduct Involving Weapons in the 5th Degree
11.61.240 Criminal Possession of Explosives
- (F) 11.71.050 Misconduct Involving a Controlled Substance in the 5th Degree

11.71.060 Misconduct Involving a Controlled Substance in the 6th Degree

STATES WHICH HAVE LICENSES TO
CARRY CONCEALED WEAPONS

Compiled 1990

Alabama
California
Colorado
Connecticut
Deleware
Florida
Georgia
Hawaii
Idaho
Indiana
Iowa
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Montana
Nevada
New Hampshire
New Jersey
New York
North Dakota
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Utah
Virginia
Washington
West Virginia
Wyoming

**BACKGROUND
MATERIALS**

F.B.I. UNIFORM CRIME REPORT
Incidence of Rape in Alaska

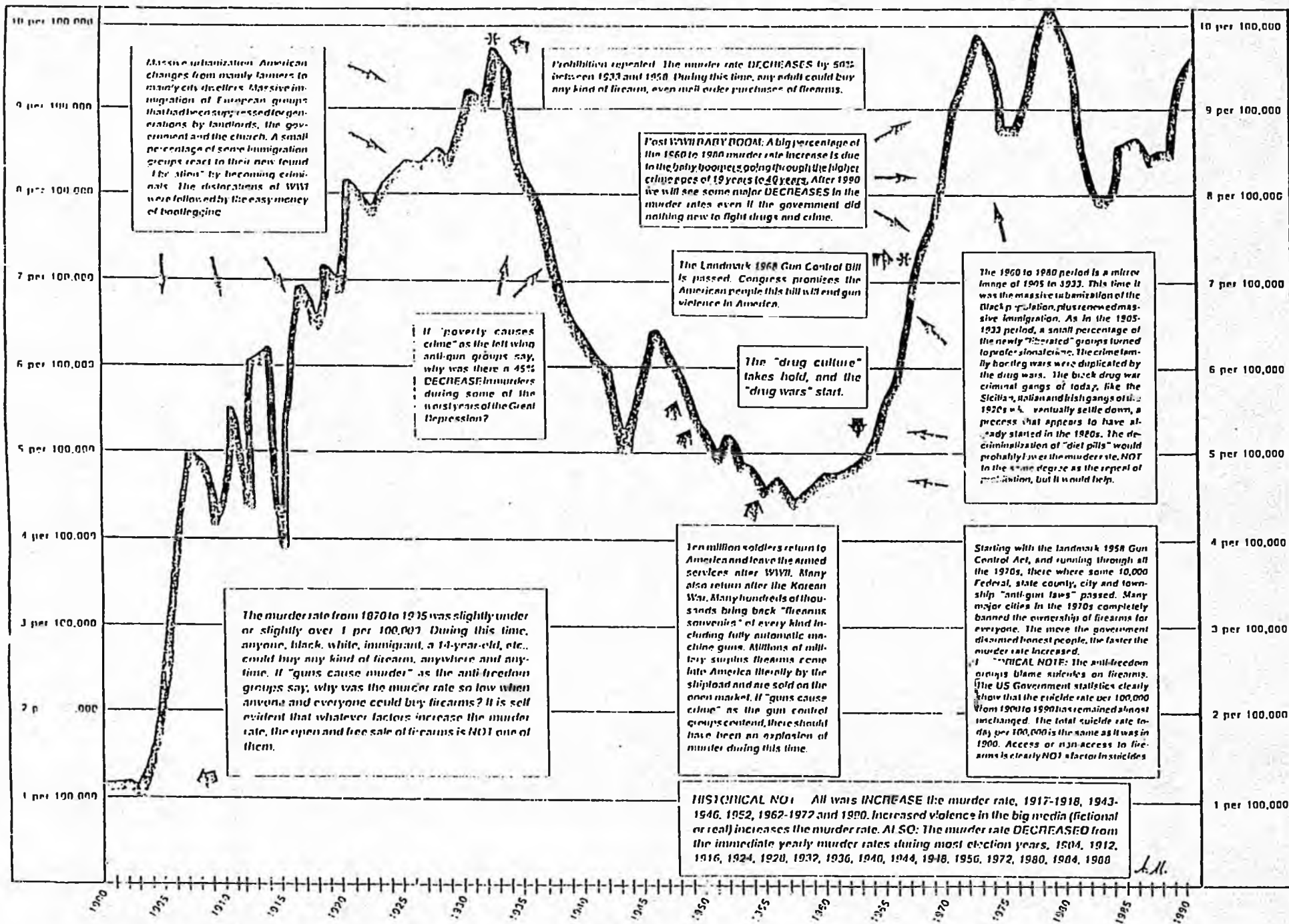
Year	Natl. Rank*	Rate/100,000
1992	1st	98.6
1991	1st	91.8
1990	3rd	72.9
1989	5th	52.9
1988	4th	57.7
1987	3rd	65.0
1986	1st	72.7
1985	1st	77.2
1984	1st	91.6
1983	1st	101.5
1982	1st	85.4
1981	1st	102.2
1980	2nd	62.5
1979	1st	71.9
1978	1st	55.6
1977	1st	51.6
1976	2nd	46.9
1975	1st	44.6
1974	1st	49.3
1973	2nd	44.5
1972	1st	41.8
1971	1st	43.5
1970	5th	26.1
1969	3rd	29.4
1968	6th	21.7
1967	6th	17.6
1966	3rd	19.5
1965	5th	17.8
1964	1st	22.4
1963	3rd	14.9
1962	2nd	18.7

* National ranking among the 50 states.

HOMICIDE RATES per 100,000 Population 1900 to 1991

Published by the National Association of Federally Licensed Firearms Dealers
24541 Simpson Blvd., Ft. Lauderdale, FL 33304
Phone: 305-561-3905, FAX: 305-561-4121

Sources: Historical Statistics of the United States;
Statistical Abstract of the United States



Violent Crime Rates, 1992: States With Most Favorable CCW Laws vs. Restrictive States

State	Violent Crime Rate	Homicide Rate	Robbery Rate	Assault Rate
U.S. Total	757.5	9.3	262.3	441.8
<u>Favorable</u>				
Alabama	871.7	11.0	124.9	654.6
Conn.	495.3	5.1	210.9	262.5
Florida	1207.2	9.0	266.9	777.2
Georgia	713.2	11.0	249.3	427.1
Idaho	281.4	3.5	21.5	224.7
Indiana	608.3	3.0	122.2	335.7
Maine	130.9	1.7	23.2	92.0
Miss.	411.7	12.2	124.5	230.4
Montana	189.9	2.9	29.9	114.8
New Hamp.	125.7	1.6	33.0	52.9
N. Dakota	32.3	1.9	7.9	50.3
Oregon	510.2	4.7	151.4	301.1
Pa. - Phila.	1189.0	28.5	729.4	285.4
S. Dakota	184.5	0.8	16.9	125.3
Utah	290.5	3.0	55.9	186.2
Vermont	109.5	2.1	8.9	73.5
Washington	534.5	5.0	129.8	317.3
Total	710.8	4.1	218.3	439.2
<u>Restrictive</u>				
Alaska	660.5	7.5	109.0	445.3
Arizona	670.3	8.1	152.1	468.8
Arkansas	578.5	10.8	125.5	399.0
California	1118.7	12.7	424.1	841.6
Colorado	578.8	6.2	120.5	404.9
Delaware	621.2	4.8	151.2	379.5
D.C.	2832.8	75.2	1298.4	1454.7
Hawaii	258.4	3.8	99.2	117.7
Illinois	977.3	11.4	412.5	518.4
Iowa	278.0	1.6	38.8	218.0
Kansas	510.3	6.0	129.9	333.7
Kentucky	535.5	5.8	87.2	410.4
Louisiana	984.8	17.4	271.4	653.4
Maryland	1000.1	12.1	429.0	612.6
Mass.	779.0	3.8	184.4	535.0
Michigan	770.1	9.9	227.5	468.6
Minnesota	338.0	3.3	109.5	184.1
Missouri	740.4	10.3	228.9	466.5
Nebraska	348.8	4.2	58.7	256.2
Nevada	698.8	10.9	331.3	291.8
New Jersey	625.8	5.1	286.2	304.8
New Mexico	934.9	8.8	139.3	724.1
New York	1122.1	13.2	596.9	483.5
N. Carolina	681.0	10.6	186.8	447.7
Oklahoma	622.3	6.6	128.2	431.6
Ohio	625.9	8.8	189.0	268.2
Phila., Pa.	309.6	3.1	96.3	185.7
Rhode Ia.	394.5	3.8	94.5	285.5
S. Carolina	944.5	10.4	170.8	708.0
Tennessee	748.2	10.4	218.2	470.3
Texas	806.3	12.7	252.5	487.7
Virginia	374.9	8.3	137.3	198.8
W. Virginia	211.5	6.3	43.5	140.0
Wisconsin	275.7	4.4	119.8	125.3
Wyoming	319.5	3.6	18.0	282.9
Total	769.9	9.6	276.2	442.5
Amt. Higher Restrictive	8.3%	18.3%	27.7%	0.3%

Source: FBI Uniform Crime Reports

State & D.C. Violent Crime: Rates and Nat'l Rank in 1991

	Violent Crime	Homicide	Rape	Robbery	Aggravated Assault
1	D.C. 2453.3	D.C. 80.6	Alaska 91.3	D.C. 1215.6	D.C. 1121.4
2	Fla. 1184.3	La. 16.9	Del. 36.5	N.Y. 622.1	S.C. 731.2
3	N.Y. 1163.9	Tex. 15.3	Mich. 78.7	Ill. 456.1	Fla. 723.4
4	Calif. 1089.9	N.Y. 14.2	Wash. 70.3	Calif. 411.3	N.M. 651.6
5	Ill. 1039.2	Ga., Miss. 12.8	Nev. 66.0	Md. 407.1	Ala. 644.4
6	S.C. 972.5	Id., above	S.C. 58.9	Fla. 399.8	Calif. 623.5
7	Md. 956.2	Calif. 12.7	Orn., Tex. 53.4	Nev. 312.5	La. 614.3
8	La. 951.8	Nev. 11.8	Id., above	N.J. 293.1	Ill. 531.3
9	Ala. 844.3	Md. 11.7	Ohio 52.5	Tex. 236.5	Mass. 505.2
10	Tex. 840.1	Ala. 11.5	N.M. 52.4	La. 278.9	N.Y. 499.4
11	N.M. 834.3	N.C. 11.4	Fla. 51.7	Ga. 268.2	Md. 491.5
12	Mich. 803.1	Ill., S.C. 11.3	Okla. 50.9	Mo. 251.1	Tex. 484.9
13	Mo. 763.0	Id., above	Colo. 47.0	Mich. 243.3	Mich. 470.3
14	Ga. 738.2	Ark. 11.1	Tenn. 46.4	Conn. 224.4	Mo. 467.4
15	Mass. 736.1	Tenn. 11.0	Miss. 46.3	Ohio 215.2	Tenn. 455.6
16	Tenn. 725.9	Mich. 10.3	Md. 45.9	Del. 214.7	Ariz. 454.3
17	Del. 714.3	N.M., Mo. 10.5	Utah 45.6	Tenn. 212.9	N.C. 434.4
18	Nev. 677.0	Id., above	Kan. 44.3	Mass. 194.6	Ga. 415.0
19	Ariz. 670.7	Fla. 9.4	Ark. 44.6	Pa. 193.9	Del. 407.6
20	N.C. 653.4	Va. 9.3	Ariz., Calif. 42.4	N.C. 178.0	Ark. 401.9
21	N.J. 634.3	Ariz. 7.3	Id., above	S.C. 171.1	Alaska 401.6
22	Alaska 613.9	Ind. 7.5	Ga. 42.3	Ariz. 165.7	Calo. 398.9
23	Ark. 593.3	Alaska 7.4	Ind. 41.3	Ala. 152.3	Okla. 396.7
24	Okla. 583.7	Ohio, Okla. 7.2	La. 40.9	Ore. 150.1	Ind. 340.5
25	Ohio 561.2	Id., above	Ill. 40.0	Wash. 145.5	Ky. 312.7
26	Colo. 559.3	Ky. 6.3	Miss. 39.3	Kan. 138.4	Kan. 310.3
27	Conn. 539.7	Pa. 6.3	S.D. 39.7	Va. 137.6	N.J. 307.3
28	Wash. 522.6	W. Va. 6.2	D.C. 35.3	Ark. 135.6	R.I. 304.5
29	Ore. 586.3	Kan. 6.1	Ala. 35.6	Okla. 123.9	Wash. 302.5
30	Ind. 505.3	Colo. 5.9	Ky. 35.4	R.I. 122.9	Ore. 298.2
31	Kan. 499.6	Conn. 5.7	N.C. 34.6	N.M. 120.3	Ohio 287.0
32	R.I. 462.0	Del. 5.4	Mo. 34.0	Wis. 119.0	Nev. 286.7
33	Pa. 450.0	N.J. 5.2	Ha. 33.0	Miss. 116.3	Conn. 280.5
34	Ky. 433.0	Wis. 4.3	Mass. 32.1	Ind. 116.0	Wyo. 263.9
35	Miss. 389.1	Ore. 4.6	R.I. 30.9	Alaska 113.2	Neb. 249.2
36	Va. 373.2	Mass., Wash. 4.2	Vt. 30.5	Colo. 107.4	Id. 238.9
37	Neb. 334.6	Id., above	N.H., Va. 29.9	Miss. 98.0	Iowa 235.4
38	N.M. 316.0	Ha. 4.0	Id., above	Ha. 86.9	Pa. 221.1
39	Wyo. 310.2	R. I. 3.7	Conn. 29.2	Ky. 83.1	Miss. 213.7
40	Iowa 303.3	N.H. 3.6	N.J. 29.1	Utah 55.1	Va. 196.4
41	Id. 290.3	Neb., Wyo. 3.3	Id. 28.9	Neb. 54.0	Utah 183.1
42	Utah 286.3	Id., above	Pa. 28.7	Iowa 45.0	Miss. 175.3
43	Wis. 277.0	Miss. 3.0	N.Y. 28.2	W. Va. 43.3	Wis. 127.7
44	Ha. 241.8	Utah 2.9	Neb. 28.1	N.H. 33.0	W. Va. 118.5
45	W. Va. 191.0	Mont. 2.6	Wyo. 25.9	Me. 22.7	Ha. 117.9
46	S.D. 182.2	Vt. 2.1	Wis. 25.4	Ida. 20.7	S.D. 122.0
47	Mont. 139.9	Iowa 2.0	W. Va. 23.0	S.D. 18.8	Mont. 98.9
48	Me. 132.1	Id. 1.8	Me. 21.9	Mont. 18.6	Me. 86.3
49	N.H. 119.3	S.D. 1.7	Iowa 20.9	Wyo. 17.2	Vt. 72.3
50	Vt. 116.8	Ma. 1.2	Mont. 19.8	Vt. 11.8	N.H. 52.8
51	N.D. 65.4	N.D. 1.1	N.D. 18.3	N.D. 8.0	N.D. 38.0



Florida State University

File: Klock

Media Relations Office Necht House • Tallahassee, Florida 32306-2013 • (904) 644-4030

Steve Humphries
October 1991

~~Florida State University
does not disseminate~~

TALLAHASSEE, Fla.--A criminal without a gun is more likely to hurt you than a criminal with one. You're less apt to be robbed, or to be hurt in a robbery, if you have a gun for defense. And an assailant is no more likely to kill you if he has a gun than if he doesn't.

Those findings are contained in a new book, "Point Blank: Guns and Violence in America," by Gary Klock, a criminologist at Florida State University.

"It appears that the net effect of gun availability on crime is just about zero," said Klock. "Victims with guns may depress crime a little and offenders with guns may increase it a little. My research indicates they cancel each other out."

The 500-plus-page book, due out Nov. 5, notes that guns are used for defense in this country about the same number of times each year as they are used to commit crimes -- and usually with no one getting hurt.

"In a robbery, people who use guns in self-defense avoid injury 83 percent of the time and in most cases they don't have the crime completed against them," Klock found. "The results are similar for assaults and rapes."

"It turns out you're less likely to be hurt if you resist with a gun, even compared to doing nothing at all to resist. This shouldn't be surprising. If a gun works in committing a crime, why wouldn't it also work in preventing one?"

Klock found that people who do nothing to protect themselves are injured in 25 percent of robberies, while those who use a gun for protection are hurt only 17 percent of the time.

He said would-be victims thwart many crimes by carrying a gun, and assailants often find just flashing a firearm can keep the situation from escalating into a fight.

"You are actually less likely to be injured if a robber

Page 2

has a gun than if he doesn't," he said, "And you're less likely to be injured if you have a gun.

"It's actually safer if either party has a gun."

Kleck, a professor in the FSU School of Criminology and Criminal Justice, studied 19 types of gun control and found that almost none -- including waiting periods and owner registration -- had any effect on crime rates. Banning guns, he said, is no longer an option.

"This country has 200 million guns, minimum, in private hands," he said. "To think of some method that works by controlling the overall supply of guns is hopeless. We passed that point long ago."

Instead, Kleck says, background checks should be instituted to make it harder for convicted violent offenders to buy guns and penalties should be strengthened for those caught with them. Laws also should be passed to more closely regulate the carrying of guns, he said, to decrease the number of opportunistic robberies.

Kleck bases his recommendations on data that show most violent offenders are not average citizens who become enraged, pick up a gun and commit a crime.

"Repeatedly violent offenders account for most cases of domestic violence and practically all homicides," he said. "There aren't many average-Joe, honest-to-God, they-did-it-out-of-nowhere killers. It's a wonderful media myth -- the average Joe killer."

Kleck said 70 percent of all homicides in the United States are committed by someone with at least one prior arrest.

"Point Blank," published by Aldine de Gruyter, is a first in at least two respects.

It is the first to use nationally representative samples of violent incidents -- from minor threats to homicides, including those reported and those not reported to the police -- to distinguish between attack, injury and death as outcomes of violent situations. It also is the first to combine national data on both fatal and non-fatal violent incidents to study how weapon use affects death rates.

-30-

Dr. Kleck can be reached at (904) 644-4050. Audio tapes containing actualities by Dr. Kleck, and videocapes and photographs of Dr. Kleck, can be obtained by calling the FSU Media Relations Office.

Monte and Linda Parrish**P.O. Box 671852****Chugiak, Alaska 99567****907-688-9700**

To: Representative Jeannette James
Juneau, AK
% fax 465-2381

Reference: HB 351

Dear Ms James,

Thank You!! My husband and I just learned of the bill you introduced to create a legal way to carry a concealed weapon. In support of the legislation, I would like you to know about the following event;

One year ago, my husband and I were surprise assaulted by a person named Edward Scott Coleman. As it was, our being able to produce the handgun was the only thing that stopped his attack on us.

The assailant has a history of violence and trouble with the law, has threatened peoples lives, and is experienced at manipulating the system to minimize repercussions to himself. The irony is that because we had the firearm, we suffered some loss of credibility with one of the investigating officers. This was a factor that added to the assailant getting the charges against him, *dropped!*

To compound problems, by the nature of our existing law, the D.A.'s office was forced to consider charging us with carrying a concealed weapon.

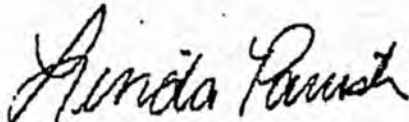
Even though the incident was sudden and terrorizing, we have some resolve in the fact that had it not been for our ability to produce a firearm at the time, it would have most surely ended in something tragic, rather than just the \$400,00 damage to our vehicle (which we have not been able to collect).

...By the way, the assailant is employed as a truck driver and currently resides in the Fairbanks area.

We feel compelled to carry a firearm because of bank deposits we transport from our business, and because of a violent rape that a family member was subjected to.

If you need to contact us for any reason during the day, our office number in Anchorage is 561-4820, fax is 562-2316. Feel free to circulate this communication as you wish.

Best Regards,



Linda Parrish



FREELON F. STANBERRY
MAYOR

February 1, 1994

Representative Jeannette James
State of Alaska Legislature
State Capitol Building
Room 501
Juneau, Alaska 99801-1182

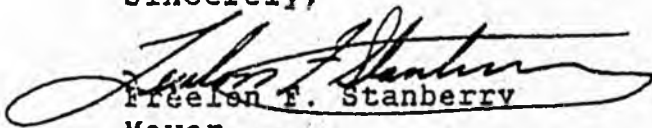
Dear Representative James,

I would like to thank you for introducing HB 351. We have long needed this bill and I am confident that our legislatures will do the right thing and pass this legislation.

I think it is needed more here in Alaska because of the many small towns like the City of Houston which does not have a police force and must depend on outside help which takes up to four hours to get in case of trouble. The carrying of a concealed weapon by law abiding citizens has already proven its self to be a deterrent to crime and not a problem to the police force in several small cities in the United States.

I also feel that in the case of the City of Houston if some of our citizens were allowed to carry a concealed weapon, they would be ready to identify drug dealers who we know are armed and dangerous. At this time they have no way of protecting themselves legally at all times. Thanks again and if I can be of any assistance please let me know.

Sincerely,



Freelon F. Stanberry

Mayor
PO Box 236
Houston, Alaska 99694
w/ 348-5105 h/ 892-6198



Daniel K. Schoonover, M.D., F.A.C.E.P.
Emergency Medicine

and Dark Knob Station
P.O. Box 10790
Fairbanks, Alaska 99710
(907) 451-3567

February 2, 1994

The Honorable Jeannette James,

I am in strong support of HB 351.

Being a practicing emergency medicine physician I see the violence in Alaska in a different light than does the national media. What I see in our busy emergency departments are the victims of violence, unable to defend themselves against the rising numbers of violent criminals. The police do the best they can, but in these times of decreasing budgets, staff and funds, they are unable to prevent these violent crimes and are only able to assist and investigate after the fact. This Bill will allow the law abiding citizens of Alaska the opportunity to adequately defend themselves and their families in an inconspicuous way.

We don't need to encourage a "wild west" attitude of guns worn openly on the hip, that's too disruptive to the everyday activities of most Alaskans, but 37 states already have a law allowing concealed carry and it's worked very well for them. In this state where law enforcement response can be measured in hours instead of minutes (as witnessed with the murders at McCarthy, and Manley Hot Springs and the shoot out at Central), our citizens need a viable option for their self defense.

On a more personal note, as a doctor my life has been threatened by drug abusers and violent criminals so many times that I keep an unlisted phone number and a post office box so no one can find my home. Obviously I can not carry a firearm in plain view as it would illicit a very undesirable response in my patients and coworkers, but I do need protection. More emergency medicine doctors have been murdered in the last several years than any other specialty in the United States. Please support this Bill with all your heart and energy and please don't hesitate to call on me to help you in any way.

Sincerely,

DAVE WAARVIK
2355 O'Day Drive
JUNEAU, ALASKA 99801
(907) 789-0453

Tuesday, 2-1-94

To the honorable Jeannette James

I am writing in support of House bill 351 relating to Provisions for a permit to carry a concealed weapon.

I have been interested in firearms safety and proficiency issues for most of my adult life. I have about fifteen years experience in police work beginning in the late '50s with the U.S. Air force Air Police and with the Wisconsin state patrol and the Alaska State troopers. Also I am an active firearms and hunter safety instructor certified by NRA and ADF&G.

I have been following the issue of concealed weapons permits for the past few years and am convinced that there is no good reason for Alaska to continue to ignore the issue any longer. Some studies indicate that a significant part of the U.S. population periodically carries concealed weapons irrespective of the law and in response to a perceived need to be able to protect oneself. HB351 would provide a LEGAL mechanism for those who wish to invest the time money and effort to equip themselves with an effective means of self defense. What this is really is a matter of freedom of choice.

Col. Murphy AST the other day commented that the 88 million dollars spent on the drug enforcement effort in Alaska in the past few years does not appear to have any appreciable effect and perhaps it's time to reevaluate our approach.

Like the gun control approach to attacking crime, places like New York city and Washington D.C. have had an ever increasing violent crime rate despite ever more restrictions on the private ownership of firearms. It seems one should not be blaming gun owning citizens for crime any more than the police who are doing a good job in view of having to look at the same faces over and over as criminals circulate through the revolving door of the so called criminal justice system.

Granted, as the Wright/Rossi study found in most cases of armed robbery mounting an effective defense would not have been possible in any case. But in some cases it would and there is NO credible evidence that the committed, trained and licensed citizen lacks the judgement or restraint to respond to a threat appropriately. In the Florida experience since 1987 when over 160,000 Concealed weapons permits were issued over a six year period only 16 of them (0.01%) have been revoked because of weapons infractions. Unlike police who are required by law to place themselves in harms way and make snap judgements and are afforded the protection of the state against personal civil liability, The responsible civilian is under no obligation to persist in the face of danger and risks the wrath of both the civil and criminal legal process should he make an error in judgement. And should he err in judgement he, unlike the police officer, incurs no liability against the state, only himself.

Respectfully,

April 13, 1994

*from Representative
Summitt James*

Dan P. Saunders
PO Box 3554
Palmer, Alaska 99645

Honorable Lt. Governor Jack Coghill
Office of the Lt. Governor
Capitol Building
Juneau, Alaska

Dear Lt. Governor Coghill:

I am a retired law enforcement officer with a total of 38 years of honorable service as a commissioned state, federal, and metropolitan officer. These years of service consisted of undercover narcotics investigation, criminal investigations in four different states, and Special Agent-Investigator for the F.A.A. Security Division in Alaska. My last seven years of service was as a criminal fraud investigator for the Alaska Department of Commerce. I have been an Alaska resident since February, 1961.

During my years of interviewing and interrogating convicted burglars, rapists and occasional murderers, one thing became obvious from their first-hand testimony to me. These hoodlums all had the same worry--that of running into an armed law abiding citizen or homeowner. They had no fear of a police officer whatsoever, and they have even less fear today, but each in his own words said he would avoid any town or neighborhood where the

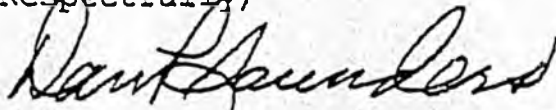
citizens were believed to be armed. THEY STILL HAVE THAT SAME FEAR TODAY!

There is something else in present day Alaska that bothers me just as much. Our crime rate will never recede until our so-called prosecutors stop taking the "pansy" approach and accepting a guilty plea for reduced charges. Some of our Superior Court judges with who I am acquainted do a wonderful job in prosecuting felons, but their job would be a lot easier if the prosecutors would quit seeking TV coverage and start working on these felony cases as they are paid to do.

Please instruct the Department of Law in Juneau to stop wasting their time in complaining and generating "white papers," and start cracking down on felons so that our wives, our children, and grandchildren won't have to cower in fear because they can't defend themselves. I am a grown man who has learned a lot about the mentality and thought process of those who rape, rob, and murder innocent people. This is not "jolly Olde England" or some republic in revolt, but is a land where our Bill of Rights guarantees us the right to defend ourselves.

Keep up the good work.

Respectfully,



Dan P. Saunders, ret.

HB

352

HFIN

FILE

FISCAL NOTE

No. 1

STATE OF ALASKA
1994 LEGISLATIVE SESSION

BILL

Bill Version: CSSSHB 352 (CRA)
(H) Publish Date: 2/15/94

Revision Date: <u>11-Feb-94</u>	Dept Affected: <u>Natural Resources</u>
Title: <u>Establishing DNR as Plotting Authority in</u>	BRU: <u>Resource Development</u>
<u>certain areas of the State</u>	Component: <u>Land Development</u>
Sponsor: <u>Representative James</u>	
Requestor: <u>House Resources</u>	Component Serial No. <u>431</u>

Expenditures/Revenues	(Thousands of Dollars)					
OPERATING EXPENDITURES	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES	66.0	66.0	66.0	66.0	66.0	66.0
TRAVEL						
CONTRACTUAL	10.0					
SUPPLIES	4.0	4.0	4.0	4.0	4.0	4.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	80.0	70.0	70.0	70.0	70.0	70.0
CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE 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	80.0	70.0	70.0	70.0	70.0	70.0
1006 GF/MHTIA						
Other						
TOTAL	80.0	70.0	70.0	70.0	70.0	70.0

Estimate of any current year (FY94) cost: \$ _____

POSITIONS						
FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

See attached analysis page.

Prepared by: <u>Ron Swanson, Director</u>	Phone: <u>762-2692</u>
Division: <u>Land</u>	Date: <u>11-Feb-94</u>
Approved by Commissioner: <u>Harry A. Noah</u>	Date: <u>11-Feb-94</u>
Agency: <u>Natural Resources</u>	

COMMITTEE COPY

ATTACHMENT A

BACK UP FOR FISCAL NOTE FY 95

PERSONAL SERVICES:

Anticipate 250 subdivision plats submitted for review per year.

Preliminary reviews will be performed by CSA II, at \$31.41 per hour.

Estimated review time will be 7.5 hours per plat.

250 plats X 7.5hrs/plat X \$31.41/hr = \$58,893.00 \$58,893.00

Final reviews and approval will be performed by CS I, at \$39.58 per hour.

Estimated review and approval time will be 0.75 hours per plat.

250 plats X 0.75hrs/plat X \$39.58/hr = \$7,421.00 \$ 7,421.00

TOTAL PERSONAL SERVICES \$66,314.00

CONTRACTUAL:

The State must purchase existing land records, survey plats and field survey notes from BLM and the recording offices to carry out the functions required by this bill. The one time purchase cost for microfiche copys of survey plats and field notes to cover the State is \$10,000.00. Document purchases from the recording office will be covered through the supply budget.

TOTAL CONTRACTUAL \$10,000.00

SUPPLY:

The supply budget will consist of phone calls, copy purchases from the Recorders Office, office supplies and space rent. Estimate of \$4,000.00.

TOTAL SUPPLY \$ 4,000.00

Analysis

This bill will greatly benefit anyone purchasing property in the unorganized borough or third class boroughs. There is more and more subdivision activity in our outlying areas. The passage of this bill will ensure that land offered for sale meets the applicable laws, reduces the chances of clouded title, ensures proper location of parcels, and ensures that all subdivided parcels have legal access.

The committee substitute (House Community and Regional Affairs) added a section that authorizes the department to "adopt regulations establishing fees for the services provided." Fees are to include costs for personal, contractual, and material services. Based on this amendment this fiscal note reflects a change from general fund to general fund/program receipt funding.

We estimate that the DNR Survey Unit's work load will increase by approximately 250 plat reviews per year. Attached is a cost breakdown of dealing with this additional work.

We currently have existing regulations that should cover the costs of this program. These regulations cover both preliminary, final plat reviews and recording fees. These costs are \$200.00 per plat, with an additional charge of \$50.00 per parcel. At an average cost of \$350.00 per review, \$87,500.00 would be generated which is higher than our requested program receipt funding level of \$80,000.00. These plat review fees are comparable with existing borough platting fees.

HB

356

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 5/5/94

FURTHER:

DATE TURNED INTO OFFICE: 5-7-94

The Finance Committee considered HOUSE BILL NO. 356

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

and recommends:

- replace with _____ CS _____ (FINANCE)
- or adopt previous _____ CS _____ (_____)
- attaches amendment(s)

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

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

NEW FISCAL NOTES

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal
DC & ED	3/3/94	<input checked="" type="checkbox"/>	
DH & SS	2/3/94		12.0

Appropriation No Fiscal Note

DO PASS.

Tim Kelly
Steve Rios
Bob Murphy

OTHER RECOMMENDATIONS:

1. *[Signature]* DO PASS
 Co-Chair: Signature/Recommendation

2. *[Signature]*
 Co-Chair: Signature/Recommendation

FISCAL NOTE

No. 1
 Bill Version: HB 356
 (H) Publish Date: 3/15/94

STATE OF ALASKA
 1994 LEGISLATIVE SESSION

BILL

Revision Date: _____ Dept. Affected: Health and Social Services
 Title: "An Act relating to living wills and do not resuscitate orders..." BRU: State Health Services
 Sponsor: House HESS Component: EMS Training and Licensiug
 Requestor: _____ COMPONENT SERIAL NO. 297

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES						
TRAVEL	5.0	2.0				
CONTRACTUAL	5.0	2.0				
SUPPLIES	2.0	3.0	3.0	3.0	3.0	3.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	12.0	7.0	3.0	3.0	3.0	3.0
CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
CHANGES IN REVENUES	0	0	0	0	0	0

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	12.0	7.0	3.0	3.0	3.0	3.0
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	12.0	7.0	3.0	3.0	3.0	3.0

POSITIONS:

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

Estimate of current year (FY94) cost \$ 1.0

ANALYSIS: (Attach a separate page if necessary)

There will be some costs to the department for advertising, holding public hearings on proposed regulations, for developing, printing and distribution of protocols, identifications, training materials, and for travel to provide education and training to implement the system.

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

Phone: (907) 465-3090
 Date: 1/19/94

Approved by Commissioner: Margaret R. Lowe, M.Ed., Ed.S.
 Agency: Department of Health & Social Services

Date: 2/3/94

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 For further distribution information call the Governor's Legislative Office

ANALYSIS (cont.):

Line 200 Travel

Travel will consist of:

Administrative travel for EMS Section staff to attend meetings of the Alaska State Medical Board and planning sessions;

Travel for the contractor to participate in planning meetings in Juneau;

Travel for a speaker at the Annual EMS Symposium to present a session on the Legislation; and

Travel for a speaker to attend the 1995 Southeast Symposium to address medicolegal and DNR issues.

Line 300 Contractual

A contractor will coordinate the protocol development, implementation, and evaluation processes. The contractor will be responsible for staffing planning meetings, developing and distributing working drafts of the protocols, compiling comments, and providing recommendations to the department. The contractor will also be responsible for coordinating the efforts of the department and the Alaska State Medical Board.

The department will attempt to contract with an individual as soon as the legislation is passed. As a result, some funds are requested for FY '94.

Line 400 Supplies

This line includes the printing of protocols, training materials, and brochures regarding the program. Also included in this line is the cost of identification materials, such as the "standardized designs for DNR identification cards, forms, necklaces, and bracelets," proposed in the bill.

These responsibilities are expected to remain throughout the life of the project.

FISCAL NOTE

No. 2
 Bill Version: HB 356
 (H) Publish Date: 3/15/94

**STATE OF ALASKA
 1994 LEGISLATIVE SESSION**

BILL

Revision Date: 3/2/94
 Title: An Act relating to living wills and do not resuscitate orders;...
 Sponsor: House HES
 Requestor: House HES

Department: Commerce and Economic Dev.
 BRU: Occupational Licensing
 Component: Operations

COMPONENT SERIAL NO. 1844

Expenditures/Revenues	(Thousands of Dollars)					
OPERATING EXPENDITURES	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
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	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 94) cost: \$ None

POSITIONS	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

ANALYSIS: (Attach a separate page if necessary)

HB 356 mandates the Department of Health and Social Services to establish regulations to adopt a do not resuscitate protocol...for withholding of cardiopulmonary resuscitation by physicians and other health care providers; specifying that regulations may not be adopted unless approved by the State Medical Board. The board should be able to review draft regulations during their regularly scheduled meetings, without requiring additional meetings for this purpose. Therefore, new funds are not required.

Prepared by: Jennifer Strickler, Administrative Officer
 Division: Occupational Licensing
 Approved by Commissioner: Paul Fuhs
 Agency: Commerce and Economic Development

Phone: 465-2144
 Date: 3/2/94
 Date: 3/3/94

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HB 356

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3750



MEMORANDUM

TO: Senator Drue Pearce
 Senator Steve Frank
 Senate Finance Committee Co-Chairs

FR: Representative Cynthia D. Toohy
 Representative ~~Con Bunde~~
 House HESS Committee Co-Chairs

DA: May 4, 1994

RE: Committee Schedule

We respectfully request that you schedule HB 356, relating to living wills and do not resuscitate orders, at your earliest convenience.

This bill 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.

Thank you for your consideration in getting this important piece of legislation scheduled.

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



STATE CAPITOL, JUNEAU 99801
(907) 465-3759

HB 356

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

HB 356 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 CPR 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. Under existing practice, emergency response providers (EMTs and paramedics) are required to institute CPR 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.

I urge your favorable consideration of this important legislation.

NATIONAL ASSOCIATION OF STATE EMERGENCY
MEDICAL SERVICES DIRECTORS

(NASEMSD) POSITION STATEMENT

ON

EMS DO NOT RESUSCITATE ORDERS
(Approved October 27, 1993)

**GUIDELINES FOR STATEWIDE IMPLEMENTATION OF EMS "DO NOT RESUSCITATE" (DNR)
PROGRAMS**

PURPOSE

With the growth of hospice and home health care, more patients with terminal illness are electing to avoid hospitalization until perhaps the final stages of illness. Many of these patients, as well as others with advanced chronic illnesses, have decided, with the help and support of their attending physicians, that they do not wish to be resuscitated in the event of cardiac or respiratory arrest. However, as death draws near, well-meaning family or friends, or perhaps the patient, may call emergency medical services personnel to transport the dying patient to the hospital; the prehospital providers who respond to these calls may be the last medical persons to attend terminal patients at home or in nursing homes. In many cases these calls to EMS personnel are intended only to obtain transportation or comfort measures for the loved one. However, unless the state provides statutory authority for EMS personnel to honor a "do not resuscitate" order, there may be a requirement for such personnel to attempt resuscitation, regardless of the patient's wishes and the physician's directive.

Over the last ten or so years, there has been increasing attention paid to issues such as "living wills", "advance directives", durable powers of attorney, and "do not resuscitate" Orders, with most of the focus being on care provided or withheld in an inpatient setting. The federal Patient Self-Determination Act¹, effective December, 1, 1991, has been the most comprehensive directive on this issue to date.

More recently, the EMS community has focused on the appropriateness and applicability of "do not resuscitate" orders in the prehospital or inter-facility setting. "Guidelines For "Do Not Resuscitate" Orders in the Prehospital Setting" were published by the American College of Emergency Physicians in October, 1988.² This was the first comprehensive discussion of important provisions for EMS DNR legislation and related EMS DNR order Forms. These guidelines were most helpful to states as they began to formally address this issue.

Another important step was taken in addressing the sensitive issues related to "do not resuscitate" orders in the field when the Emergency Cardiac Care Committee of the American Heart Association published the current "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care", Part VIII Ethical Considerations for Resuscitation.³ These guidelines include a provision for discontinuing CPR when a valid no-CPR order is presented to the rescuers.

Over the last five years there has been significant activity among the states to develop and implement EMS DNR programs, including legislative changes, where necessary. The most recent review of current status of state policies in this regard can be found in original research by James G. Adams, M.D., "Prehospital Do-Not-Resuscitate Orders: A Survey of State Policies in the United States", published in Prehospital and Disaster Medicine.⁴ As reported by Dr. Adams, as of 1992, eleven states had specific legislation authorizing the implementation of EMS DNR orders, six had legal opinions or policies allowing implementation of EMS DNR orders, and fourteen states had working groups and/or legislation pending to address the issue.

NASEMSD Position Paper

It is the intent of this document to collect some of the best features of the statewide EMS DNR legislation and programs that have been implemented across the country to date and to suggest key points that should be considered in designing state legislation and developing and implementing EMS DNR programs and protocols. It is further hoped that these guidelines might encourage more standardization of certain features of the various statewide programs, such as the information on DNR orders and bracelets, to foster reciprocal recognition and honoring of such orders across state lines. It is recognized that this may not be immediately possible, but it was felt that a proper foundation could be established to build on in the future.

GUIDELINES FOR STATEWIDE IMPLEMENTATION OF EMS-DNR PROGRAMS

A comprehensive EMS "do not resuscitate" policy should be supported by both the state medical society and the state EMS lead agency. Wherever possible, it should have statewide applicability to reduce confusion for the public and to facilitate appropriate response, regardless of local jurisdictional boundaries. In most states it will be necessary, or at least desirable, to provide for legislative authority for such programs. Following is a review of recommended elements for consideration in developing EMS DNR legislation.

EMS-DNR Legislation should:

1. Define the conditions under which an EMS DNR order can be considered;
2. Define what patients are eligible to be considered for an EMS DNR order; It is recommended that eligibility be limited to patients with terminal conditions and other patients for whom a physician has issued a DNR order. This assures a medical determination of the appropriateness of such orders.
3. Define which patient is competent to agree to such an order and define a mechanism for determining a surrogate decision-maker in the event the patient is not competent to do so;
4. Provide for this to be an informed decision made by the patient's physician, in consultation with the patient or surrogate.
5. Establish clear authorization for physicians to issue DNR orders;
6. Authorize EMS personnel to follow EMS DNR orders, on scene and inter-facility;
7. Provide a clear definition of procedures to be withheld or withdrawn or define the authority to develop such procedures.
8. Define the information that should be included in an EMS "do not resuscitate" order and other EMS DNR identification items (if applicable) and the authority for designing such forms, etc. These items should be standardized on a statewide basis.
9. Establish periodic review of EMS DNR orders by a physician to assure ongoing medical accountability. It is recommended that review be done annually.
10. Define revocation process for EMS DNR orders at the scene of a medical emergency.

NASEMSD Position Paper

11. Provide immunity from liability for those who do or do not carry out an EMS DNR order, in good faith.
12. Provide that neither an EMS DNR order nor the failure of a person to have one executed shall affect, impair or modify any contract of life or health insurance or annuity or be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of premium therefore.

Legislation to allow for prehospital application of "do not resuscitate" orders should be incorporated with related legislation, such as a health care decisions act or similarly titled sections that deal with advanced directives, etc. In some cases, there are more general provisions for "do not resuscitate" orders that may be honored by a full range of health care providers, including EMS personnel. A good example of this is the Montana "Comfort One" Program.

A coalition to assist in the legislative initiative might include the state medical society, hospital association, bar association, hospice association, nursing home association, ACEP chapter, ACS chapter, ENA chapter, Fire & EMS organizations, specialty medical societies, and the state AARP.

EMS "Do Not Resuscitate" Order - Authorization Forms

A single standardized statewide EMS DNR Order form that is easily identifiable should be available for review by EMS personnel when they are called to the scene of a "do not resuscitate" patient. At a minimum, such form should include the following information:

- A statement by the patient's attending physician acknowledging that the patient is in a terminal condition or is suffering from another medical condition, such as an advanced chronic condition, from which recovery is not expected;
- A certification by the attending physician that (1) the patient is capable of making an informed decision about providing, withholding or withdrawing a specific medical treatment, or (2) the patient has a written advance directive which directs life-prolonging procedures to be withheld under such circumstances, or (3) the patient has executed an advance directive appointing an agent to make health care decisions on his behalf, or (4) the patient has not appointed such an agent by advance directive, but there is an authorized decision-maker;
- An expression of the patient's wish that in the event of cardiac or respiratory arrest that no resuscitation efforts be undertaken;
- Signature and emergency telephone number of the responsible physician;
- Signature of the patient or the patient's authorized decision-maker;
- An issuance date and an expiration date. It is recommended that renewal be required at least annually to allow for review of the patient's medical prognosis and the decision to withhold resuscitation.

Distribution of EMS DNR forms should be limited to health care providers and the execution of such forms should be limited to the patient's attending physician. It is recommended that the original of the form be distinguishable from copies and that only the original be honored for purposes of withholding resuscitation.

NAEMSD Position Paper

Other EMS-DNR Identification Items

Some other unique forms of identification of DNR status, such as wallet cards, bracelets or necklaces, may be used in addition to the official EMS DNR Order to facilitate recognition of a DNR candidate. This is especially helpful when there is no one at the scene who knows the location of the EMS DNR form.

There are several types of bracelets or wrist bands in use across the country for this purpose. For example, Montana uses a "Comfort One" bracelet, which is actual jewelry with the unique "Comfort One" symbol. California has adopted the "Medic Alert" bracelet, with special DNR instructions. Virginia and several other states use a white hospital-type wrist band with the "Star of Life" and "EMS-DNR" printed in blue. As of this writing, the use of the Star of Life for this purpose is still under consideration by the National Highway Traffic Safety Administration (NHTSA).

It is recommended that any such bracelet or similar identification item include (1) information which identifies the patient, (2) the physician's name and phone number, if possible, and (3) the expiration date of the order. There should be a long-range goal of achieving as much standardization of EMS DNR forms and bracelets as possible among the states to facilitate movement of patients across state lines.

Statewide EMS "Do Not Resuscitate" Protocols

Standardized statewide protocols should be developed to guide EMS response to this special category of patients. Such protocols should, at a minimum, address the following aspects of response:

- Initial Assessment and Intervention
- Verification of Patient ID for DNR
- Resuscitative Measures to be Withheld or Withdrawn
- Comfort Care or Palliative Care Measures
- Documentation
- Special Considerations

The medical treatments to be withheld or withdrawn should be clearly articulated. A "do not resuscitate" order should indicate that in the event of cardiac or respiratory arrest cardiac resuscitation measures should not be initiated, or, if they have been initiated by another person, such measures should be withdrawn. Measures to be withheld might include cardiac compression, endotracheal intubation or other advanced airway maneuvers, defibrillation, cardiac resuscitation medications, and artificial ventilation.

Other medical therapies that might be medically indicated should not be withheld. Likewise, comfort care measures that might be undertaken to ease the patient's suffering should be addressed. These comfort care measures might include oxygen, suction, positioning for comfort, pain medications, and control of bleeding. It should be emphasized that an authorized EMS DNR order does not mean do not treat the patient or do not care. It indicates that there is a more appropriate and compassionate way to aid this patient than the traditional approach.

Special considerations should include discussion of under what conditions an EMS provider should not execute a "do not resuscitate" order. If there is a major confrontation with family members or others present, it may be best to perform normal resuscitative measures. Any difficult or confusing situations could be aided by contacting the EMS Medical Director. It should be clear that if there is any doubt about the identity of the patient or the validity of the DNR order, providers should always err on the side of attempting resuscitation.

NASEMSD Position Paper

Comprehensive Education Program

Any new program of this consequence certainly needs to be thoroughly explained to all concerned. Initial planning should include provisions for a comprehensive education program for at least the following people and organizations:

- All EMS providers, EMS instructors, and EMS medical directors
- Physicians, including component and specialty medical societies
- Other health care providers and institutions, including hospitals, nursing homes, hospices, home health care agencies
- Attorneys (especially those involved in elder law) and clergy
- General public

A clear and concise video tape presentation can be very helpful for EMS agencies and their personnel. Your state medical society probably has a periodic journal or newsletter that could be used to communicate with physicians. A press conference and corresponding video news release is an excellent way to introduce such a program to the general public. In addition to the above, individual physicians should thoroughly discuss with any patients for whom a DNR order is being considered, or their family members, the implications of the order and how the EMS system could be expected to respond.

References

1. Amendments to 42 U.S.C.1395 and 42 U.S.C.1396, December 1, 1991.
2. American College of Emergency Physicians: Guidelines for do not resuscitate orders in the prehospital setting. Annals of Emergency Medicine 1988;17:1106-1108.
3. Emergency Cardiac Care Committees and Subcommittees, American Heart Association. Guidelines for cardiopulmonary resuscitation and emergency cardiac care, VIII: ethical considerations in resuscitation. JAMA. 1992;268:2282-2288.
4. Adams, James G.: Prehospital do-not-resuscitate orders: A survey of state policies in the united states. Prehospital and Disaster Medicine 1993;8(4):317-322.

Cross references. — For transitional measures as to local governments, see Alaska Const., art. XV, § 3.

Sec. 18.10.050. Commissioner of department to supervise local health boards. Each local board of health whether inside or outside incorporated cities, and each representative of the Alaska Native Service acting in the capacity of health officer is responsible to and under the supervision of the commissioner. (§ 3 ch 118 SLA 1949)

Secs. 18.10.060 — 18.10.250. Consolidated Health Districts. [Repealed, § 39 ch 69 SLA 1970.]

Sec. 18.10.260. Definitions. In this chapter,

(1) "commissioner" means the commissioner of health and social services;

(2) "department" means the Department of Health and Social Services. (§ 1 ch 163 SLA 1955; am § 39 ch 69 SLA 1970; am § 6 ch 104 SLA 1971; am § 18 ch 21 SLA 1991)

Effect of amendments. — The 1991 amendment, effective June 11, 1991, rewrote the section.

Chapter 12. Rights of Terminally Ill.

Section	Section
10. Declaration relating to use of life-sustaining procedures	50. Transfer of patients
20. Revocation of declaration	60. Immunities
30. Recording determination of terminal condition and contents of declaration	70. Penalties
40. Treatment of qualified patients	80. General provisions
	90. Recognition of declarations executed in other states
	100. Definitions

Sec. 18.12.010. Declaration relating to use of life-sustaining procedures. (a) A competent person who is at least 18 years old may execute a declaration at any time directing that life-sustaining procedures be withheld or withdrawn from that person; but the declaration is given operative effect only if the declarant's condition is determined to be terminal and the declarant is not able to make treatment decisions. The declaration shall be signed by the declarant, or another at the declarant's direction, and in either case shall be witnessed by two persons or a person qualified to take acknowledgements under AS 09.63.010. The witnesses must be at least 18 years old and may not be related to the declarant by blood or marriage. A person may not charge a fee for preparing a declaration.

(b) It is the responsibility of the declarant to provide a copy of the declaration to the declarant's physician. A physician or other health

care provider who is provided a copy of the declaration shall make it a part of the declarant's medical records.

(c) A declaration may, but need not, be in the following form:

DECLARATION

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining procedures.

If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I [] do [] do not desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary.

Signed this _____ day of _____, _____

Signature _____

Place _____

The declarant is known to me and voluntarily signed or voluntarily directed another to sign this document in my presence.

Witness _____

Address _____

Witness _____

Address _____

State of _____

_____ Judicial District

The foregoing instrument was acknowledged before me this (date) by (name of person who acknowledged).

Signature of Person Taking
Acknowledgement

Title or Rank

Serial Number, if any

THIS DECLARATION MUST BE EITHER WITNESSED BY TWO PERSONS OR ACKNOWLEDGED BY A PERSON QUALIFIED TO TAKE ACKNOWLEDGEMENTS UNDER AS 09.63.010.

(d) A physician or health care provider may presume, in the absence of actual notice to the contrary, that the declaration complies with this chapter and is valid. (§ 1 ch 144 SLA 1986)

Sec. 18.12.020. Revocation of declaration. (a) A declaration may be revoked at any time and in any manner by which the declarant is able to communicate an intent to revoke, without regard to mental or physical condition. A revocation is only effective as to the attending physician or any health care provider acting under the guidance of that physician upon communication to the physician or health care provider by the declarant or by another to whom the revocation was communicated.

(b) The attending physician or health care provider shall make the revocation a part of the declarant's medical record. (§ 1 ch 144 SLA 1986)

Sec. 18.12.030. Recording determination of terminal condition and contents of declaration. When an attending physician who has been provided a copy of a declaration determines that the declarant is in a terminal condition, the physician shall record that determination and the contents of the declaration in the declarant's medical record. (§ 1 ch 144 SLA 1986)

Sec. 18.12.040. Treatment of qualified patients. (a) A qualified patient has the right to make decisions regarding use of life-sustaining procedures as long as the patient is able to do so. If a qualified patient is not able to make these decisions, the declaration governs decisions regarding use of life-sustaining procedures.

(b) This chapter does not prohibit the application of any medical procedure or intervention, including the provision of nutrition and hydration, considered necessary to provide comfort care or alleviation of pain. The declaration may provide that the declarant does not want nutrition or hydration administered intravenously or by gastric tube.

(c) The declaration of a qualified patient known to the attending physician to be pregnant is given no effect as long as it is probable that the fetus could develop to the point of live birth with continued application of life-sustaining procedures. (§ 1 ch 144 SLA 1986)

Opinions of attorney general. — Subsection (c) is constitutionally problematic. Under settled case law, a woman has a constitutional right to make a determination regarding her pregnancy during the first two trimesters of her pregnancy. Subsection (c), in essence, would take this constitutionally recognized right from a woman who has expressed her wishes, and perhaps even alter the form declaration to state her specific wishes, regarding life-sustaining measures during her first two trimesters of pregnancy. The ineffective-

ness of the declaration does not, however, deprive the pregnant and terminally ill woman of any other lawful means to effect the withholding or withdrawal of medicare. When an incompetent person's life cannot be saved in any meaningful sense by modern medicine, and the patient's family and the attending physician are in agreement that life-sustaining procedures would only prolong the process of death, it appears reasonable that life-sustaining procedures would be withheld or withdrawn. June 6, 1986, Op. Att'y Gen.

Sec. 18.12.050. Transfer of patients. (a) An attending physician who is unwilling to comply with the requirements of AS 18.12.030 or who is unwilling to comply with the declaration of a qualified patient under AS 18.12.040 shall withdraw as attending physician but the withdrawal is effective only when the services of another attending physician have been obtained.

(b) If the policies of a health care facility preclude compliance with the declaration of a qualified patient under this chapter, that facility shall take all reasonable steps to notify the patient or, if the patient is not able to make treatment decisions, the patient's guardian, of the facility's policy and shall take all reasonable steps to effect the transfer of the patient to the patient's home or to a facility where the provisions of this chapter can be carried out. (§ 1 ch 144 SLA 1986)

Sec. 18.12.060. Immunities. (a) In the absence of actual notice of the revocation of a declaration, the following, while acting in accordance with the requirements of this chapter, are not subject to civil or criminal liability or guilty of unprofessional conduct:

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

(2) a person who participates in the withholding or withdrawal of life-sustaining procedures under the direction or with the authorization of a physician;

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

(b) A physician, a health care professional, or a health care facility is not subject to civil or criminal liability for actions under this chapter that are in accord with reasonable medical standards. (§ 1 ch 144 SLA 1986)

Sec. 18.12.070. Penalties. (a) An attending physician who fails to comply with the declaration of a qualified patient or to make the necessary arrangements to effect a transfer under AS 18.12.050 has no right to compensation for medical services provided to a qualified patient after withdrawal should have been effective or after transfer should have occurred and may be liable to the qualified patient and to the heirs of the qualified patient for a civil penalty not to exceed \$1000.00 plus the actual costs associated with the failure to comply with the declaration, and this shall be the exclusive remedy at law for damages.

(b) A person who wilfully conceals, cancels, defaces, obliterates, or damages the declaration of another without the declarant's consent or who falsifies or forges a revocation of the declaration of another may be civilly liable to the qualified patient and to the heirs of the qualified patient. (§ 1 ch 144 SLA 1986)

Sec. 18.12.080. General provisions. (a) Death resulting from the withholding or withdrawal of life-sustaining procedures under a declaration and in accordance with this chapter does not, for any purpose, constitute a suicide or homicide.

(b) The making of a declaration under AS 18.12.010 does not affect in any manner the sale, procurement, or issuance of a policy of life insurance, nor does it modify the terms of an existing policy of life insurance. A policy of life insurance is not legally impaired or invalidated in any manner by the withholding or withdrawal of life-sustaining procedures from an insured qualified patient, notwithstanding any term of the policy to the contrary.

(c) A physician, health care facility, or other health care provider, and a health care service plan, insurer issuing disability insurance, self-insured employee welfare benefit plant, or nonprofit hospital plan, may not require a person to execute a declaration as a condition for being insured for, or receiving, health care services.

(d) This chapter creates no presumption concerning the intention of an individual who has not executed a declaration with respect to the use, withholding, or withdrawal of life-sustaining procedures in the event of a terminal condition.

(e) Nothing in this chapter increases or decreases the right of a patient to make decisions regarding use of 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.

(f) This chapter does not condone, authorize, or approve mercy killing or euthanasia. (§ 1 ch 144 SLA 1986)

Sec. 18.12.090. Recognition of declarations executed in other states. A declaration executed in another state or a territory or possession of the United States in compliance with the law of that jurisdiction is effective for purposes of this chapter. (§ 1 ch 144 SLA 1986)

Sec. 18.12.100. Definitions. In this chapter

(1) "attending physician" means the physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient;

(2) "declaration" means a document executed in accordance with the requirements of AS 18.12.010;

(3) "health care provider" means a person who is licensed, certified, or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession;

(4) "life-sustaining procedure" means a medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process;

(5) "physician" means a person licensed to practice medicine in this state or an officer in the regular medical service of the armed services of the United States or the United States Public Health Service while in the discharge of their official duties, or while volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in the state;

(6) "qualified patient" means a patient who has executed a declaration in accordance with this chapter and who has been determined by the attending physician to be in a terminal condition;

(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 whom must be the attending physician, result in death within a relatively short time. (§ 1 ch 144 SLA 1986)

Chapter 15. Disease Control.

Article

1. Tuberculosis (§§ 18.15.120 — 18.15.145)
2. Prenatal Blood Tests (§§ 18.15.150 — 18.15.180)
3. Phenylketonuria (PKU) (§ 18.15.200)
4. Hepatitis B (§ 18.15.250)
5. General Provisions (§ 18.15.900)

Secs. 18.15.010 — 18.15.050. Infectious and contagious diseases. [Repealed, § 2 ch 63 SLA 1972.]

Secs. 18.15.060 — 18.15.110. Physical examination of nonresident employees. [Repealed, § 1 ch 130 SLA 1976.]

Article 1. Tuberculosis.

Section	Section
120. Tuberculosis control program authorized	137. Reporting of violations
130. Department to cooperate with other agencies	138. Penalty
135. Tuberculosis examinations	140. Title to and inventory of equipment allotted to private institutions
136. Quarantines	145. Screening of school employees

Collateral references. — 39 Am. Jur. 2d, Health, §§ 22, 23, 27-30.

39A C.J.S., Health and Environment, §§ 7-13, 18-22, 26, 27.

Right of one detained pursuant to quarantine to habeas corpus. 2 ALR 1542.

Pesthouse or contagious disease hospital as nuisance. 4 ALR 995; 18 ALR 122; 48 ALR 518.

General delegation of power to guard


against spread of contagious disease. 8 ALR 836.

Liability for committing, or aiding commitment, to contagious disease hospital of one not suffering from contagious disease. 54 ALR 656.

Power of municipal or school authorities to prescribe vaccination or other health measure as a condition of school attendance. 93 ALR 1413.

Homer
Volunteer
Fire
Department

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907:235-3155
fax 907:235-3157

Date: November 18, 1993
To: Representative Gail Phillips
Attention: Judy Jordan
From: Bob Painter, EMS Asst. Chief 
Re: "Do Not Resuscitate"

Thank you for your interest in this important matter. Enclosed is all the information I have available regarding this issue of patient rights. As a pre-hospital care provider, I often encounter patients, and family members of patients with terminal illnesses who have no desire to see heroic efforts attempted in order to prolong inevitable death. As the Assistant Chief responsible for emergency medical services in Homer, I felt a strong need to develop and implement a policy to protect those last wishes of the terminally ill.

Based on available information from other states, and communities, I, in cooperation with the fire department Physician Sponsor, Dr. William Bell, developed a simple, and effective means to allow the responding firefighter, EMT, or police officer to readily know that the patient was suffering from a terminal disease, and that they, with the consent of their personal physician had made the conscious decision not to be resuscitated in the event of a cardiac or respiratory arrest. Since the policy was implemented, there has not been a single case of a patient with a Do Not Resuscitate, ("DNR") bracelet having to undergo the expense of a resuscitative effort.

My desires for a State law are simple. First, the policy and procedures must be simple to understand for the patient, physician, and public safety personnel. Secondly, the law should be flexible in that identification of "DNR" patients be made simple and quick. And finally, the law should offer some level of immunity from prosecution for a responders "good faith" attempt at resuscitation, even if the patient is identified as a "DNR".

Prior to the implementation of our local DNR policy, another system was in place that was non-functional. In fact, a man was resuscitated that was a DNR patient. Although this patient latter died without regaining consciousness, his family suffered the emotional and financial trauma of something that could have been prevented so easily. Even though I see this problem as a health care issue and not a legal one, I hope that the state will recognize the situation we are being placed in, and adequately

address the issue with input from the people it will most effect, the volunteers of local fire departments, rescue squads, ambulance services, and the health care agencies and providers that deal with the terminally ill on a regular basis. Again, thank you for your concern, and if there is anything I can assist you with, do not hesitate to contact me.

Neil Phillips

Homer
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Fire
Department

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HOMER VOLUNTEER FIRE DEPARTMENT
"DO NOT RESUSCITATE" POLICY

It will be the policy of the Homer Volunteer Fire Department to honor each individuals request for non-intervention in cases of respiratory or cardiac arrest. In order for emergency responders to know that a person has a pre-existing terminal illness and does not desire resuscitation, those persons must be identified with a department approved and issued "DNR" bracelet. This bracelet must be worn on either arm, be unaltered in any way, and bear the patient's name, address, phone number, and physician's name.

If the bracelet must be removed for any reason, replacements may be requested from the fire department. The department emphasizes that if the bracelet is not on the patient, or has been altered in any way, full resuscitative measures must be undertaken by emergency responders.

If the patient changes their mind about resuscitation prior to a fatal attack, the following should be done:

1. Remove the bracelet.
2. Notify the Fire Department about the change.
3. Return the bracelet to the Fire Department for proper disposal. (a representative of the Fire Department will pick up the bracelet if necessary)

If during, or after a fata' attack a family member changes their mind about resuscitation of the patient, the following should be done prior to the arrival of emergency personnel:

1. Remove the bracelet.
2. Notify the 911 operator that the patient's "DNR" status has been revoked.
3. Request that emergency responders attempt resuscitation once they arrive.

If emergency responders arrive on scene and the bracelet is properly displayed on the patient, CFR will not be started even if ordered to do so by a family member. The desire of the patient not to be resuscitated supersedes any family member request to the contrary.

Although Homer Volunteer Fire Department personnel and Homer Police Department officers are familiar with this "DNR" Policy, neither department makes, nor implies any guarantee that resuscitative efforts will be not be attempted, especially by lay persons trained in CPR.

The presence of a "DNR" bracelet does not preclude emergency responders from providing other emergency medical care or patients

This is only in Homer = ruled by the Homer Judge =

We need a Statewide Policy



*Fahrenkamp's Legislation
etc Dr. Raymond J Paul 235-7000
etc Judy Galhoun 235-7200
etc. Cheryl Painter @ Fire Hall 235-2000*

from requesting specific interventions such as oxygen administration by mask or nasal prongs, or other non-invasive procedures to ease a patients distress. A "DNR" order only means that cardiopulmonary resuscitation, endotracheal intubation, drug therapy, or electrical defibrillation will not be performed.

Homer
Volunteer
Fire
Department

604 east pioneer avenue
homer, alaska 99603
907/235-3155
fax 907/235-3157

STANDING ORDER FOR DO NOT RESUSCITATE

I, THE UNDERSIGNED PHYSICIAN, CERTIFY THAT THE BELOW LISTED PERSON IS A PATIENT UNDER MY CARE AND THAT THIS PERSON HAS A TERMINAL MEDICAL CONDITION.

PATIENTS NAME: _____

PATIENTS DATE OF BIRTH: _____

PATIENTS ADDRESS OR PHYSICAL LOCATION: _____

PATIENTS HEALTH STATUS/DIAGNOSIS: _____

PATIENT OR RESPONSIBLE PARTY'S PHONE: _____

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE POLICY OF THE HOMER VOLUNTEER FIRE DEPARTMENT AND AGREE TO ITS CONDITIONS. I UNDERSTAND THAT IF THE "DNR" BRACELET IS REMOVED, OR ALTERED IN ANY WAY, FULL RESUSCITATIVE MEASURES WILL BE TAKEN BY EMERGENCY RESPONDERS.

PATIENT OR RESPONSIBLE PARTY

DATE

PHYSICIAN'S SIGNATURE

DATE

'Do-not-resuscitate' bill debated

By JEANINE POHL
THE JUNEAU EMPIRE 1/19/94

A person suffering from a terminal illness whose heart has stopped would have the right, if they plan in advance - to refuse resuscitation under a bill introduced by a House committee.

If approved by lawmakers, terminally ill people could request that health-care professionals - doctors, nurses and paramedics - not resuscitate them.

Rep. Cynthia Toohey, R-Anchorage, said the Anchorage Fire Department already has a procedure accepting such "do-not-resuscitate orders," and she wants to

make similar orders available statewide.

Toohey, who has worked as an emergency room nurse, is co-chairwoman of the House Health, Education and Social Services Committee, which offered the legislation last week.

"Usually in hospital settings it's not a problem," she said today. "(But) if people dial 911 because they see someone fall on the street, there's no conduit or follow-through on it."

If passed, House Bill 356 would require the state Department of Health and Social Services to develop standardized designs for

identification cards, forms, necklaces and bracelets to identify that a person has a do-not-resuscitate order. The law would clarify existing state law on the rights of the terminally ill.

The Juneau fire department also has a program in place, said Capital City Fire/Rescue emergency services Capt. Steve Iha.

"Essentially it targets a patient who has already been diagnosed with a terminal illness that when it's their time to pass away that they not be resuscitated," Iha said.

In Juneau, the fire department created a form that is kept on file

at the fire hall when a terminally ill patient has agreed with their doctor that they do not want to be resuscitated in case their heart has stopped.

The patient usually has a copy of the form with them at home or in the hospital or nursing home.

Iha said most of the time, the fire department gets a call after a patient has died, but having a do-not-resuscitate order "takes the pressure off the medics about having to make a decision."

The state coordinator of emergency medical services, Mark Johnson, said interest in do-not-resuscitate orders is growing. **Please see Don't, back page**

Don't...

Continued from Page 1

suscitate orders has grown in recent years. Emergency medical personnel - paramedics and fire departments - generally agree that such orders are a good idea, "assuming that they're handled appropriately."

Information from the National Association of State Emergency Medical Services Directors indicates that 11 states have do-not-resuscitate laws, six have policies or legal opinions allowing such orders and 14 states are considering legislation.

However, Sid Heidersdorf of Juneau, vice president of Alaskans for Life, has concerns over do-not-resuscitate orders, although his group doesn't have an official opinion on the bill.

"It's something that we need to look at carefully to see that we don't open the door to make these other things easier to accomplish," he said, referring to the increase in assisted suicides and the expanding scope of living wills.

Living wills are written instructions prepared in advance by people to guide their medical care if they are incapacitated.

Toohey's bill is generally sup-

ported by the Alaska State Medical Association, although Dr. Don Lehmann of Sitka said the group has yet to consider the bill specifically.

"We're looking at ways to make it easier to comply with patient's wishes," Lehmann said. "This is not euthanasia, this is not killing people, this is just not intervening futilely in life's processes."

Provisions in the bill would protect health-care professionals from liability when they do not try to resuscitate a patient who has a do-not-resuscitate order. The measure would hold them liable for failing to comply with a do-not-resuscitate order.

Prehospital Do-Not-Resuscitate Orders: A Survey of State Policies in the United States

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solely those of the author and do not
necessarily represent the opinions of the
Department of Defense or the United
States Air Force.

Key Words: emergency medical services
(EMS); EMS directors; do-not-
resuscitate (DNR); legislation; medical
control; medical direction; policies;
prehospital; protocols; resuscitation;
terminally ill

Abbreviations: ACEP = American
College of Emergency Physicians;
DNR = do-not-resuscitate;
EMS = emergency medical services

Abstract

Introduction: Many states in the United States have developed policies that enable prehospital emergency medical services (EMS) providers to withhold cardiopulmonary resuscitation (CPR) in the terminally ill. Several states also have policies that enable the implementation of do-not-resuscitate (DNR) orders.

Objectives: 1) assess which states have statutes governing DNR orders for the prehospital setting; 2) determine which states authorize DNR orders in ways other than by specific state statute; and 3) define those states that had regional protocols which address prehospital DNR orders.

Methods: Survey of the state EMS directors in each of the 50 U.S. states, the District of Columbia, and Puerto Rico.

Results: As of 1992, specific legislation authorizing the implementation of DNR orders was in place in 11 states. In addition, six others have a legal opinion or policy allowing the implementation of DNR orders. Fourteen additional states have either working groups or legislation pending that address prehospital DNR orders. In only five were there no existing regional protocols for implementation of DNR orders in the prehospital setting.

Conclusions: There exists great variation in legal authorization by states for implementation of DNR orders in the prehospital setting. Despite the existence of enabling legislation, many state, regional, or local EMS systems have implemented policies dealing with DNR orders. *Prehospital and Disaster Medicine*, 1993;8(4):317-322.

Introduction

Over the past eight years, some states in the United States have developed policies that allow prehospital providers to honor requests to withhold resuscitation in terminally ill patients (i.e., do not resuscitate [DNR] orders). Such orders allow terminally ill patients to express their wishes regarding cardiopulmonary resuscitation at the time of their death.

By 1991, eight states had policies which enabled prehospital DNR orders and 23 states were addressing the issue.¹⁻³ To assist in the development of prehospital DNR orders, the American College of Emergency Physicians (ACEP) developed guidelines for DNR orders in the prehospital setting,⁴ and the issue has been discussed in the prehospital literature.⁵⁻⁷ Similarly, the issue has been addressed in the medical ethics literature⁴ and in the medical news.^{9,10} During this period, it appeared that there was an ongoing expansion in the number of states that authorize prehospital DNR orders on a statewide basis.^{10,11} The objective of this study was to assess which of the states (and District of Columbia and Puerto Rico) have statutes that govern prehospital DNR orders. In addition, this study attempted to determine which states authorize DNR orders in ways other than by state statute. Further, emergency medical services (EMS) that had protocols that address prehospital DNR orders were noted, whether the protocols conformed to state law or not.

Methods

A survey was mailed to the state EMS directors of the 50 states, the District of Columbia, and Puerto Rico. The survey asked if the state legislature had passed a bill to allow DNR orders in the prehospital setting. If a bill had been considered, the date of the bill was requested. Further, the mechanisms by which prehospital providers could recognize DNR requests were assessed. The survey also asked whether there was legal immunity for prehospital providers who honor a DNR order in good faith. Finally, copies of the rules, regulations, and protocols were requested.

Information regarding local EMS policies for DNR orders was also col-

lected through this survey as well as through direct contact with state EMS directors and local EMS medical directors.

Results

Mechanisms for DNR Orders

Thirty responses were received from the initial mailing and an additional 19 responses were obtained from a second mailing. The three remaining regions were contacted by telephone. If the state EMS director was not available, information was obtained from an administrator or EMS physician knowledgeable in the area.

Eleven states have specific legislation which authorizes the implementation of prehospital DNR orders. Six additional states have a legal opinion or policy which allows implementation of prehospital DNR orders. Fifteen states have working groups or legislation pending to address the issue. In all but five of the 52 regions surveyed, some local protocol was identified that allows the use of prehospital DNR orders.

Table 1 provides a summary of the data. In the table, "CONSIDERED" means that some action has been taken: a working group has formed or legislation has been introduced. "State Law" means that the law is explicit in regards to the prehospital setting. Other

states, such as Texas and Oregon, interpret existing laws as applicable to the prehospital setting. Such cases are categorized as "permitting regional protocols." "Regional" means that there are local systems in the state which have policies that authorize prehospital DNR orders. Such policies may be present with explicitly stated permission or without explicit guidance.

Table 2 lists those states which have written into law that immunity is granted to the prehospital provider who honors a DNR request in good faith and according to the EMS protocol.

Examples of DNR Policies

The states which have developed standardized prehospital DNR protocols (Connecticut, Montana, Virginia) or are in the process of developing a standardized approach (Colorado, Hawaii, Massachusetts, New Hampshire, Rhode Island, Tennessee) have implemented or are considering implementation of a wristband to identify the patient and a written, signed form to note the DNR order.

Other states rely on regional protocols (Alabama, California, District of Columbia, Florida, Idaho, Kentucky, Maine, Maryland, Minnesota, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York,

	State Law	Local Protocols Exist		State Law	Local Protocols Exist
ALABAMA	N	Y	MONTANA	Y	Y
ALASKA	N	Y	NEBRASKA	N	Y
ARIZONA	Y	Y	NEVADA	N	Y
ARKANSAS	CONSIDERED	Y	NEW HAMPSHIRE	Y	Y
CALIFORNIA	CONSIDERED	Y	NEW JERSEY	CONSIDERED	Y
COLORADO	Y	Y	NEW MEXICO	CONSIDERED	Y
CONNECTICUT	Y	Y	NEW YORK	Y	Y
DELAWARE	N	Y	NORTH CAROLINA	Y	Y
DC	CONSIDERED	Y	NORTH DAKOTA	N	Y
FLORIDA	Y	Y	OHIO	N	Y
GEORGIA	CONSIDERED	Y	OKLAHOMA	N	Y
HAWAII	CONSIDERED		OREGON	N	Y
IDAHO	N	Y	PENNSYLVANIA	N	Y
ILLINOIS	Y	Y	PUERTO RICO	CONSIDERED	
INDIANA	N	Y	RHODE ISLAND	Y	Y
IOWA	N		SOUTH CAROLINA	N	
KANSAS	CONSIDERED	Y	SOUTH DAKOTA	N	Y
KENTUCKY	N	Y	TENNESSEE	CONSIDERED	
LOUISIANA	N		TEXAS	N	Y
MAINE	CONSIDERED	Y	UTAH	CONSIDERED	Y
MARYLAND	N	Y	VERMONT	N	Y
MASSACHUSETTS	N	Y	VIRGINIA	Y	Y
MICHIGAN	CONSIDERED	Y	WASHINGTON	Y	Y
MINNESOTA	N	Y	WEST VIRGINIA	CONSIDERED	Y
MISSISSIPPI	N	Y	WISCONSIN	N	Y
MISSOURI	N	Y	WYOMING	CONSIDERED	Y

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Table 1—Status of Do-Not-Resuscitate (DNR) Legislation and Existence of DNR Protocols in the U.S. by States (1992). State Law Means some Action has been taken Specific to the Prehospital Setting. "Considered" Means some Action has been taken.

Colorado	New York
Connecticut	North Carolina
Florida	Rhode Island
Illinois	Virginia
Montana	Washington
New Hampshire	
Oregon and Texas apply existing laws to the prehospital setting and may offer immunity through this legislation, although it is not specific to the prehospital setting.	

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Table 2—States [U.S.] with Laws Providing Specific Immunity for EMS Providers Who Honor DNR Requests in Good Faith in Accordance with Explicit Prehospital EMS Protocols

North Carolina, Oklahoma, West Virginia). These protocols authorize nursing home or hospice orders, written physician orders, DNR requests signed by the patient, and in some cases, verbal requests by family.

The District of Columbia, Maryland, Maine, Massachusetts, and Wyoming have state EMS or Department of Health protocols that authorize DNR orders in the prehospital setting. Missouri enables prehospital DNR orders based upon the opinion of legal counsel. North Carolina allows prehospital DNR orders on the basis of the Attorney General's official authorization.

A brief statement regarding the approach by each state follows:

Alabama: No statute authorizes prehospital DNR orders. No bill is under consideration. Do not resuscitate orders which are signed by a physician can be accepted by prehospital providers and is governed by local or regional authority.

Alaska: No statute governs prehospital DNR orders, although individual EMS systems have developed regional protocols. There is some interest in developing a statewide approach and other states are being looked to as models.

Arizona: The state legislature passed a bill which became effective on 30 September 1992 which authorizes prehospital DNR orders. A statewide approach is planned using standardized forms, wallet card, and optional wristband. Immunity is granted for prehospital personnel who honor the order as well as for those who initiate resuscitation because of an unclear directive.

Arkansas: No specific prehospital DNR law exists. Arkansas does have Living Will legislation. Additional legislation is under development specifically to authorize DNR orders in the prehospital setting. There is no specific legislation which provides immunity to the prehospital provider who honors a DNR request. Currently, prehospital DNR orders are not accepted, although system-specific protocols may exist to address the issue.

California: Legislation regarding a DNR statute is cur-

rently under consideration. Specific emergency medical services have individual protocols to deal with DNR requests. In some systems, a signed DNR order in a patient's medical record or a completed, standardized DNR form can be honored.

Colorado: A state bill was passed in 1992 that specifically authorizes DNR orders in the prehospital setting. Specific mechanisms are under development to implement a statewide DNR mechanism. There is immunity for prehospital providers who honor such an order in good faith.

Connecticut: The 1991 Living Will Act authorizes DNR orders for terminally ill patients. The Connecticut Chapter of the American College of Emergency Physicians convened a multidisciplinary group to devise a mechanism for prehospital use. A written form in conjunction with a wristband has been developed to communicate the DNR order. There is general immunity for physicians in the state Living Will statute.

Delaware: No state legislation governs prehospital DNR orders. Currently, individual systems may have protocols which address the issue. Legislation is under development which addresses the issue.

District of Columbia: There is no bill that authorizes prehospital DNR orders, although such a bill is under consideration. Currently, hospice and nursing home orders can be accepted by prehospital personnel and immunity is recognized for those who honor such orders in good faith.

Florida: "Health Care Advance Directives" and the "EMS Medical Transportation Act" were passed by the legislature in 1992. These provide authority to honor prehospital DNR orders and provide EMS immunity. A standard, written form, signed by the personal physician and the patient or surrogate, is used to communicate the order.

Georgia: Current DNR legislation does not address the prehospital setting, so the applicability of the current legislation is not entirely clear. Additional legislation is under development with a group of interested parties, including the Medical Society of Georgia.

Hawaii: Draft legislation is expected to be submitted to the 1993 Hawaii legislature to expand authorization for DNR orders to the prehospital setting. Wristbands and standardized forms are being proposed to communicate the directive. A legal review is being conducted to determine whether immunity exists for prehospital personnel who honor a DNR order in good faith.

Idaho: Do-not-resuscitate mechanisms are being discussed in conjunction with the state medical association. Currently, there is no state legislation which deals with prehospital DNR mechanisms. Likewise, there is no specific immunity for the prehospital provider who honors a DNR request. Currently, nursing home orders, family wishes, physician orders, and Living Wills are all used to guide care. A standardized DNR form is under development.

Illinois: The state administrative code authorizes systems to develop policies for DNR orders in the prehospital setting. No single approach is required, although

detailed guidelines are set forth in the code. Immunity is granted to prehospital personnel under the state EMS Act.

Indiana: While no legislation has been introduced regarding DNR orders, preliminary discussions have taken place. While there is Living Will legislation, no specific prehospital DNR provisions are included.

Iowa: No mechanism officially exists to honor prehospital DNR orders, the legislature has passed no bill authorizing them, and no immunity is specified for prehospital providers regarding DNR orders.

Kansas: No state legislation has been passed which authorizes prehospital DNR orders, although such legislation is under consideration. The legal authority for prehospital DNR orders is therefore uncertain. No specific immunity for EMS providers exists.

Kentucky: Currently there is no specific legal authority for DNR orders in the prehospital setting. At the present time, there is no bill under consideration. Some services recognize written or verbal DNR orders based on local protocols. There is no specific good-faith immunity.

Louisiana: No state legislation or direction guides prehospital DNR orders. Therefore, no legal immunity exists for the prehospital provider who honors a DNR order. No bill is under legislative consideration at this time.

Maine: No legislation or statewide protocol governs prehospital DNR orders, but the matter is of significant interest and a working group addressing the issue is in process. Currently, regional EMS systems may have protocols to address prehospital DNR orders.

Maryland: While there are no statutes that specifically address the prehospital setting, and there is no specific immunity for prehospital personnel who honor DNR requests, there is a palliative care/hospice program in place with general immunity for health care workers who honor the DNR request of terminally ill patients.

Massachusetts: No legislation has been passed which authorizes prehospital DNR orders. No immunity is specified for prehospital providers regarding DNR orders. A policy is being developed to honor advance directives using a standardized form and wristband, similar to Connecticut's.

Michigan: House Bill 5453 presently is under consideration to authorize prehospital DNR orders. There currently is no other specified authorization or immunity for prehospital DNR orders.

Minnesota: No legislation specifically authorizes prehospital DNR orders. Living Will legislation exists which is related to the issue. Mechanisms have been developed on a regional basis to honor DNR orders with physician signatures in the nursing home or personal residence. There is no specific legal immunity for prehospital providers who honor DNR orders.

Mississippi: No statute authorizes prehospital DNR orders. Standardized written orders that are signed by the patient or surrogate and attending physician can be honored. No specific immunity is granted to prehospital providers who honor the order and withhold

resuscitation attempts.

Missouri: No statute specifically authorizes prehospital DNR orders. Hospice orders can be accepted, but only with concurrence of on-line medical control. Although no immunity is granted specifically to prehospital providers who, in good faith, honor a DNR request, the Missouri Public Duty Doctrine does provide some protection for providers who are employed by the government.

Montana: The Living Will Act was revised in 1989 to authorize prehospital DNR orders and to grant immunity to prehospital providers who honor them. "Comfort One" is a statewide program to standardize prehospital DNR rules and protocols. A standardized form and bracelet will be used to communicate DNR orders. An educational video is used in both initial training and recertification of basic and advanced prehospital providers. The Montana Hospital Association primarily is responsible for administration of the system.

Nebraska: In February 1992, the "Rights of the Terminally Ill" Act was passed which authorized withholding life-sustaining treatment based on a terminally ill patient's directive. Implicitly included are prehospital providers, although no specific mention is made. There is immunity for health care providers who act in accordance with the Act. The exact implications for the prehospital setting is unclear, and no standardized mechanism is present for DNR orders in the prehospital setting.

Nevada: While there is no specific state legislation which authorizes DNR orders in the prehospital setting, DNR policies are authorized at a local level. Standardized written forms are used. Updated review and a physician signature is required. There is no specific statutory good-faith immunity for prehospital providers.

New Hampshire: A statute that took effect 1 January 1993 authorizes consideration of durable powers of attorney and Living Wills in the prehospital setting. No formal statewide mechanism is in place, although consideration is being given to a standardized form/bracelet system similar to Connecticut's.

New Jersey: No state legislation specifically authorizes DNR orders in the prehospital setting. Local protocol allows services associated with certain hospice/nursing homes to honor DNR orders. There is no specific law which governs this practice. There is no specific immunity for prehospital providers who honor such req.

New Mexico: Consideration is being given to amending the EMS Act to authorize DNR orders in the prehospital setting. No standardized, statewide DNR mechanism is in effect, but some local systems have protocols to honor DNR requests. No specific immunity is granted to prehospital personnel, but immunity is granted to physicians, which may extend to prehospital personnel.

New York: The state Public Health Law, Section 2960-2977 sets forth guidelines and requirements for DNR orders in the prehospital setting and defines acceptable actions in the event of surrogate decision-makers.

nonhospital orders, patient transfers and other special circumstances. Immunity is granted to the provider who honors acceptable orders in good faith.

North Carolina: A standardized form was developed by a multidisciplinary committee under the auspices of the North Carolina Medical Society. An opinion by the state Attorney General authorized use of the form and stated that EMS personnel would be free from liability if the form was used appropriately.

North Dakota: While Living Will legislation exists, there is no specific authorization for prehospital DNR orders. No uniform or official policy exists to honor DNR requests in the prehospital setting.

Ohio: No legislation or standardized DNR mechanism is in place. Legislation authorizes Living Wills, but prehospital concerns are not addressed.

Oklahoma: Living Will legislation has been passed, but no specific prehospital provisions have been defined. No standardized prehospital DNR system is in place, and there is no specific legal immunity for the prehospital provider. Do-not-resuscitate requests can be honored according to local or regional protocols. A standardized mechanism is being considered based on the example of other states, such as Virginia.

Oregon: Given the current Living Will legislation, the current opinion is that additional legislation is unnecessary to specifically authorize DNR requests in the prehospital setting.

Pennsylvania: There is no statutory authority for DNR orders in the prehospital setting. Recent legislation has been adopted to govern advance directives, but does not address the special circumstances of the prehospital setting. No immunity exists for prehospital personnel who honor a DNR order.

Puerto Rico: While there is no current legislation that specifically authorizes DNR orders in the prehospital setting, there is a Uniform Rights of the Terminally Ill Act and Uniform Determination of Death Act. Initial consideration of the applicability of these acts to the prehospital setting and the need for additional legislation began in August 1992.

Rhode Island: A bill was passed which authorizes acceptance of DNR orders in the prehospital setting. It became effective on 1 January 1993. Development of a system to implement DNR orders is under development. A system utilizing written physician orders and wristband identification is being considered. Good-faith immunity for prehospital providers is part of the legislation.

South Carolina: No state law specifically authorizes prehospital DNR orders, but the state Medical Control Committee is planning a multidisciplinary committee to address the issue and develop a plan or legislation.

South Dakota: There is no legislative authorization or consideration regarding prehospital DNR orders. No standardized mechanism is in place or under consideration.

Tennessee: The state EMS Board has established a subcommittee to resolve issue of prehospital DNR orders. An amendment to the Living Will Act will be required.

Systems in place in Montana and Virginia are being considered as models for legislation, procedures, and materials. The amended legislation will provide immunity.

Texas: The Texas Natural Death Act authorizes Living Wills and advance directives. This has been interpreted to authorize prehospital DNR orders, although no specific mention is made of the prehospital setting. The Natural Death Act grants immunity to health care professionals who honor advance directives in good faith.

Utah: A bill is being planned for presentation to the 1993 legislative session. A committee currently is working on the bill.

Vermont: The Living Will and durable power of attorney statutes do not address the prehospital setting. Advance directives are accepted according to protocols developed by specific systems, or decisions are made to terminate resuscitative efforts in the emergency department.

Virginia: Effective 1 July 1992, legislation went into effect that authorizes prehospital DNR orders. A standardized EMS/DNR form and wristband are used to identify patients. An extensive educational campaign has been undertaken regarding the system.

Washington: In March 1992, state legislation was passed that authorizes DNR orders in the prehospital setting. There is specific legal immunity for the prehospital provider who honors a DNR order. Currently, no statewide DNR mechanism is in place. A work group has been formed to create a standardized system.

West Virginia: No state legislation currently authorizes prehospital DNR orders. A bill is under development. Currently, only hospice and nursing home orders can be considered. There is no specific legal immunity for prehospital providers who honor DNR requests.

Wisconsin: There is no state legislation which governs prehospital DNR orders. Similarly, there is no immunity for the prehospital personnel who might honor a DNR request.

Wyoming: No statute authorizes DNR orders in the prehospital setting. No bill is under consideration which would authorize prehospital DNR orders.

Discussion

Wide variation in the legal authorization of prehospital DNR requests are noted. Statewide systems commonly use wristbands and an authorized, written form. The success of having DNR patients acquire and wear wristbands has not been reported. These programs decrease ethical conflict. However, this system has been found to be acceptable both legally and operationally in a number of states. Ensuring that bracelets are distributed, obtained, and worn by DNR patients may present an administrative obstacle that is not faced when regional systems rely on a signed order and family, friend, or nurse identification. The benefit of assured identification by bracelet compared to identification by the person at the scene intuitively seems better and is an emerging trend. Wristbands are the most common mechanism in standardized state poli-

cies. Likewise, they are common, but not universal, in regional systems. Many local protocols allow a written DNR form alone to be honored.

Whether enabling legislation exists or not, whether there is a statute, legal opinion, or silence, many emergency medical services have developed mechanisms to honor DNR requests. The vast majority of states have emergency medical services that have developed DNR policies. Some specific state guidance must be offered to ensure that the mechanisms are sound legally. Further, the EMS medical director should seek experienced legal guidance. It is important that the medical director also assure that the system will be operationally effective and not so complicated that it is unwieldy. The medical director may have to work to publicize the system within the larger local medical community, and will be tasked to educate the EMTs regarding the DNR mechanism.

This survey did not analyze the relationship between Living Will legislation and prehospital DNR orders. Although legislation increasingly is addressing prehospital DNR orders, other advance directive legislation has been passed more rapidly. In 1991 alone, 24 states either passed new advance medical directive laws or amended existing statutes. In 1990, 18 states passed or amended advance directive laws. All 50 states now have some type of advance directive authorization in place.¹¹ The most common type is the Living Will. Living Wills allow patients to specify under what conditions they would want care withheld or withdrawn. Living Wills often are not applicable to the prehospital setting, since it generally is not possible to know if the directive is applicable or relevant. Such a directive does not guarantee that a terminal condition exists and might state only that "in the event of" a terminal illness, no life support should be instituted. Also, durable powers of attorney are being enacted by an increasing number of states. The applicability and operational effect of such directives were not explored

in this survey.

It is apparent that emergency medical services (EMS) are challenged to develop legally acceptable, operationally useful, medically and ethically sound mechanisms to honor DNR requests in the prehospital setting. The success and difficulties of the current variety of mechanisms must continue to be explored. The most recent Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care discussed the issue of "No-CPR" orders (i.e., DNR orders) in the prehospital setting.¹² It clearly is stated that EMS should have provisions to identify adults and children who have No-CPR orders. No specific mechanism is endorsed. Formal orders sheets, identification cards, or bracelets might be appropriate.

Any mechanism must be sound operationally, legally, and ethically. This is balanced with the administrative and practical difficulties of implementation for widespread use. The development of a policy for DNR orders (or No-CPR orders) is not complete once the legal and medical communities accept it. The real test is successful implementation for the benefit of prehospital patients. Patients must be given the opportunity to take advantage of the prehospital DNR system. Prehospital providers must be comfortable accepting the orders, and be sophisticated enough to recognize when attempts at resuscitation are warranted. Further, prehospital personnel must interact compassionately and sensitively with family members. When these challenges are met, the community will have a successful prehospital DNR mechanism.

Acknowledgement

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11. American Medical News: States move to get advance directives. November 11, 1991 p 3.
12. Emergency Cardiac Care Committee and Subcommittees. American Heart Association: Ethical considerations in resuscitation. *JAMA* 1992;266:2282-2288.

DIVISION OF LEGAL SERVICES

**LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA**

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

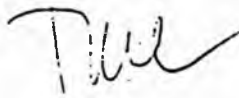
130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM

March 4, 1994

SUBJECT: Sectional Summary of HB 356. (An Act relating to living wills and do not resuscitate orders)

TO: Representative Cynthia Toohey, Co-Chair
Representative Con Bunde, Co-Chair
House Health, Education & Social Services Committee

FROM: Terri Lauterbach
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

Since you have not asked any specific questions about the legal effect of this bill, this summary is short. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1.

Authorizes physicians to issue do not resuscitate (DNR) orders for their patients. Directs the Department of Health and Social Services, with the approval of the State Medical Board, to adopt protocols for withholding of cardiopulmonary resuscitation (CPR) by physicians and other health care providers. Requires that health care providers comply with the DNR protocols when presented with DNR identification, an oral order of a physician, or a written DNR order. Requires DHSS to develop designs for cards, necklaces, and bracelets that can be worn by persons for whom a DNR order has been issued.

Secs. 2 - 12.

Adds appropriate references to DNR orders and DNR identification throughout AS 18.12 so that they are treated the same way living wills are now treated under AS 18.12.

Representative Cynthia Toohey
Representative Con Bunde
March 4, 1994
Page 2

Secs. 13 - 15.

Provides effective dates in a manner that authorizes the regulations process to start immediately and delays the effective date of the rest of the bill until the regulations take effect.

TML:pl
94-183.plm

HB

358

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 4/15/94

FURTHER:

DATE TURNED INTO OFFICE: 4-27-94

The Finance Committee considered CS FOR HOUSE BILL NO. 358(STA)

"An Act allowing a mobile home owner to obtain a certificate of title from the Department of Public Safety."

and recommends:

- replace with _____ CS _____ (FINANCE)
- or adopt previous 3 CS CS HB 358 (L & C)
- attaches amendment(s)

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

adopts _____ Letter of Intent

further referral to the _____

- do pass
- do not pass
- no recommendation
- individual recommendations

NEW FISCAL NOTES

Department	Date	Zero	Fiscal
DPS	3/2/94		140.0 opt.
			250.0 rev.

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

DO PASS: Tim Kelly
James Bin
Bob King

OTHER RECOMMENDATIONS:

1. Do not do pass
 Co-Chair: Signature/Recommendation

2. 1 rule change - 10 pass
 Co-Chair: Signature/Recommendation

FISCAL NOTE

STATE OF ALASKA
1994 LEGISLATIVE SESSION

No. 1
Bill Version: CSHB 358(STA)
(H) Publish Date: 3/25/94

Revision Date: 03/02/94 Dept. Affected: Public Safety
Title: An Act relating to a certificate of title BRU: Motor Vehicles
for a mobile home. Component: Field Services
Sponsor: Representative Porter
Requestor: H.STA COMPONENT SERIAL NO. 502

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

OPERATING	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
PERSONAL SERVICES	110.0	110.0	110.0	110.0	110.0	110.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT	30.0	0	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	140.0	110.0	110.0	110.0	110.0	110.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (1006)	250.0	250.0	250.0	250.0	250.0	250.0
<small>Revenue Code</small>						

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts	140.0	110.0	110.0	110.0	110.0	110.0
1006 GF/MHTIA						
Other						
TOTAL	140.0	110.0	110.0	110.0	110.0	110.0

Estimate of current year (FY 94) impact: \$ _____

POSITIONS:

FULL-TIME	3	3	3	3	3	3
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)
2,500 titles per year @ \$100.00 250.0 in Revenue Please see attached

Changes in CSHB 358 (L.C.) reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.
4/14/94 Janet L. Ford
date Comite Aide (initial)

Prepared By: Juanita M. Hensley Date: 03/02/94
Division: Motor Vehicles
Approved by Commissioner: *Richard L. Burton* Date: 03/02/94
Agency: Richard L. Burton, Dept. of Public Safety

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For further distribution information call the Governor's Legislative Office

COMMITTEE COPY

This bill requires the Division of Motor Vehicles to issue titles to all mobile home owners. For the purposes of this fiscal note analysis, the mobile home industry in Alaska has advised they sell approximately 1,500 mobile homes a year and another 1,000 homes are sold by individual owners. This would require the division to title approximately 2,500 mobile homes yearly.

Based on this information, three full-time Motor Vehicle Representative II's would be required. Since this bill requires owners to title the mobile homes, one of the positions would be used to do the research on all of the older mobile homes. Research is very labor intensive since the titles will not stay on the computer system if there has been no activity for several years. The periodic purging of records is done to reduce computer storage costs. Since mobile homes were not required to be registered there is usually no activity on the record after the initial title issuance. The other two positions would be used to issue mobile home titles. It is anticipated these positions would be located in Anchorage since the majority of the mobile home sales occur in that area of the state.

COST SUMMARY

Personnel

3 PFT Motor Vehicle Representative II's (range 9)	110.0
---	-------

Equipment

3 Computer workstations @10.0 each	30.0
------------------------------------	------

TOTAL	140.0
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Back-up

Alaska State Legislature

Representative Brian S. Porter

CHAIRMAN
HOUSE JUDICIARY COMMITTEE

MEMBER
HOUSE LABOR & COMMERCE COMMITTEE
SELECT COMMITTEE ON LEGISLATIVE ETHICS

MEMBER
FINANCE SUBCOMMITTEES
DEPARTMENT OF LAW
DEPARTMENT OF PUBLIC SAFETY
COURTS



DISTRICT 20

SESSION:
STATE CAPITOL ROOM 118
JUNEAU, ALASKA 99801-1182
PHONE: (907) 485-4930
FAX: (907) 465-3834

INTERIM:
716 W. 4TH AVE., SUITE 640
ANCHORAGE, AK 99501-2133
PHONE: (907) 258-8197
FAX: (907) 258-5510

SPONSOR STATEMENT

When the legislature passed the final version of SB 99, the Governor's Omnibus Fee and Cost Reduction bill, the Department of Motor Vehicles' authority to issue titles to mobile homes was repealed. This change has significantly lengthened the time involved in selling or purchasing mobile homes.

Previously, financing could be arranged when the lender was presented with the title, which was easily accessible through the DMV. As it is now, when a potential buyer approaches a financial institution about mobile home financing, a UCC search will need to be made on all prior owners, both with the State and with the district in which the mobile home is located.

As mobile homes are sold and titles cease to be issued, it will be increasingly difficult for consumers, lenders and dealers alike to determine whether or not a mobile home is encumbered or who a lien or mortgage holder might be. Without DMV titles, there is no public notice of a person's ownership interest in a mobile home.

If mobile home sales become more difficult to finance, then the value of everyone's home is reduced.

Dealers, financial institutions and consumers are in agreement that they themselves should pay an appropriate fee to cover the costs of maintaining a title system. The costs of UCC searches, both in time and money, far outway the potential cost of titling/registration.

Resumption of the DMV titling process would certainly eliminate a lot of time and confusion for both the public and financial institutions with the transfer and documentation of mobile homes.



First National Bank
of Anchorage

September 16, 1993

Received

OCT 05 1993

F. P. CRIPPS & P. O. BILR

Alaska State Legislature
3111 C Street
Anchorage, Alaska 99503

Honorable Members of the Legislature:

First National Bank of Anchorage respectfully requests that the State reconsider its 1993 legislation regarding the Division of Motor Vehicles no longer issuing titles to mobile homes. As mobile homes are sold and titles cease to be issued, it will become increasingly difficult for consumers, lenders and dealers alike to determine whether or not a mobile home is encumbered or who a lien or mortgage holder might be.

When lending against a mobile home for which no current title exists, financial institutions will have to use extreme caution. When a potential buyer approaches a financial institution about mobile home financing, it will be imperative that they have a clear record of all previous owners of the mobile home that they wish to purchase. A UCC search will need to be requested on all prior owners, both with the State and with the district in which the mobile home is located. A search, with copies of any lien documents that may be in existence, currently costs \$15.00 per name per district in which the information is requested. Even after a thorough search of both the state and local district's records, it is possible that a lien may exist in another district (where a prior owner may have had the mobile home at one time). Aside from searching the State's records and each of the individual 34 district's records for liens against all prior owners, it is impossible to verify that a mobile home is unencumbered. It is also important to note here that the State does not guaranty the validity of it's own search.

An entirely different set of problems will be created when individual sellers elect to "carry" the financing themselves. It is my opinion that this method of financing will cease.

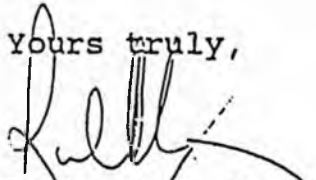
Consumers will have the same problems when purchasing a used mobile home with their own funds. Not only are they likely to be hesitant to purchase a mobile home, at a cost of anywhere from between \$5,000 to \$50,000, and not be given a Title but, because the general public has little knowledge of the Uniform Commercial Code, they will be ill-prepared when it comes to protecting themselves against purchasing a mobile home which may be subject to existing liens, or worse yet, purchasing it from someone who doesn't have the right to sell it. Anyone can draft a bill of sale, claiming to own a mobile home, and then sell it to an unwitting buyer. As the economy picks up, the sale of both new and used mobile homes is picking up as well. The potential for fraudulent transfer of ownership looms much larger with the current legislation in place.

*X*If State budget constraints are to blame for the elimination of DMV processing of mobile home titles, then dealers, financial institutions or the consumers themselves should pay an appropriate fee to cover the costs of maintaining a title system. The cost of the UCC searches, both in time and money, far exceeds the potential cost of titling/registration.

Once again, we ask that you take time to reconsider this legislation, in the interest of both the Alaskan consumer and the financial institutions to whom they turn for financing.

Thank you in advance for your consideration.

Yours truly,



Richard C. Enberg
Sr. Vice President
Corporate Lending Division
(907) 265-3563

cc: Leonard H. Gross, Vice President
Southwood Manor, Inc.

CRA ASSESSMENT FACTOR V-K

ALASKA MANUFACTURED HOUSING ASSOCIATION

September 21, 1993

Senator Tim Kelly
716 W 4th Ave., Suite 400
Anchorage, AK 99501-2133

Dear Senator Tim:

Enclosed please find a letter of support for amending SB 99 from Dick Enberg. You may already have received it directly.

As you know, the Alaska Manufactured Housing Association is acutely aware of the problems being experienced by the lending institutions, which also create problems for the mobile home industry. If mobile home sales become more difficult to finance, then the value of everyone's home is reduced. We hope the Legislature recognizes the hardship caused by the elimination of title registration by D.M.V.

AMHA has no objection to the setting of a reasonable fee for title registration or transfer. We would expect the program to be expense neutral.

We wish to express our appreciation to you for attending our meeting of September 16 and your willingness to sponsor the amendatory bill.

Sincerely,



Bernard L. Marsh
Executive Secretary

BLM:ckf

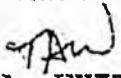
cc: Ira Walker
Leonard Gross



REALTORS®

5535 OLD DAIRY RD, SUITE 103, JUNEAU, AK 99901
Off. (907) 790-4848 FAX (907) 790-4800

DATE: MARCH 2, 1994

TO: REPRESENTATIVE AL VESZY
STATE AFFAIRS COMMITTEE
FROM: TERRY A. WHITBECK, BROKER
ALL STAR, REALTORS
JUNEAU, ALASKA

RE: HOUSE BILL NO. 358

This is testimony in support of House Bill 358 allowing owners of mobile homes to secure a certificate of title from the Department of Public Safety.

I am the Broker/Owner of All Star, Realtors in Juneau, Alaska. Our company is the market leader of the Juneau Multiple Listing Service (JMLS) in the mobile homes in parks market. Of the 61 mobile homes in parks listed with JMLS since 1/1/93 we have listed 52%. All Star, Realtors also sold 61% of the mobile homes sold through JMLS since January 1, 1993.

Of the 897 mobile homes in 10 parks in Juneau, approximately 6% to 10% will be for sale during the year. Approximately 7% of this 897 belong to out of town owners.

The situation of treating mobile homes in parks as personal property without any sort of registration or recording of liens leaves the owner and potential buyer without any protection of ownership of their home or asset.

Without a title there is no way of knowing for certain that the person selling the mobile home is the legal owner. Another related question is whether the owner has the right to sell without paying off a lienholder.

Currently the only way we have to transfer ownership is through a Bill of Sale. This Bill of Sale can be purchased by anyone at any office supply store and can be completed by anyone. There typically is no provision for a lienholder on the Bill of Sale. Since a Bill of Sale is for personal property it cannot be recorded at the State Recorder's Office.

There is nothing to prevent a dishonest owner from selling a mobile home without clear title to an unsuspecting buyer who later finds out he/she has paid \$35,000 cash for their home only to find out that Alaska Housing Finance is foreclosing due to nonpayment of the mortgage.

HB 358 TESTIMONY PAGE 2

Without a title, how can an honest owner prove that he or she does indeed own the mobile home offered for sale.

Further, what is to prevent a tenant, whose landlord lives out of town, from creating a Bill of Sale and selling the mobile home to an unsuspecting buyer.

For many young couples a mobile home is their first home due both to cost of housing and availability. These couples have not purchased a home before and have no way of knowing that a Bill of Sale may not be genuine or whether the person they are dealing with is honest.

Common cash buyers of mobile homes are the retirees. These folks are typically on a fixed income and prefer to pay cash in order to keep their monthly expenses at a minimum. It could be devastating to their health and financial well-being to buy a mobile home and face eviction by the rightful owner or to be told that Alaska Housing Finance Corporation has a mortgage on their home.

Finally, there is nothing to protect the real estate agent from fraud in a mobile home sale. To date, we have required that sellers produce a title and have sellers sign the title over to the new buyers, however, these buyers are likely to be sellers some day. How can they prove ownership to us in the future? How can the real estate agent assure a buyer their ownership is genuine?

Those who own and live in mobile homes consider them real property. By issuing a certificate of title, their ownership interests can be assured and protected.

I respectfully urge you to pass HB 358.



Alaska State Legislature

Bruce Porter
Rep Eldon Muddew

Please enter into the record my testimony to the Senator) Timi Kelly
committee name

committee on House Bill # 358, dated 1-23-94
bill/subject

I am a citizen of Alaska and a resident of Juneau. My husband and I live in the Churchill Trailer Park in Lemon Creek.

We just recently made our final payment on our Trailer and have learned that the handling of trailer titles is confused.

We have visited D.M.V. here in Juneau and have discovered, this agency no longer issues titles.

At present, we would like a tangible document that records title transfer for trailers/mobilehomes.

I am in communication with the previous title holder(?) The only piece of paper we have is a "Bill of Sale" (she created) without any verification that it is now legally ours

Signed: Kathleen E Campbell Don Campbell
Testifier

Representing (Optional)

5905 Churchill way # 54 Juneau AK 99801
Address

(907) 780-4298 (Please call me)

Phone No.

We are supporting House Bill # 358

T. Lamb, J...

DEPARTMENT OF NATURAL RESOURCES

SUPPORT SERVICES DIVISION

State Recorder's Office
3601 C Street, Suite 1180
Anchorage, AK 99503
(907) 762-2437

October 6, 1993

The Honorable Tim Kelly, Chair
Senate Labor & Commerce Committee
Alaska State Legislature
716 W. 4th, Suite 400
Anchorage, AK 99501-2133

Re: Recorder's/UCC Component, Department of Natural Resources

Dear Senator Kelly:

Your correspondence to the Legislative Budget and Audit Committee dated September 14, 1993, in support of the Recorder's Office RPL 10-4-4013 was sincerely appreciated. LB&A did approve our request to receive and expend program receipts in the amount of \$89.6 to fund two vacant positions and additional expenses associated with unusually high recording volumes occurring in the first quarter of FY94. The increased workload is directly attributable to the large numbers of refinances occurring in all component locations, and generally increasing economic activity statewide.

Recording volumes are typically cyclical and are of course entirely determined by external forces over which we have no control. The user community willingly pays for recording services, and the component generates approximately \$1 million in excess of its requisite operating funds annually. The Revised Program funding approved by LB&A comes at a very critical time for the component, which has been facing increasing numbers of operational backlogs.

Your letter expressed particular concern about the time frames associated with UCC searches in the component's district offices and in UCC Central. While all component locations strive to complete all searches within 24 to 48 hours of receipt, occasional document processing backlogs extend this turnaround time to five days or more. One of the recording offices operated by the Alaska Court System (Seward) has been experiencing about a two week turnaround. Of course, the mail time is also a factor over which we have no control. Conceivably, two weeks or more could elapse between the time a lender sends a search request by mail and the time the certified response is received by return mail after processing, but the actual processing time is almost always less than five days, and usually less than two. In the past year, the

Senator Kelly
October 6, 1993
Page Two

Anchorage Recorder's Office has occasionally had a maximum turnaround time of up to seven days, but is ordinarily well within the 48 hour processing time frame. Two factors should actually help to lessen the turnaround time on UCC searches statewide. The RPL funding approved by LB&A last month will provide additional staffing in Anchorage, the state's largest volume office, and a portion of the daily workload of these recorders is the processing of UCC searches in the order in which they are received.

Additionally, we are in the process of completing an automated UCC search program for the district offices, similar to that already implemented at UCC Central. A pilot of this program should be in place during the second quarter of FY94. While this automated program won't reduce turnaround times significantly on copy searches (since the copying process is entirely manual), it will speed up the process substantially on information only searches, which comprise approximately one-third of the search volume generated statewide.

* | Your letter also addressed DMV's titling of mobile homes and the elimination of that authority by legislation last session. From feedback we have received, this has been particularly troublesome for the public to accept. We continue to get numerous calls from the public who are seeking advice on how to document their ownership of mobile homes. We are unable to offer legal advice of this nature. These people are uncomfortable with not having a physical document of title to evidence their ownership, such as the title documents formerly issued by DMV. Many times they are seeking to record a mobile home bill of sale or similar document which we are unable to accept due to statutory and regulatory restrictions. Real property owners can record their deeds to place the entire world on notice of their interest. Without DMV titles, there is no public notice of a person's ownership interest in a mobile home.

While lenders can and do file UCC financing statements on mobile homes that they finance, there is currently no mechanism for a mobile home owner to document his ownership in the public record. You have indicated that your intent is to see that this problem is addressed legislatively in the next session. Resumption of the DMV titling process would certainly eliminate a lot of the confusion for the public and would significantly reduce the number of public inquiries in our office on this subject.

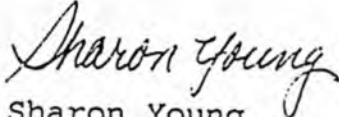
Once again, thank you for your support of our Revised Program request. We will endeavor to maximize this investment and will take steps to assure that your concerns about UCC searches are promptly and adequately addressed.

- LTR FROM STATE RECORDER -
ON U.C.C. FILES FOR MOBILE HOMES

Senator Kelly
October 6, 1993
Page Three

Please do not hesitate to contact me at any time if you have questions about our component or its activities.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Young".

Sharon Young
State Recorder

cc: Nico Bus, Acting Director
Support Services Division

MEMO

DATE: February 11, 1994
TO: Rep. Brian Porter
FAX: 465-3834
FROM: Ben Marsh, Executive Secretary
Alaska Manufactured Housing Association
FAX: 276-8801

In an attempt to estimate the number of sales or conveyances of mobile homes per year in Alaska, I have conducted a survey among our members. Our members are mobile home court owners and/or mobile home dealers. As a group, we represent about half of the 8000+ mobile homes in Alaska.

Attached hereto is my survey sheet, showing our member courts, with the number of sales or conveyances that occurred in 1993 in circles at each name. The numbers include units sold by the court, units bought by the court, and changes in ownership within the court. Such changes indicate sales between individuals.

The survey sheet shows that 34 members responded and 785 sales were reported. Assuming 1993 was a typical year, and our membership speaks for one-half the units in Alaska, you can estimate the total number of sales per year in Alaska at + 1500.

Another approach is to consider the 8000 units in Alaska. On the average, mobile homes are owned about eight years before re-sale. Thus each year will see about 1000 turn-overs.

Some sales may be duplications. For instance, a dealer's sale may also be shown as a park owner's purchase. However, I believe it safe to say that over 1000 mobile home conveyances occurred in Alaska in 1993.

I hope this will provide a basis for the fiscal note for HB 359. If there is further information I can provide, let me know. Incidentally, the Juneau parks that responded are Thunder Mountain, Glacier View, Kodzoff, Switzer Village, Lemon Creek, Churchill Park, and Sprucewood. Two of these are members of AMHA. The owner of Thunder Mountain and Switzer Village are eager to testify and there may be others.

We have no members in Fairbanks, therefore no Fairbanks sales were reported.

- ESTIMATE OF YEARLY
MOBILE HOME CONVEYANCES -