

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7805 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

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 plan, 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 Test (§§ 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

- 120. Tuberculosis control program authorized
- 130. Department to cooperate with other agencies
- 135. Tuberculosis examinations
- 136. Quarantines

Section

- 137. Reporting of violations
- 138. Penalty
- 140. Title to and inventory of equipment allotted to private institutions
- 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
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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.

Paul Phillips

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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 fatal 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, CPR 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 Paul 235-7000
etc Judy Balhoun 2297-124
etc Chief Painter @ Fire Hall 235-3155*

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
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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.

Don't...

Continued from Page 1

resuscitate 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 supported

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
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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 protocol 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 so, the bill number, date of passage, and 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 requests.

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 documented. However, 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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FEB 10 1994

State of Alaska Legislature
House Health, Education and Social Services Comm.
Juneau, AK 99811

600E. Hemlock St.
Oxnard CA 93033
Feb. 6, 1994

Dear sirs: re: House Bill NO. 356 The Right To Die

I have been working for several years on the right of a person to make a Living Will specifying the kind of treatment he desires to receive or not to receive when a terminal condition exists. The United States Supreme Court recognized these rights to include food and water as well as cardiopulmonary resuscitation and other life-sustaining procedures.

Because food and water are specifically named in our newer forms the withholding of both is honored. Before their specific inclusion, the dying process was painfully extended on the premise they "were not life-sustaining procedures". Many forms still do not include them, including your proposed House Bill No.356.

Having closely followed the progress of our right to determine our terminal treatment because my mother was cruelly maintained for years, I have available updated forms that reflect recent U.S. Supreme Court decisions. A copy is enclosed for your consideration.

One more change awaits the California legislature: there should be no termination date. This is a subject of great concern which people do not wish to change but one which people do not wish to repeat. They are greatly relieved when these papers are signed. One couple said they (the two forms) are the most important papers they have signed after their marriage certificate.

This Californian is concerned about your action on this because my son and his family became loyal Alaskans years ago and I am a frequent visitor.

Yours truly,

(Mrs.) Lois L. Seaton

P.S. A recently added hospital regulation: if a patient has been out of the hospital for 30 days, the Right To Die forms must be resubmitted at the time of re-entry. This is difficult for the family because they have to beat the ambulance or find the tubes attached -- and just try to get them off! Hospitals try to refuse to put the forms into an inactive file; California has a law that they must do so but few know of the law.

RIGHT TO DIE FORMS

INFORMATION ONLY

The loose double-sided sheet "Guidelines for Signers", pages 1 and 2, is extra, for information to pass along. The two pages are re-printed and stapled with the forms as the last pages, as additional information to accompany the forms. Remove the staple for copying. It is suggested that the pages 1, 2 and 3 then be stapled as the last pages of the document.

The Courts and doctors want to know INTENT! COMMUNICATE!! COMMUNICATE!!!

Do NOT neglect to make and DISTRIBUTE COPIES of either / both the "Durable Power --" and "The Right To Die--" so they are available to the people who will need them.

Do NOT feel relieved the job is done and tuck them away in your safe-deposit box!! Do make copies available to concerned persons.

Page 8 of "Durable Power--" is special for a person in a nursing home.

NOTE the last line -- copies are valid-- but they won't do you any good unless you get them made and distributed.

QUALIFICATIONS FOR WITNESSES:

Adults who personally know the signer or have convincing proof of identity, i.e. driver's license, I.D. card, passport, etc.

Observed that the signer appears to be of sound mind, under no duress, fraud or undue influence. Cannot be the health care provider nor employee of the health care facility where the signer resides nor of the attending physician.

Cannot be related in any way to the signer or an heir to any part of the signer's estate under any now-existing will.

SUGGESTED ADDITIONAL STATEMENTS for both the DURABLE POWER-- and MY RIGHT TO DIE:

In your handwriting, ^{or type} add the statement, initial and date it. Witness initial and date it.

To DURABLE POWER-- , page 5, paragraph 6: Should any member of my family or other person except as designated above consider he/she has any authority over my treatment, I instruct that in no way shall such person be permitted to countermand my rights or treatment as stated above.

^{added to pages 5 & 6}
Page 6, paragraph 8: It is my intent that this document remain in force and effect without termination unless I specifically terminate the document.

To MY RIGHT TO DIE: on reverse side of Statement, ~~write the two additional statements.~~

Do not initial or sign except before witnesses

DURABLE POWER OF ATTORNEY FOR HEALTH CARE
(California Civil Code Sections 2410-2444)

GUIDELINES FOR SIGNERS

I. WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

A "Durable Power of Attorney for Health Care" is a document that you can use to appoint another person, such as a family member or friend, who can make health care decisions for you if you become unable to make the decisions on your own. The person may make all decisions about your health care, subject only to limitations you specify on that person's authority and several restricts imposed by law.

II. WHY COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

A Durable Power of Attorney for Health Care will be helpful even if you have executed a "Living Will" or a "Directive to Physicians" since it applies to all health care decisions and allows you to appoint a person who can carry out your wishes if you become incapable of making your own decisions. The other primary reasons for completing a Durable Power of Attorney for Health Care are to avoid court proceedings, possible delays in receiving needed medical care, and emotional and financial stress on family or friends. These benefits are available because a Durable Power of Attorney for Health Care can be executed by simply completing this form, without going to court. It may be advisable to execut a Durable Power of Attorney for Health Care before surgery or other medical care. Persons with chronic conditions that may "flare up" and leave them unable to make decisions might also consider executing a Durable Power of Attorney. Persons with no close relatives living nearby may want to identify a close friend to make medical decisions for them in the event they should become unable to make such decisions for themselves. As a practical matter, many people may want to keep a Durable Power of Attorney for Health Care in effect at all times, just as they maintain insurance to protect their interests in the event of unforeseen occurrences.

III. WHO CAN COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

Any person who is a California resident, is at least 18 years old, is of sound mind, and is acting on his or her own free will may execute a Durable Power of Attorney for Health Care.

IV. CAN A PERSON APPOINTED IN A DURABLE POWER OF ATTORNEY FOR HEALTH CARE MANAGE MY FINANCIAL AFFAIRS?

A person appointed in a Durable Power of Attorney for Health Care is allowed only to make health care decisions, arrangements for medical services, and related decisions. If you want to appoint a person to handle your other financial or legal affairs, you should consult with an attorney about completing a Durable Power of Attorney for such matters or using alternative methods for taking care of these matter.

V. HOW DO I COMPLETE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

Simply fill out this form, which will name your health care agent and set forth the limits imposed by you and by law on his or her authority. READ THE FORM CAREFULLY BEFORE FILLING IT OUT.

VI. MUST THE APPOINTED PERSON BE AN ATTORNEY?

Although the Durable Power of Attorney for Health Care has the term "attorney" in the title, and the person appointed to make decisions is called an "attorney-in-fact", he or she does not need to be an attorney. There are only a few limits on who may be appointed. These are set forth in the attached form.

VII. WHO CAN I APPOINT TO MAKE HEALTH CARE DECISIONS FOR ME?

Your agent must be an adult (at least 18 year of age). None of the following can be appointed: 1) your treating health care provider; 2) an employee of your treating health care provider, unless the employee is related to you by blood, marriage or adoption; 3) an operator of a community care facility; or 4) an employee of an operator of a community care facility, unless the employee is related to you by blood, marriage or adoption.

VIII. WHAT CONTROL WILL I HAVE OVER THE DECISIONS MADE BY THE PERSON I APPOINT?

- 1) The person you appoint may not agree to:
 - a) Commitment or placement in a mental health treatment facility.
 - b) Convulsive treatment.
 - c) Psychosurgery.
 - d) Sterilization
 - e) Abortion
- 2) You can, but are not required to, indicate your desires in writing on the form, these will generally be legally binding.
- 3) If your desires are unknown or not covered in written instructions, your agent has the duty to act in your best interest; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decisions that are in your best interests.
- 4) The person you chose may make health care decisions for you only if you are in a coma or mentally incapacitated or unable for any reason to make your own decisions.
- 5) Should you wish to terminate the Durable Power of Attorney for Health Care at any time, simply contact your doctor or the person you have chosen to make health care decisions for you.
- 6) If you have named your spouse as the person to make decisions for you and you divorce, your spouse is automatically revoked as your agent.
- 7) The Durable Power of Attorney for Health Care will exist for seven years from the date you execute the document unless you establish a shorter time. If you are unable to make health care decisions for yourself when the date expires, the authority you have granted your agent will continue to exist until the time when you become able to make health care decisions for yourself.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE
(California Civil Code Section 2410-2444)

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT (ATTORNEY-IN-FACT) THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. YOUR AGENT MUST ACT CONSISTENTLY WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN.

EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT NECESSARY TO KEEP YOU ALIVE.

NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT AT THE TIME.

THIS DOCUMENT GIVES YOUR AGENT AUTHORITY TO CONSENT, TO REFUSE TO CONSENT, OR TO WITHDRAW CONSENT TO ANY CARE, TREATMENT, SERVICE, OR PROCEDURE TO MAINTAIN, DIAGNOSE, OR TREAT A PHYSICAL OR MENTAL CONDITION. THIS POWER IS SUBJECT TO ANY STATEMENT OF YOUR DESIRES AND ANY LIMITATIONS THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT THAT YOU DO NOT DESIRE. IN ADDITION, A COURT CAN TAKE AWAY THE POWER OF YOUR AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOUR AGENT (1) AUTHORIZES ANYTHING THAT IS ILLEGAL, (2) ACTS CONTRARY TO YOUR KNOWN DESIRES, OR (3) WHERE YOUR DESIRES ARE NOT KNOWN, DOES ANYTHING THAT IS CLEARLY CONTRARY TO YOUR BEST INTERESTS.

UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST FOR SEVEN YEARS FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF AT THE TIME WHEN THIS SEVEN-YEAR PERIOD ENDS, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY OF YOUR AGENT BY NOTIFYING YOUR AGENT OR YOUR TREATING DOCTOR, HOSPITAL, OR OTHER HEALTH CARE PROVIDER ORALLY OR IN WRITING OF THE REVOCATION.

YOUR AGENT HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

UNLESS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER AFTER YOU DIE TO (1) AUTHORIZE AN AUTOPSY, (2) DONATE YOUR BODY OR PARTS AND (3) DIRECT THE DISPOSITION OF YOUR REMAINS.

IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

* In 1990 -- State Law, ⁷ ~~five~~ years

1. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me as allowed by the California Civil Code. This power of attorney shall not be affected by my subsequent incapacity.

2. DESIGNATION OF HEALTH CARE AGENT

(Your attorney-in-fact, i.e., your agent, must be an adult (at least 18 years of age). Insert the name, address, and telephone number of the person you wish to designate as your agent to make health care decisions for you. None of the following may be designated as your agent: (1) your treating health care provider; (2) an employee of your treating health care provider, unless the employee is related to you by blood, marriage or adoption; (3) an operator of a community care facility; or (4) an employee of an operator of a community care facility, unless the employee is related to you by blood, marriage or adoption. For example, your agent may not be your physician; your nurse, unless the nurse is related to you by blood, marriage or adoption; an employee of your nursing home, unless the employee is related to you by blood, marriage or adoption; or an operator of a board and care home.)

I _____ do hereby designate and appoint:

(Insert Your Name)

Name: _____

Address: _____

Telephone Number: (____) _____ as my agent to make health care decisions for me as authorized in this document.

3. GENERAL STATEMENT OF AUTHORITY GRANTED

If I become incapable of giving informed consent with respect to health care decisions, I hereby grant to my agent full power and authority to make health care decisions for me including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, and to receive and to consent to the release of medical information, and, in the event of my death, to authorize an autopsy and arrange for the disposition of my remains, subject to the limitations and special provisions, set forth in Paragraph 6 below.

4. CONTRIBUTION OF ANATOMICAL GIFT

(You may choose to make a gift of all or part of your body to a hospital, physician, or medical school, for scientific, educational, therapeutic, or transplant purposes. Such a gift is allowed by California's Uniform Anatomical Gift Act. If you do not make such a gift, you may authorize your agent to do so, or a member of your family may make a gift unless you give them notice that you do not want a gift made. In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a gift of all or a part of your body under the Uniform Anatomical Gift Act.)

If either statement reflects your desires, sign the box next to the statement. You do not have to sign either statement. If you do not sign either statement, your agent and your family will have the authority to make a gift of all or part of your body under the Uniform Anatomical Gift Act.

[_____]

Pursuant to the Uniform Anatomical Gift Act, I hereby give, effective upon my death:

Any needed organ or parts; or

The parts or organs listed:

[_____]

I do not want to make a gift under the Uniform Anatomical Gift Act, nor do I want my agent or family to do so.

5. STATEMENT OF DESIRES

(With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement that reflects your desires and/or write your own statements in the space below.)

MAXIMUM TREATMENT

I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long term survival, or the cost of the procedures.

If this statement reflects your desires, initial here: _____

LIMITED TREATMENT

I do not desire that my life be prolonged to the greatest extent possible, and I do not want life sustaining treatment to be provided or continued if the burdens of the treatment outweigh the expected benefits. In making decisions concerning life-sustaining treatment, my agent is to consider the relief of suffering, the prevention or restoration of functioning, and the quality as well as the extent of my life.

If this statement reflects your desires initial here: _____

Other or Additional Statements of Desires: (Initial any of the following you desire)

- _____ 1. No artificial respiration or resuscitation
- _____ 2. No intubation for food or water.
- _____ 3. No Ensure or forced feeding (including baster).
- _____ 4. No intravenous saline solution.
- _____ 5. No antibiotics.
- _____ 6. Generous intervention for pain control.

6. SPECIAL PROVISIONS AND LIMITATIONS

(By law, your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. In every other respect, your agent may make health care decisions for you to the same extent that you could make them for yourself if you were capable of doing so. If there are any special restrictions you wish to place on your agent's authority, you should list them in the space below. If you do not write in any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in Paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

_____ Should any member of my family or other person except as designated above
_____ consider I has any authority over my treatment under the terms of this
_____ agreement, I instruct that in no way shall such person be permitted to
_____ countermand my rights or treatment as stated above.

7. DESIGNATION OF ALTERNATE AGENT

(You are not required to designate any alternative agents but you may do so. Any alternative agent must meet the requirements set forth in Paragraph 2 above. Any alternate agent you designate will be able to make the same health care decisions as the agent designated in Paragraph 2 above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in Paragraph 2 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in Paragraph 2 as my agent is unable to make health care decisions for me or is disqualified by law from so doing, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

a. First Alternative Agent

Name: _____

Address: _____

Telephone Number: (____) _____

b. Second Alternative Agent

Name: _____

Address: _____

Telephone Number: (____) _____

8. DURATION

I understand that this power of attorney will exist for seven years from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

[Optional] I wish to have this power of attorney end before seven years on the following date: _____

It is my intent that this document remain in full force without termination unless I specifically terminate the document. _____

9. PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Health Care on _____ at _____

(Date)

(City)

(Name)

(Signature)

THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY TWO QUALIFIED ADULT WITNESSES WHO ARE PERSONALLY KNOWN TO YOU AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC IN CALIFORNIA.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of California)
) ss.
County of _____)

On this _____ day of _____, in the year _____
before me, _____
(Here Insert Name of Notary Public)
personally appeared _____
(Here Insert Name of Principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL

(Signature of Notary Public)

STATEMENT OF WITNESSES

If you elect to use witnesses instead of having this document notarized, you should carefully read and follow this witnessing procedure; otherwise this document will not be valid.

You must use two qualified adult witnesses who personally know you. None of the following may be used as a witness: (1) a person you designate as your agent, (2) a health care provider, (3) an employee of a health care provider, (4) the operator of a community care facility, (5) an employee of an operator of a community care facility. For example, your witness may not be a physician, a nurse, a hospital employee, a nursing home employee, or an operator of a board and care home. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney-in-fact (agent) by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

Signature: _____ Residence Address: _____
Print Name: _____
Date: _____

Signature: _____ Residence Address: _____
Print Name: _____
Date: _____

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____
Optional Second Signature: _____

If Signer is a patient in a SKILLED NURSING FACILITY or a CONSERVATEE:

SPECIAL REQUIREMENTS

(Special additional requirements must be satisfied for this document to be valid if (1) you are a patient in a skilled nursing facility or (2) you are a conservatee under the Lanterman-Petris-Short Act and you are appointing the conservator as your agent to make health care decisions for you. If you are not sure whether you are in a skilled nursing facility, which is a special type of nursing home, ask the facility staff.)

1. If you are a patient in a skilled nursing facility (as defined in Health and Safety Code Section 1250(c)) at least one witness must be a patient advocate or ombudsman. The patient advocate or ombudsman must sign the witness statement and must also sign the following declaration.

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by subdivision (a) (3)A of Civil Code 2432.

Signature: _____ Address: _____
Print Name: _____
Date: _____

2. If you are a conservatee under the Lanterman-Petris-Short Act (of Division 5 of the Welfare and Institutions Code) and you wish to designate your conservator as your agent to make health care decisions, you must be represented by legal counsel. Your lawyer must sign the following statement:

I am a lawyer authorized to practice law in the state where this power of attorney was executed, and the principal was my client at the time this power of attorney was executed. I have advised my client _____
(Name)

concerning his or her rights in connection with this power of attorney and the applicable law and the consequence of signing or not signing this power of attorney, and my client, after being so advised, has executed this durable power of attorney.

Name: _____ Address: _____
Print Name: _____
Date: _____

COPIES: Photocopies of this document can be relied upon as though they were originals. Copies should be given to your agent and alternate agents, your doctor, hospital file, and members of your family.

MY RIGHT TO DIE STATEMENT

1. To my family, my physician, my clergyman, my lawyer:
To any medical facility in whose care I happen to be:
To any individual who may be responsible for my health, welfare or affairs:
2. Death is as much a reality as birth, growth, maturity and old age -- it is the one certainty of life. If the time comes when I, _____, can no longer take part in decisions for my own future, let this statement stand as the expression of my wishes while I am of sound mind.
3. If the situation should arise from physical debilitation, disease, accident, or other circumstance in which there is no expectation of my recovery to life with quality and reasonable independence, I request that I be allowed to die and not be kept alive by "heroic measures" or artificial means -- this includes IV tubes, breathing machines, Ensure tubes, baster-feeding and drugs.
4. I do not fear death itself but the indignities of deterioration, dependence, and/or hopeless pain. I therefore ask that medication mercifully be administered to me to alleviate suffering even though this may hasten the moment of death.
5. Modern medicine can maintain the body functioning as an organism rather than as a human being. Modern law recognizes my right not to be so maintained. ANTIBIOTICS can be a means of artificial extension of life. If my body has deteriorated as heretofore defined in this statement, and any other signed statements if any, in case of pneumonia I specifically state I do not want antibiotics administered. "Pneumonia is the Old One's friend" -- a friend to my exhausted body and Spirit. My Spirit is to be permitted to depart in peace and with grace.
6. This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this places a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong convictions that this statement is made.

7. Signed _____ Date _____
 Address _____
 Witness _____
 Address _____
 Witness _____
 Address _____

8. Copies to _____

9. I further state that should mental deterioration precede the physical, after the time at which I require full custodial care, then any condition that requires hospitalization to maintain or preserve life shall be considered the Terminal Condition. Then there shall be no surgery, no antibiotics, no medical-office or home-administered medication to interfere with my departure. No method of artificial or forced-feeding shall be used -- the depletion of nourishment is the natural way to death.

10. Signed _____ Date _____
 Witnesses _____

MY CHRISTIAN STATEMENT

11. I further state: I have lived my life as best I could. When the time comes for my death from natural cause or accident, my Spirit must be allowed to depart from its failing earthly temple in peace and dignity. Quality of life is more important than quantity. I am a Christian; I do not fear death. No man has the right to interfere with the departure of my Spirit when my time has come.

12. Signed _____, Date _____
 Witnesses _____

ADDITIONAL STATEMENTS

1. Should any member of my family or other person except as designated by me consider he/she has any authority over my treatment, I instruct that in no way shall such person be permitted to countermand my rights or treatment as stated in "My Right To Die Statement".

_____ name date

2. It is my intent that this directive shall remain in force and effect without termination unless I have specifically terminated the directive.

_____ name date

Witness _____

Witness _____

Photocopies of this document can be relied upon as the originals.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

MY RIGHT TO DIE STATEMENT

1. To my family, my physician, my clergyman, my lawyer:
To any medical facility in whose care I happen to be:
To any individual who may be responsible for my health, welfare or affairs:
2. Death is as much a reality as birth, growth, maturity and old age -- it is the one certainty of life. If the time comes when I, _____, can no longer take part in decisions for my own future, let this statement stand as the expression of my wishes while I am of sound mind.
3. If the situation should arise from physical debilitation, disease, accident, or other circumstance in which there is no expectation of my recovery to life with quality and reasonable independence, I request that I be allowed to die and not be kept alive by "heroic measures" or artificial means -- this includes IV tubes, breathing machines, Ensure tubes, gaster-feeding and drugs.
4. I do not fear death itself but the indignities of deterioration, dependence, and/or hopeless pain. I therefore ask that medication mercifully be administered to me to alleviate suffering even though this may hasten the moment of death.
5. Modern medicine can maintain the body functioning as an organism rather than as a human being. Modern law recognizes my right not to be so maintained. ANTIBIOTICS can be a means of artificial extension of life. If my body has deteriorated as heretofore defined in this statement, and any other signed statements if any, in case of pneumonia I specifically state I do not want antibiotics administered. "Pneumonia is the Old One's friend" -- a friend to my exhausted body and Spirit. My Spirit is to be permitted to depart in peace and with grace.
6. This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this places a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong convictions that this statement is made.

7. Signed _____ Date _____
 Address _____
 Witne _____
 Address _____
 Witness _____
 Address _____

8. Copies to _____

9. I further state that should mental deterioration precede the physical, after the time at which I require full custodial care, then any condition that requires hospitalization to maintain or preserve life shall be considered the Terminal Condition. Then there shall be no surgery, no antibiotics, no medical-office or home-administered medication to interfere with my departure. No method of artificial or forced-feeding shall be used -- the depletion of nourishment is the natural way to death.

10. Signed _____ Date _____
 Witnesses _____

MY CHRISTIAN STATEMENT

11. I further state: I have lived my life as best I could. When the time comes for my death from natural cause or accident, my Spirit must be allowed to depart from its falling earthly temple in peace and dignity. Quality of life is more important than quantity. I am a Christian; I do not fear death. No man has the right to interfere with the departure of my Spirit when my time has come.

12. Signed _____, Date _____
 Witnesses _____

ADDITIONAL STATEMENTS

1. Should any member of my family or other person except as designated by me consider he/she has any authority over my treatment, I instruct that in no way shall such person be permitted to countermand my rights or treatment as stated in "My Right To Die Statement".

name

date

2. It is my intent that this directive shall remain in force and effect without termination unless I have specifically terminated the directive.

name

date

Witness _____

Witness _____

Photocopies of this document can be relied upon as the originals.

ADDITIONAL STATEMENTS

1. Should any member of my family or other person except as designated by me consider he/she has any authority over my treatment, I instruct that in no way shall such person be permitted to countermand my rights or treatment as stated in "My Right To Die Statement".

_____ name _____ date

2. It is my intent that this directive shall remain in force and effect without termination unless I have specifically terminated the directive.

_____ name _____ date

Witness _____

Witness _____

Photocopies of this document can be relied upon as the originals.

Declaration of Witnesses to the
"MY RIGHT TO DIE STATEMENT" of

_____ name of signer

(Statement may be notarized instead.)

I declare under penalty of perjury under the laws of California (or _____) that this "My Right to Die Statement", dated _____, was signed in my presence, that I personally know the signer / have seen evidence of proof of identity, that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am in no way connected with provision of health care, nor related in any way to the signer, nor in any way an heir to the estate of the signer under any existing will or law.

Witness _____ date _____

Address _____

Witness _____ date _____

Address _____

GUIDELINES FOR "MY RIGHT TO DIE STATEMENT"

1. This is a personal statement incorporating your directives to those responsible for you if you are unable to speak for yourself. The DURABLE POWER OF ATTORNEY FOR HEALTH CARE assigns that responsibility to a person of your choice. If you have no person to whom you desire to assign this responsibility, this RIGHT TO DIE STATEMENT expresses your intentions regarding treatment. This Statement is recommended with or without the Durable Power. Courts and doctors want to know INTENT.
2. This statement is in no way connected with euthanasia. It is specifically designed for permitting natural death at the natural time.
3. This statement is revocable at any time if the signer is mentally competent. Such revocation can be done in writing or verbally at any time or by communicating the desire for life-sustaining treatment to the attending physician.
4. Any portion -- word, phrase or whole section -- may be deleted by crossing it out. The deletion should be initialed by signer and one witness and dated using the same pen.
5. Any additions within the statement should be made with the same pen and initialed by signer and one witness at time of signing.
6. Additional statements may be added on the reverse side, typed or handwritten by the signer, and signed and dated at time of witnessing, and signed by at least one witness.
7. Sections 9 and 11 are separate to accommodate individual preferences. They may be signed or not, left blank or crossed out.
8. Photocopies should be given to your doctor, lawyer if you have one, children, and at least one person closely involved with you (if available). Keep your own copy readily accessible, not in a safe or safety-deposit box. This has nothing to do with your estate or will. Your will has nothing to do with your right to natural death.
9. A "DURABLE POWER OF ATTORNEY FOR HEALTH CARE" is a top-priority document. It names a person to be your spokesman if you are not capable. It is viable for seven years (1991). It is recommended that the "Right to Die Statement" accompany the Durable Power. The "DURABLE POWER OF ATTORNEY FOR HEALTH CARE" has nothing to do with your finances; it may be obtained from a stationary store, a lawyer (check fee first), or the Oxnard First Baptist Church. The "MY RIGHT TO DIE STATEMENT" is available at the Oxnard First Baptist Church.
10. SUGGESTED ADDITIONAL STATEMENT to be typed or written on back of Statement:
"Should any member of my family or other person except as designated by me consider he/she has any authority over my treatment, I instruct that in no way shall such person be permitted to countermand my rights or treatment as stated in the "My Right To Die Statement". Maker and witnesses sign and date.
11. SUGGESTED ADDITIONAL STATEMENT to be typed or written on back of statement:
"It is my intent that this directive shall remain in force and effect without termination unless I have specifically terminated the directive." Maker and witnesses sign and date.
12. Qualifications for witnesses: defined in "Declaration of Witnesses".



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.



1881 MARIKA ST • FAIRBANKS, ALASKA 99709
PHONE (907) 456 3979 • FAX 456 3970

MEMORANDUM

To: Representative Cynthia Toohey, Co-Chairman
Representative Con Bunde, Co Chairman

From: Craig Lewis, Executive Director, IREMSC *CLW*

Subject: HB 356 "Do Not Resuscitate Orders and Protocols"

Date: January 30, 1994

I would like to commend your efforts to improve the "Do Not Resuscitate Orders" (DNR) portion of Alaska statutes. As a major training and EMS consultant agency we are very interested in improving and clarifying DNR issues.

I have recently reviewed HB 356 and offer the following comments as suggestions for your consideration.

As a general observation, it appears that HB 356 is specifically focused on terminally ill individuals or those who have medical conditions where physicians ORDER (as opposed to complying with a patients request for) withholding resuscitation. DNR prerogatives and methods to alert medical care practioners should also be available to persons who are not terminally ill, but who do not want extraordinary resuscitative efforts in certain circumstances. **RECOMMEND:** Add language that addresses individuals other than the terminally ill.

1. Line 5 - 8 Sec. 18.12.035 (a) provides that an attending physician may issue a DNR order for a patient of the physician. By using the words "attending physician" this section would allow any physician in the process of providing care to the patient the prerogative to issue a DNR order. **RECOMMEND DELETING THE WORD "ATTENDING"**.

2. Line 7 requires the physician to document the grounds for the DNR in the patients file. **RECOMMEND** changing the language to clarify that this is applicable only when the situation is based on an illness currently treated by the physician issuing the order.

3. Line 11 deals with ".....withholding CPR resuscitation by physicians and other health care providers". Line 10 and 11 on page 5 define CPR resuscitation as CPR or a component of CPR. Together this effectively means that a person may not re-position the head of a patient who stopped breathing as a result of changing head positions or administer oxygen. **RECOMMEND** this section be changed to specify artificial exchange of air or physically breathing for the patient as well as physically compressing the chest. **RECOMMEND** the definition be changed to reflect definition used by the American Heart Association and that the words "or a component of cardiopulmonary resuscitation be deleted from line 11 page 5.

4. Line 11 on page 1 addresses withholding CPR - **RECOMMEND** adding the words "or cessation" immediately following the word "withholding". Given the fact that identification may not be immediately available and individuals may be in a rural setting, where telephonic confirmation of the existence of a DNR may be necessary. One does not wait for confirmation to initiate care. As such one would have to cease after the process started.

5. Line 2 on page 2 allows physicians to give oral DNR orders. However, the section is mute with regard to the setting where oral DNR orders may be issued. **RECOMMEND** this be limited to situations where the physician is "eye to eye" with those following the order or when confirmation of an already existing DNR is limited to speaking to the issuing physician. To issue a DNR orally in a rural setting, over the telephone, may cause uncertainty on the part of the provider in that the provider may not know who is really on the other end of the phone. It could also create a number of liability questions with regard to responsibility and accountability.

6. Lines 11 - 17 raise a number of questions. Using the words "qualified" when referring to a patient may cause a reader to conclude there is an "un-qualified" patient. The Statute is mute on these terms. Regarding line 14, although DNR decision making is the prerogative of the patient, there is a limitation to ".....only as long as the patient is able to do so." The next sentence gives a physician ultimate authority over a patient. What would happen should a spouse or relative be present, or an individual who has been vested with a medical or limited power of attorney on behalf of the patient or a previously appointed guardian or some other situation where patients not able to make decisions have someone else empowered to do it for them. Who decides when the patient is unable to make a decision and what are the circumstances? Would this decision take a court action of some kind?

7. Line 15 refers to ".... health care facilities" and the requirements should that facility not choose to recognize a DNR order. DNR orders will appear in clinics, ambulance services and so forth. Language needs to be present to provide guidance in dealing with DNR situations outside a fixed health care facility.

8. Lines 10 - 12 on page 3 are not realistic.

9. Lines 7 - 15 on page 4 address issuance of life insurance and/or modification of existing life insurance. Who decides? An agent of the State of Alaska - if so who is it? Or, is it the insurance company?

10. Lines 17 - 21 on page 4 address precluding employers from requiring persons to obtain a DNR or possess DNR identification. What about if the client or employee has a DNR order? Does this have an impact on employability?

11. Lines 4 - 8 on page 5 address recognition of DNR orders from other States or territory or possession of the United States as long as the declaration/DNR order is compliant with the law of that jurisdiction. How would a provider become aware (from a practical standpoint) if the DNR identification/declaration has been executed and is in compliance with other States or territories? It would seem better if the individuals were required to register in some manner such that the State of Alaska could verify/authenticate the DNR information.

Thank you for your patience in reading this document. DNR orders are a very complex, controversial and emotion filled issue. The impact of this legislation touches all levels of the health care field.

I hope that you will contact me if I can be of assistance in drafting additional language.

Post-It™ brand

Fax Transmittal Memo

To L. I.O.

Company

Location

Fax # 456 - 3346 Telephone #

Comments

please forward
to House HES Committee. Thank you.



No. of Pages

Today's Date

Time

From Cheryl Keepers

Company FNSB

Location

Dept. Charge

Fax # 459 1280

Telephone # 459 1474

Original
Disposition Destroy Return Call for pickup

Fairbanks North Star Borough

809 Pioneer Road

P.O. Box 71267

Fairbanks, Alaska 99707-1267

907/459-1000

To: House Health, Education and Social Services Committee
Representatives Toohy, Bunde, Davis, Vezey, Kott, Olberg, Davis,
Nicholia and Brice

VIA: Legislative Information Office, Fairbanks

From: Cheryl Keepers, Administrator
Child Care Assistance

Cheryl

Date: 3/14/94

Subject: HB 412, Community Care Licensing

I am sorry I was not able to participate in the teleconferenced hearing today, but I do want to convey to the Committee that I support this bill with the amendments proposed by the Department.

I have reviewed it with child care licensing in mind, as that is the portion of community care licensing I am familiar with. This bill as amended will permit some streamlining of administrative functions, which will help both licensing staff and the public. It will have no adverse impacts that I can see.

Please pass the bill.

Thank you for the opportunity to comment.

H B

3 5 9

HOUSE COMMITTEE REPORT

(9)

Date Referred: January 11, 1994

FURTHER REFERRALS:

Finance

Date of Committee Action: 2/22/94

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 359

HOUSE BILL NO. 359

APPROP: CONSTRUCT/UPGRADE ON-BASE SCHOOLS

"An Act making special appropriations to the Department of Education for construction or upgrade of schools on military installations; and providing for an effective date."

RECOMMENDATIONS: the same title
 be replaced with _____ a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

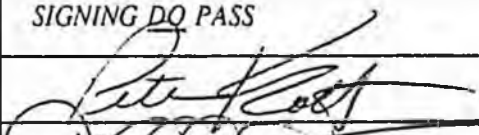
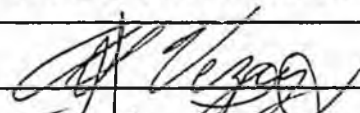
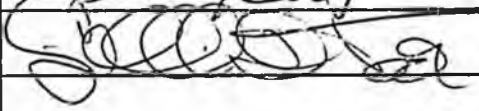
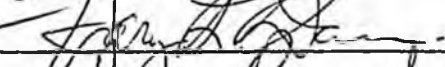
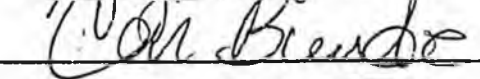
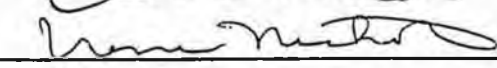
APPROVES PREVIOUS: (Dept/Date)

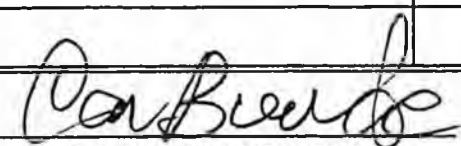
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zero fiscal note _____

zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
	✓			X	
	✓			X	
				X	
				X	


 CHAIRMAN'S SIGNATURE

January 27, 1994

Sponsor Statement HJR 47 and HB 359

OVERVIEW

For several years, schools on Alaskan military facilities have been the subject of controversy between local school districts, the State D.O.E., the U.S. Dept. of Education and the Department of Defense. The schools are operated by local school districts, but are owned by the U.S. Department of Education and have reached a point of serious deterioration. In 1990, General McInerney held a conference on Military Schools that established a memorandum of agreement between the U.S.D.O.E. and the state, by which U.S.D.O.E. would provide funding to upgrade the schools in question to code and then transfer ownership to the local districts.

Since this agreement, funds from the federal government have been slow in coming. Two schools on Eielson AFB in Fairbanks, Taylor and Pennell Elementary, received \$3.9 million for upgrades. The deterioration of these facilities was so great however, that the school district determined that building a new elementary school would be more cost-effective. Consequently, these funds are being held until the balance needed for new construction is received. One school in Anchorage, Ursa Major Elementary, has received \$4.9 million from the federal government for needed upgrades and ownership of the school is in the process of transfer to the Anchorage School District. Besides these and a few other minor projects funded by Legislators' discretionary funds, no significant effort has been made to upgrade Alaskan military schools.

In response to this lack of action, I sponsored HCR 20, which created the Military Schools Task Force last session. The Task Force met during the fall of 1993 and reviewed maintenance requests, cost estimates and other pertinent information that related to the problem. After compiling an up-to-date list of projects and cost estimates, the Task Force determined that depending on the federal government to fund upgrades would be a lengthy process. During this time, children attending these schools would continue to suffer and Alaska could damage its position in attempting to retain its bases during future Dept. of Defense base closures. From this, the Task Force developed the idea of a matching fund program with the federal

Sponsor Statement

Representative Eldon Mulder

January 27, 1994

government. Under this plan, that state and federal government would each contribute 50% of the costs for upgrades and new construction. HB 359 is the result of these deliberations.

WHAT HB 359 DOES

In Section 1, HB 359 appropriates \$7,380,800 (or lesser amount, contingent on what the federal government agrees to match on a dollar for dollar basis) from the general fund to the state Dept. of Education to fund the construction for a new elementary school at Eielson AFB. This school would replace Taylor and Pennell Elementary, which were deemed to be too dilapidated for correction.

In Section 2, this legislation appropriates \$18,718,500 (or lesser amount, contingent on what the federal government agrees to match on a dollar for dollar basis) from the general fund to the state Dept. of Education to fund upgrades on the remaining eight schools that were determined by the Task Force to require maintenance.

WHAT HJR 47 DOES

HJR 47 states the findings of the Military Schools Task Force and urges the cooperation of the U.S. D.O.E., the Dept. of Defense, the Anchorage School Board and the Fairbanks North Star School District in securing funding for the schools. In addition, the Anchorage School District and the Fairbanks North Star Borough School District are urged to assume ownership of one or more of these schools immediately upon the obligation of funding necessary to bring each of these schools up to minimum standards.

POSITION PAPER: DEPARTMENT OF EDUCATION

Division School Finance Bill Number HB359

Bill Title "An Act making special appropriations to the Department of Education for construction or upgrade of schools on military installations; and providing for an effective date."

Sponsor Representative Mulder by request of the Military Schools Task Force

In June 1990, a meeting was held at Elmendorf Air Force Base to discuss the transfer of the on base/post schools in Alaska. Representatives from the US Department of Education, Department of Defense, State of Alaska, Congressional staff, State Board of Education, state senators and representatives, military commanders and staff and school superintendents attended. From that meeting, a transfer process evolved, as well as a priority listing of needed repairs for these facilities. The state made an initial appropriation of \$10.2 million for a new elementary school on Ft. Wainwright. Federal resources were intended to provide the funds necessary to bring the remaining facilities up to minimum code compliance. The Department of Defense built a second new elementary school at Ft. Wainwright. Funding was provided for the transfer of Mt. Hayes Elementary on Ft. Greely and Peterson Elementary on Kodiak. Recently, \$4.9 million has been provided by US DOE for the repairs at Ursa Major Elementary on Ft. Richardson and \$3.9 million for upgrades to Pennel and Taylor Elementary Schools.

By resolution, the Eighteenth Legislature created a task force on schools on military installations to examine options for repair and maintenance. HB359 is a result of the recommendations of the Military Schools Task Force. This legislation provides \$26,099,300 of state money for the construction of a new elementary school at Eielson AFB and upgrades to the remaining on base schools in Fairbanks and Anchorage, ignoring the statewide school construction priority process. This appropriation would be contingent upon an agreement by the federal government to match this on a dollar for dollar basis. The task force recommends state funding at one half of the total project cost for three schools in Fairbanks and six schools in Anchorage, listed in priority order.

The State of Alaska has a valid, objective system in place to evaluate and prioritize the statewide need for school construction for all students. At the request of the Governor, the public school capital improvement project evaluation and funding system was enhanced through passage of SB7. This was the Governor's highest legislative priority for 1993, and took a great deal of effort and compromise to arrive at a final product.

The Department does not support HB359, as it is currently drafted, because it ignores the current process and statewide prioritized need. Although HB359 requires state matching funds at one half of the total project cost, contingent upon an equal federal match, it appears to require all of the state share to be appropriated immediately. The Bill does include some sunset language and a period of time for the state to receive a federal commitment for the federal share, but while the state waits, the funds are unavailable for other school construction needs. The number one priority of the Military Schools Task Force is ranked number 33 on the current school construction budget request, relative to the statewide need. None of the other projects were requested for fiscal year 1995 funding.

The state share of the FY95 school construction grant funds requested totals \$573,588,300. The state share of fiscal year 1995 major maintenance grant funds requested totals \$55,137,200. These amounts represent only the first year of a six year plan. Based on district estimates and Department of Labor growth projections, a minimum of \$100,000,000 of new construction is required annually to house new students.

The transfer process has been slow and tedious. In recognition of the need and desire to provide not only comparable educational programs, but also comparable educational facilities, an amendment to HB359 would remedy the concerns of the Department. A provision could be established for the submittal of project applications by each sponsoring district or by the Department of Education, which would be ranked in relative priority. The state would consider these projects relative to other statewide school facility needs. Current state law provides for a system of evaluating school construction projects. There could be a recognition of the cost sharing on a 50% basis for each project on the project application. A local contribution is required for each project. Federal funds appropriated for the upgrade and repair of schools on military installations meet the requirement for the local match, preventing burden on local tax payers and school districts. This places military dependent students on an equal basis with students statewide.

APPROVED:

Director DUNNIE GUILLEY Division SCHOOL FINANCE

Signature [Signature] Date 2/4/94

Commissioner/Deputy [Signature]

Signature JERRY COVEY Date 2/4/94

SCHOOL MAJOR MAINTENANCE AND SCHOOL CONSTRUCTION GRANT PROGRAM

Issue

This is an informational presentation about the Department of Education's capital improvement project budget request and ranking process. The State Board of Education becomes formally involved at the end of the appeals process, prior to award of any grants.

Background

By September 1 of each year, school districts requesting a capital improvement project (CIP) grant for major maintenance or school construction for the following school year must submit evidence that the proposed project qualifies as a capital improvement and not preventive or routine maintenance, and at a minimum:

- * a grant application and supporting documents for following year requests
- * a six year capital improvement plan
- * a description of the school district's fixed asset inventory; and
- * a description of the school district's preventive maintenance plan.

The department places the projects in seven categories, according to AS 14.11.013(a)(1).

1	Health/Life/Safety	5	Operational Cost Saving
2	Unhoused Students	6	Functional Upgrade
3	Protection of Structure	7	Other
4	Code Upgrade		

Categories 3 and 4 are evaluated as major maintenance grant fund requests. All other categories are evaluated as school construction grant fund requests.

After the project has been categorized, a team of several people from the department and/or other agencies evaluate projects individually, according to the criteria of AS 14.11.013(b) and an established point scale. Each project receives a point value, expressed as a percentage earned of the maximum available, by category and is prioritized within the appropriate grant fund list, highest to lowest.

The department publishes two lists of projects, a Major Maintenance Account and a School Construction Account, by November 5 and conducts a public hearing to receive oral and written comments on the priority ranking, project category, fund type, and budget by December 1. Districts must file a request for reconsideration by the hearing date. Within 15 days of the hearing, the department issues its decision on the request for reconsideration. Aggrieved districts may appeal within 15 days of the decision.

The Commissioner appoints a hearing officer within 10 days of appeal. The hearing officer schedules hearings within 15 days of his appointment and issues a proposed decision to the Board within 60 days of the appeal notice.

The Board acts on the proposed decisions at its next regularly scheduled meeting or remands the decision back to the hearing officer for further review.



Alaska State Legislature
 House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

DATE: 2/22/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 * HB 312: AIDING NONPAYMENT OF CHILD SUPPORT
 * HB 429: SPECIAL EDUCATION SERVICE AGENCY
 HB 359: APPROP: CONSTRUCT UPGRADE ON-BASE SCHOOLS
 HJR 47: FUNDS TO UPGRADE MILITARY BASE SCHOOLS
 * INDICATES FIRST PUBLIC HEARING

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Larain Torr	(SEI)					Y N	only if necessary fill
PAT MADROS	YUKON-KUYUKUK SCH DIST		99765	474-9400		* N	359
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

STATE OF ALASKA COMPUTER NETWORK VIA JUNEAU DATA CENTER TERMINAL: L137
 PRIMARY MENU PAGE 1 OF 1
 UNAUTHORIZED USE OF COMPUTING RESOURCES PUNISHABLE UNDER ALASKA CRIMINAL LAW
 ID & PASSWORD
 ASSISTANCE: JUNEAU (JDC)....(907) 465-4801 ANCHORAGE (ADC).(907) 269-6700
 NETWORK JUNEAU (JDC)....(907) 465-4801 ANCHORAGE (ADC).(907) 269-6793
 ASSISTANCE: LAA.....(907) 465-HELP FAIRBANKS.....(907) 474-5304
 UACN.....(907) 474-6306 WLN.....(800) 342-5956
 LABOR.....(907) 465-4895

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 UACN MENU (PF04)
 JDC WANG VSA/3270 (PF05)
 MDC DNR RECORDERS OF. CICS (PF06)
 WLN (PF07)

ID: PASSWORD:
 LU: L137 NEW PASSWORD VERIFY: TIME: 09:54:10
 DATE: 02/25/94

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 01
 02/25/94 15:44:40
 TCN: 40361 DATE & TIME: 02/22/94 15:00 TO 16:00 STATUS:7 STATS. IN

**** ORDER SUMMARY ****

SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERV CHAIRS: TOOHEY
 PURPOSE: PUB PUBLIC HEARING LEGISLATIVE BUNDE
 CONTACT: LYNNE SMITH TEL#: (907)465-6825
 CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 99 MINUTE LIMIT
 TCN REQUESTED ON 02/22/94 AND HAS 3 UPDATES

**** AGENDA ****

- 1 HB 362 AIDING NONPAYMENT OF CHILD SUPPORT
- 2 HB 429 SPECIAL EDUCATION SERVICE AGENCY

**** PARTICIPATING LIOS ****

* JNU JUNEAU CAPITOL CAP106 LOCATION STAFF

**** VOLUNTEER & OFFNET SITES ****

ZZZ OF1 OFFNET 1 ANCHORAGE MARY GAY (907)263-6270
 ZZZ OF2 OFFNET 2 ANCHORAGE DAVID MALTHAN (907)563-5355

PARTICIPANTS IN:JUNEAU JNU

1 REP. CYNTHIA TOOHEY TSFY. HB 362
 AK (907)000-0000
 2 REP. CON BUNDE TSFY. HB 362
 AK (907)000-0000

- * Chapter 208, SLA91 provided \$8,900,000 for the construction of a new 600 student elementary (Ladd Elementary) to serve Ft. Wainwright. A subsequent supplemental of \$1,300,000 provided completion funding. Student previously served by Aurora Elementary (K-4) and Ft. Wainwright Elementary (5-6) were relocated to Ladd.
- * Aurora and Ft. Wainwright Elementary Schools were demolished in 1992. The Department of Defense provided \$11,600,000 for the construction of a second new 600 student elementary school (Arctic Light) which took in students from Chena (PE-4) and Birch (PE-2) Elementary Schools at the start of the 1993-94 school year.
- * Birch has been turned back to the federal government and Chena is now a satellite middle school serving students in the immediate area, due to overcrowding at Tanana Middle School.

The following relate to the six year plan submitted September 1, 1993, by the Fairbanks North Star Borough School District.

- * Eielson High School Design in FY96
Construction in FY97
- * Anderson Elementary Design in FY97
Construction in FY98
- * Tanana Middle School Design in FY96
Construction in FY97



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

DATE: 2/8/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 HB 84: AK 2000 RECOMMENDATIONS
 * HB 359 CONSTRUCT/UPGRADE OUR BARE SCHOOLS
 * HB 477 FUNDS TO UPGRADE MILITARY BARRACK SCHOOLS
 * HB 391 - POSTPONED BY SPONSOR

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Capt. DENNIS R PORTER	AK Command U.S. AIR FORCE	1700 7th St W + B ELMENDORF AFB AK	99506	753 9476	557-3210	(Y) N	359
DUNE GUILLEY	DOE				5-8679	(Y) N	HJR4, HB359
Claudia Douglas	NEA-AK	114 Second, Jordan	99501		586-3090	(Y) N	CSA884
	LASS					Y N	10-11751
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

State of Alaska
Department of Education
Capital Improvement Program Budget Request
School Construction Account
for Fiscal Year 1995

This list reflects the changes
made as a result of the
November 30, 1993 hearing.

Project No.	District Name	Project Name	Amount Requested	Local Match	State Share	Aggregate Amount
1	Northwest Arctic Borough Schools	Buckland School Addition	13,677.9	1,367.8	12,310.1	12,310.1
2	Lower Kuskokwim Schools	Newtok Elementary School Addition	10,853.0	217.1	10,635.9	22,946.0
3	Bering Strait Schools	White Mountain Elementary Addition	5,053.2	101.1	4,952.1	27,898.1
4	Kashunamiut Schools	Replacement School Facility	24,745.5	494.9	24,250.6	52,148.7
5	Bering Strait Schools	Koyuk School Addition/Renovation	9,796.6	195.9	9,600.7	61,749.4
6	Unalaska City Schools	Unalaska Elementary	2,696.0	943.6	1,752.4	63,501.8
7	Southeast Island Schools	Edna Bay School Construction	1,290.5	25.8	1,264.7	64,766.5
8	Southeast Island Schools	Port Protection School	1,200.0	24.0	1,176.0	65,942.5
9	Southeast Island Schools	Hollis School Project	1,836.0	36.7	1,799.3	87,589.9
10	Northwest Arctic Borough Schools	Noorvik Elementary School Replacement	15,247.8	1,524.8	13,723.0	79,665.5
11	Craig City Schools	Craig Elementary Addition & Roof Replacement	2,685.9	268.6	2,417.3	82,082.8
12	Kuspuk Schools	Upper Kalskag: O/J Gregory Elementary	1,946.0	38.9	1,907.1	83,989.9
13	Southeast Island Schools	Craik Floating School	1,837.5	36.8	1,800.7	85,790.6
14	Mat-Su Borough Schools	Wasilla Area Elementary School	11,808.0	1,180.8	10,627.2	98,217.1
15	Alaska Gateway Schools	Tok School	895.0	17.9	877.1	99,094.2
16	Kuspuk Schools	Aniak Middle/Elementary School	5,803.4	116.1	5,687.3	104,781.5
17	Kake City Schools	Elementary & High School Life/Safety	4,930.0	246.5	4,683.5	109,465.0
18	Denali Borough Schools	Tri-Valley School Addition/Renovation Phase II	6,519.3	651.9	5,867.4	115,332.4
19	Chatham Schools	Angoon Elementary Classroom Addition	749.0	15.0	734.0	116,066.4
20	Anchorage Schools	Mountain View New Elementary	11,830.0	3,549.0	8,281.0	124,347.4
21	Southwest Region Schools	Togiak School Addition	23,977.2	479.5	23,497.7	147,845.1
22	Craig City Schools	Craig High School	9,424.2	942.4	8,481.8	156,326.9

State of Alaska
Department of Education
Capital Improvement Program Budget Request
School Construction Account
for Fiscal Year 1995

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Project No.	District Name	Project Name	Amount Requested	Local Match	State Share	Aggregate Amount
23	Lower Kuskokwim Schools	New Bethel Middle School	21,699.3	434.0	21,265.3	177,592.2
24	Chatham Schools	Gustavus: Classroom Addition	850.0	17.0	833.0	178,425.2
25	Lower Yukon Schools	Pilot Station Elementary School Replacement	3,750.0	75.0	3,675.0	182,100.2
26	Anchorage Schools	Sand Lake Area New Elementary	11,730.0	3,519.0	8,211.0	190,311.2
27	Delta/Greely Schools	Delta School Renovation and Addition	15,000.0	300.0	14,700.0	205,011.2
28	Yupit Schools	Akiachak Elementary Replacement/Renovation	5,190.0	103.8	5,086.2	210,097.4
29	Northwest Arctic Borough Schools	Ambler Elementary School Addition/Renovation	15,827.7	1,582.8	14,244.9	224,342.3
30	Bering Strait Schools	Golovin Elementary Addition to High School	5,823.6	116.5	5,707.1	230,049.4
31	Ketchikan Gateway Borough Schools	Schoenbar Junior High School	9,257.5	2,777.3	6,480.2	236,529.6
32	Anchorage Schools	West High School Addition and Renovation	8,670.0	2,601.0	6,069.0	242,598.6
33	Fairbanks N. Star Borough Schools	Eielson Air Force Base Elementary School	14,761.6	4,428.5	10,333.1	252,931.7
34	Fairbanks N. Star Borough Schools	North Pole Elementary Addition	13,603.0	4,080.9	9,522.1	262,453.8
35	Northwest Arctic Borough Schools	Kiana Elementary Replacement	17,584.1	1,758.4	15,825.7	278,279.5
36	Klawock City Schools	School Site Planning and Design	1,550.0	77.5	1,472.5	279,752.0
37	Yukon Flats Schools	Circle: Multipurpose/Classroom Addition	3,500.0	70.0	3,430.0	283,182.0
38	Yukon/Koyukuk Schools	Allakaket School Addition	1,534.7	30.7	1,504.0	284,686.0
39	Southeast Island Schools	Naukati Classroom/Multipurpose Addition	2,150.0	43.0	2,107.0	286,793.0
40	Aleutians East Borough Schools	False Pass School Addition	725.0	217.5	507.5	287,300.5
41	Southwest Region Schools	Manokotak Remodel/Expansion	15,534.4	310.7	15,223.7	302,524.2
42	Kenai Peninsula Borough Schools	New Kenai Elementary School	9,770.0	2,931.0	6,839.0	309,363.2
43	Fairbanks N. Star Borough Schools	Denali Elementary Replacement	14,819.8	4,445.9	10,373.9	319,737.1
44	Anchorage Schools	Turnagain Area New Elementary	12,455.0	3,736.5	8,718.5	328,455.6

State of Alaska
Department of Education
Capital Improvement Program Budget Request
School Construction Account
for Fiscal Year 1995

This list reflects the changes
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November 30, 1993 hearing.

Project No.	District Name	Project Name	Amount Requested	Local Match	State Share	Aggregate Amount
45	Southeast Island Schools	Coffman Cove: Building Replacement	3,815.0	76.3	3,738.7	332,194.3
46	Bering Strait Schools	Teller Elementary Addition	7,108.1	142.2	6,965.9	339,160.2
47	Yukon Flats Schools	Arctic Village, New K-12 School	2,000.0	40.0	1,960.0	341,120.2
48	Southwest Region Schools	New Stuyahok Elem. Replace /H.S. Renovation	14,178.8	283.6	13,895.2	355,015.4
49	Lower Kuskokwim Schools	Atmaultluk Elementary School Addition	4,815.0	96.3	4,718.7	359,734.1
50	Lower Yukon Schools	Kotlik Elementary School Replacement	3,750.0	75.0	3,675.0	363,409.1
51	Kenai Peninsula Borough Schools	New West Homer Elementary	10,764.1	3,229.2	7,534.9	370,944.0
52	Aleutians East Borough Schools	Akutan School Addition	2,100.0	630.0	1,470.0	372,414.0
53	Anchorage Schools	Fairview Elementary Addition/Renovation	5,950.0	1,785.0	4,165.0	376,579.0
54	Copper River Schools	Copper Center Elementary Addition	1,975.5	39.5	1,936.0	378,515.0
55	Anchorage Schools	Klatt Elementary School Addition	1,160.0	348.0	812.0	379,327.0
56	Haines Borough Schools	Middle School Addition	4,032.0	1,209.6	2,822.4	382,149.4
57	Sitka Borough Schools	Baranof Elementary Renovation/Addition	10,423.5	3,127.1	7,296.4	388,445.8
58	Anchorage Schools	Ocean View Elementary Addition	3,320.0	996.0	2,324.0	391,769.8
59	Anchorage Schools	East 68th Street New Elementary School	12,400.0	3,720.0	8,680.0	400,449.8
60	Bering Strait Schools	Elim K-12 Addition/Renovation	9,526.2	190.5	9,335.7	409,785.5
61	Anchorage Schools	Denali Elementary Addition/Renovation	3,360.0	1,008.0	2,352.0	412,137.5
62	Mat-Su Borough Schools	Talkeetna Elementary Addition/Renovation	5,241.0	524.1	4,716.9	416,854.4
63	Anchorage Schools	Turnagain Elementary School Addition	1,730.0	519.0	1,211.0	418,065.4
64	Kuspuk Schools	Crooked Creek: Johnnie John School Addition	650.0	13.0	637.0	418,702.4
65	Anchorage Schools	Chinook Elementary Addition	4,800.0	1,440.0	3,360.0	422,052.4
66	Kuspuk Schools	Lower Kalskag Elementary School Addition	750.0	15.0	735.0	422,797.4

State of Alaska
Department of Education
Capital Improvement Program Budget Request
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for Fiscal Year 1995

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Project No.	District Name	Project Name	Amount Requested	Local Match	State Share	Aggregate Amount
67	Kenai Peninsula Borough Schools	New Central Peninsula Middle/Junior High	25,040.7	7,512.2	17,528.5	440,325.9
68	Anchorage Schools	South Anchorage New Junior High	41,760.0	12,528.0	29,232.0	469,557.9
69	Anchorage Schools	Habbit Creek Elementary Addition/Renovation	3,570.0	1,071.0	2,499.0	472,056.9
70	Anchorage Schools	Russian Jack Elementary Addition/Renovation	3,790.0	1,137.0	2,653.0	474,709.9
71	Mat-Su Borough Schools	Colony Middle School Addition/Renovation	6,000.0	600.0	5,400.0	480,109.9
72	Anchorage Schools	South Anchorage New High School Planning	5,175.0	1,552.5	3,622.5	483,732.4
73	Anchorage Schools	Northwood Elementary Addition/Renovation	1,035.0	310.5	724.5	484,456.9
74	Anchorage Schools	Bartlett New Elementary	13,300.0	3,990.0	9,310.0	493,766.9
75	Hoonah City Schools	Multipurpose Facility Phase II	1,783.8	89.2	1,694.6	495,461.5
76	Anchorage Schools	Romig Jr.High School Renovation/Addition	8,665.0	2,599.5	6,065.5	501,527.0
77	Petersburg City Schools	Middle/High School Shop Addition	700.0	210.0	490.0	502,017.0
78	Fairbanks N. Star Borough Schools	District Physical Plant	2,467.0	740.1	1,726.9	503,743.9
79	Fairbanks N. Star Borough Schools	District Food Service	4,939.9	1,482.0	3,457.9	507,201.8
80	Kodiak Is and Borough Schools	Kodiak High School Classroom Upgrade	7,400.0	2,220.0	5,180.0	512,381.8
81	Lake & Peninsula Borough Schools	Vocational Classrooms	450.0	45.0	405.0	512,786.8
82	Nome City Schools	Nome-Beltz Middle School Remodel	3,880.0	388.0	3,492.0	516,278.8
83	Yukon Flats Schools	Fort Yukon: New School	13,650.0	273.0	13,377.0	529,655.8
84	Dillingham City Schools	Elementary School Addition	1,864.5	559.4	1,305.1	530,960.9
85	Lower Kuskokwim Schools	Chefornak Elementary Addition	1,000.0	20.0	980.0	531,940.9
86	Fairbanks N. Star Borough Schools	Nordale Elementary Replacement	14,752.8	4,425.8	10,327.0	542,267.9
87	Chugach Schools	Whittier Vocational Education Phase II	78.0	1.6	76.4	542,344.3
88	Yupit Schools	Consolidated High School	8,794.0	175.9	8,618.1	550,962.4

Generated December 15, 1993

State of Alaska
Department of Education
Capital Improvement Program Budget Request
School Construction Account
for Fiscal Year 1995

This list reflects the changes
made as a result of the
November 30, 1993 hearing.

Project No.	District Name	Project Name	Amount Requested	Local Match	State Sha.	Aggregate Amount
89	Anchorage Schools	Gruening Jr.High School Classroom Conversion	145.0	43.5	101.5	551,063.9
90	Anchorage Schools	Districtwide Computer/Technology Labs	7,245.0	2,173.5	5,071.5	556,135.4
91	Northwest Arctic Borough Schools	Kotzebue High School Addition	12,111.6	1,211.2	10,900.4	567,035.8
92	Kenai Peninsula Borough Schools	Nikolaevsk Gym Expansion	1,293.7	388.1	905.6	567,941.4
93	Anchorage Schools	Creekside Park Elementary Addition/Renovation	5,175.0	1,552.5	3,622.5	571,563.9
94	Anchorage Schools	Mountain View Elementary School Addition	1,450.0	435.0	1,015.0	572,578.9
95	Anchorage Schools	Martin Luther King Career Center Addition	932.0	279.6	652.4	573,231.3
96	Petersburg City Schools	Vehicle Access/North	300.0	90.0	210.0	573,441.3
97	Kenai Peninsula Borough Schools	Skyview High/Resurface Track	175.0	52.5	122.5	573,563.8
98	Kenai Peninsula Borough Schools	Soldotna High Ventilation of Pool Lockers	35.0	10.5	24.5	573,588.3
Totals for School Construction			687,394.9	113,806.6	573,588.3	

STATE OF ALASKA

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

GOLDBELT PLACE
801 WEST 10TH STREET
P.O. BOX F
JUNEAU, ALASKA 99811-0500

July 10, 1990

00717 51

Honorable Lauro F. Cavazos
Secretary of Education
400 Maryland Ave., S.W.
Washington, D.C 20202

JUL 19 1990

Dear Secretary Cavazos:

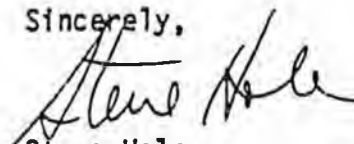
Thank you for your cooperation regarding the transfer of federally owned schools on Alaska's military reservations to the State of Alaska. Ms. Laurel Cornish of your office was especially effective at the July 22, 1990 meeting at Elmendorf Air Force Base in Anchorage.

At the request of Ms. Cornish, this office is currently revising the transfer priority list to include buildings at Adak and Ft. Greely. The list will be forwarded to your office when available.

Ms. Cornish and Dr. Nevarez of the Department of Defense suggested that the case for federal funds to implement the repairs and construction necessary to complete the transfer process will be enhanced if progress can be demonstrated. Two schools on military installations in Kodiak and Ft. Greely can be brought up to code and expeditiously transferred for a small amount of money. I encourage you to consider using presently available funds for that purpose to complete this work.

The State will cooperate as fully as possible to assure a smooth and orderly transition. I am available to meet with you or your designee at your convenience to continue this process.

Sincerely,



Steve Hole
Deputy Commissioner

cc: Governor Steve Cowper
Lieutenant General Thomas McInerney, ALCOM/CC
Lee Clune, Superintendent, Delta/Greely Schools
Rick Cross, Superintendent, Fairbanks North Star Borough Schools
Edward Gilley, Superintendent, Adak Region Schools
Carl Lamar, Acting Superintendent, Anchorage School District
John Witteveen, Superintendent, Kodiak Island Borough Schools
Dr. Hector Nevarez, Director, Dependents Support Policy, DOD
Laurel Cornish, Chief, School Facilities Branch
Office of Impact Aid, U.S. DOE
Richard Kinnear, Director, Western Region, OSD
Office of Economic Adjustment, DOD

ROUTING AND TRANSMITTAL SLIP

Date: 7/16/90

TO:

Sue Miller
Alaska State Dept. of Ed.

JUL 19 1990

Action	As requested
For your information	<input checked="" type="checkbox"/> Per Conversation
Comment	

Remarks:

Here is the material "faxed" from
Sen. McInerney.

I presume you have a copy

From:

Janet

Laurel D. Cornish, Chief
School Facilities Branch
Program Operations Division
Impact Aid Programs
U.S. DEPARTMENT OF EDUCATION
400 Maryland Avenue, S.W.
Washington, D.C. 20202-6244

Telephone No.: (202) 401-0660
FTS: 441-0660



21 TFW/LGX

Elmendorf AFB, Alaska

99506-5000

Phone # 552-2917/4278

Fax Phone - 552-2389

FROM: 21 TFW/ARM (552-4719)

TO: Laurel Cornish
"Conference Participants"

FAX NUMBER TRANSMITTING TO: 202-401-1971

NUMBER OF PAGES: 3

(INCLUDING COVER SHEET)

CONFERENCE PARTICIPANTS

U.S. DEPARTMENT OF EDUCATION

Laurel Cornish - Chief, School Facilities Branch,
Office of Impact Aid

DOD

Dr. Hector Navarez - Director, Dependents Support Policy
Richard Kinnier - Director, Western Region, OSD Office of Economic Adjustment

CONGRESSIONAL STAFF

Pat Heller, Sen Murkowski's office

STATE GOVERNOR'S REPRESENTATIVES

Steve Hole - Deputy Commissioner of Education
John Anttonen - Director of Educational Finance and Support Service
Sue Miller - Educational Finance, School Construction

STATE BOARD OF EDUCATION

Barney Gottstein, President State Board of
Education
Lt Col Matthew P. Kenney - Military Representative

STATE SENATORS

Rick Halford
Tim Kelly
Pat Pourchot
Rick Uehling +
Janet Kowakky
Fred Zharoff

STATE REPRESENTATIVES

Mark Boyer
Mike Davis +
Fawn Helms
Johnny Ellis
David Finkelstein
Ron Larson
Terry Martin

SCHOOL SUPERINTENDENTS

Rick Cross - Fairbanks
Carl Lamarr - Anchorage
John Witteveen - Kodiak

MILITARY COMMANDERS AND STAFF

Lt Gen Thomas G. McInerney - ALCOM/CC
Colonel Robert D. Clark - Vice Commander, AAC
Col Michael Connor - Assistant Division Commander for Maneuver
Capt Ernest Cummings - Coast Guard Commander - Kodiak +
LTJG Susan Workman
Col Rastus Massey - 21 CSG/CC
Col Kenneth Northamer - Garrison Commander
Lt Col Harry Cook - 343 CSG/CD
Lt Col Nate Miller - Deputy Garrison Commander

OTHERS

Capt Monica Aloisio - AAC Public Affairs
Rick Arndt - Engineering Facilities, Anchorage School District
Gary Bellville - Business Manager, Anchorage School District
Bob Chrystal - Director of Instruction, Anchorage School District
Bettye Davis - Member, Anchorage School Board
Melissa Fouse - Sen Sturgulewski's Office
Bill Frick - President, Anchorage School Board
Bill Fuller - Ft Richardson Education Office
Julie Kraft - Rep Cotton's Office
Mike Malone - Anchorage School District
Sandy Meehan - Rep Phillips' Office
Roger Porter - District 15 House of Rep Candidate
Steve Sliver - Lobbyist for Anchorage School District
Carol Stolpe - Member, Anchorage School Board
Major Steve Witt - Member, Anchorage School Board



HEADQUARTERS
ALASKAN COMMAND (ALCOM)
ELMENDORF AIR FORCE BASE, ALASKA 99506

JUL 10 1990

Mrs. Laurel Cornish
School Construction Branch
Division of Impact Aid
State and Local Educational Programs
Elementary and Secondary Education
Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Cornish *Laurel*

I want to personally thank you for your substantial contribution to our conference on upgrading the military schools. If I can be of any assistance whatsoever as we pursue the "Dole Process" to its conclusion, please don't hesitate to call.

Sincerely

A handwritten signature in dark ink, appearing to read "Tom", is written over the word "Sincerely".

THOMAS G. McINERNEY
Lieutenant General, USAF
Commander



HEADQUARTERS
ALASKAN COMMAND (ALCCOM)
ELMENDORF AIR FORCE BASE, ALASKA 99505

JUL 10 1990

REPLY TO
ATTN OF:

CC

SUBJECT:

Minutes of the Conference on Schools on Military Installations in Alaska,
June 22, 1990

TO:

Ms. Laurel Cornish

1. Lieutenant General Thomas G. McInerney, Commander, Alaskan Command, hosted a conference on schools on military installations, June 22nd, 1990, at Elmendorf AFB, Anchorage, Alaska. Purpose of the conference was to develop Alaskan legislative, U.S. Congressional, U.S. Department of Education, Department of Defense, and State of Alaska's support to finance transfer of U.S. Department of Education-owned schools on military installations in Alaska to local communities.

2. The General opened by stating his personal concern about deterioration of schools on military installations in Alaska. There are 16 schools in the Anchorage and Fairbanks areas, and one at the Coast Guard installation on Kodiak. These schools are owned by the U.S. Department of Education and serve approximately 5000 children of Army, Air Force, and Coast Guard families. He noted age of the schools, lack of major repair, and an overall cost of approximately \$50 million was needed for upgrades.

3. The General continued with discussion of an unprogrammed closure of a school at Fort Wainwright, Fairbanks, which was due to failure of an engineering condition survey. That closure led to serious consideration of postponing transfer of some Army families to the post. Also, because all schools on military bases and posts in Alaska were built at roughly the same time, the failed school at Fort Wainwright may be symptomatic of what will happen to the others. He observed that it takes two years for major renovation or construction in Alaska due to the climatic extremes. Given these considerations, he emphasized that a sense of urgency was needed with this issue.

4. Moving to a national perspective, the General discussed the commission established by Senator Dole to look into schools on military installations across the U.S. and pointed out that the final report was completed in 1987. The report set a policy that a fiscal impact analysis would be done to determine state and local resources for fixing up the schools, with the Federal government budgeting for the balance of funds where local resources were insufficient. The General stated that, quite frankly, we had not seen this policy being worked out between Federal and State agencies for Alaska. About \$50 million dollars are needed for school repairs and we were without a plan.

5. The General said he anticipated stability with the military in Alaska even in a time of national force reductions, and expected future growth here. He cited several examples of known military increases for the State, types of revenues which they would bring to the State's economy, and also emphasized schools as a major quality of life issue for military personnel.

6. He thanked the State for funding \$8.9 million for the much needed new school for Fort Wainwright. He expressed his appreciation for all present for their participation in the conference.

7. Lt Colonel Kenney, military member of the Alaska State Board of Education, was appointed by the General to be Executive Secretary for the conference, and all participants introduced themselves.

8. Laurel Cornish, representing the U.S. Department of Education (USDOE), and Dr. Hector Navarez, representing the Department of Defense, made brief opening remarks. Key in their remarks was that the Dole Commission process was working, Alaska was now at the top of the list of states, and that timing of the conference in Alaska was excellent.

9. Prior to moving into the agenda, State Representative Terry Martin pointed out that Alaska spends an enormous amount on education. That this year it spent \$658 million dollars for 104,000 students, and this reflects the importance placed on education in the State.

10. First agenda item centered on commitment of local communities to accept schools following upgrade.

11. Superintendents from Anchorage, Fairbanks, and Kodiak affirmed their commitment to accepting the schools, but all three local governments have yet to approve ownership.

12. Laurel Cornish, USDOE, affirmed her department's commitment to transfer the schools, but cautioned that Fort Greeley and Adak schools also needed to be included in the overall context of USDOE transfer in Alaska.

13. There is no State presence at Adak to accept ownership of a school. Dr Navarez, DOD, said that he would check with the Navy to see what could be done. Fort Greeley was not seen as a problem by Steve Hole, Deputy Commissioner of Education for Alaska, and the Governor's personal representative for the meeting. The Fort Greeley school was in good shape and its transfer could be worked.

14. The agenda then moved to discussion of actual costs and priorities for repair. Rick Cross, Superintendent for Fairbanks, covered costs for the schools at Fort Wainwright and Eielson AFB. Estimate is \$28.1 million in addition to the \$8.9 million being provided from the State for the new school at Fort Wainwright. Carl Lamarr, Superintendent for Anchorage, stated that repairs for Fort Richardson and Elmendorf AFB schools would be approximately \$21 million. John Witteveen, Kodiak, placed his funding requirement at \$3 million. Total working figure for overall repairs and renovations totaled \$52.1 million.

15. During discussion of costs, clarification of the two "Impact Aid" laws was given. Public Law 81-874 provides money for operation and maintenance of schools. The State of Alaska is the legal recipient for the 874 funds. The Federal government provides approximately \$3800 for each military child who qualifies under the law. Public Law 81-815 provides construction monies. However, the funds available under this law are on the magnitude of \$10 million a year for all the schools in the U.S.

16. Discussion of priorities became complicated, important factors being dependent on point of view. For example, from a superintendent's point of view, a completed school was an acceptable school. From USDOE's perspective, an appropriation or spending authority handed off to the State or local education agency as a lump sum along with deeds, would complete the process. Also, in the Washington D.C. arena, the best way to show full engagement and progress in the Dole process was transfer of facilities. Within the State, repairs are based on urgency of need.

17. Consensus was reached that Steve Hole and the State Department of Education would work with local districts to determine priorities, and would then coordinate with the USDOE to finalize a mutually acceptable priority list.

18. Local districts would appoint the State Department of Education as their executive agent, and once that was completed, USDOE would recognize the State as legal agent for discussion.

19. The agenda next turned to cost sharing. Laurel Cornish was asked to describe what occurred in Kansas, first state to use the Dole process. She reported that Kansas contributed 10 percent of needed funds, and the Federal Government 90 percent.

20. State Senator Tim Kelly, President of the Senate, stated clearly and emphatically that Alaska has just passed \$8.9 million for the new school at Fort Wainwright, and an additional two million for the schools at Anchorage, and that it had taken extraordinary effort to do that. State revenue projections were worsening, and Alaska has now already contributed about 20 percent of the needed funds. This should be a sufficient contribution from the State.

21. USDOE and DOD acknowledged the leadership role Alaska had taken in the Dole process and the degree of contribution, but were not able to commit during the conference on whether or not any additional State support would be required.

22. Laurel Cornish pointed out that one of the requirements for transfer was issuance by the military to the local agencies of land permits for the schools.

23. Discussion then began on process for obtaining funds to upgrade schools in Alaska. Laurel Cornish proposed that USDOE sponsor a special appropriation to OMB, separate and distinct from normal funding of the Department for Public Law 81-815. This proposal was immediately endorsed by Dr. Navarez who clarified that this was also separate and distinct from military construction program funding. Consensus was reached with assurances of support for USDOE from the State, military in Alaska, and DOD.

24. When asked about a timeline for a special appropriation, Laurel Cornish said she was reluctant to discuss timelines and cautioned against being too optimistic. She stated that it was a slow process and expecting action in less than 18 months would not be realistic. It would probably be late in 1990 before an appropriation could be prepared.

25. The floor was then opened for any other items or concerns. Discussion turned to who would pay for future growth. USDOE noted there is a provision in Public Law 815 for growth, but appropriations aren't assured

26. General McInerney stated that he would take the lead in creating an audit trail on the school issue by asking the Governor and other involved parties to keep him apprised of progress, information he would share or use for intervention if needed.

27. The General concluded that he considered the conference a success, we had formed a plan, a process, and were committed to it. He was optimistic that the special appropriation could be obtained and necessary upgrades of schools would be done. He again thanked the participants, and then adjourned the conference.



MATTHEW P. KENNEY, Lt Colonel, USAF
Executive Secretary

1 Atch
List of Attendees



HEADQUARTERS
ALASKAN COMMAND (ALCOM)
ELMENDORF AIR FORCE BASE, ALASKA 99505

JUL 10 1990

Honorable Lauro F. Cavazos
Secretary of Education
400 Maryland Avenue S.W.
Washington D.C. 20202

Dear Mr. Secretary

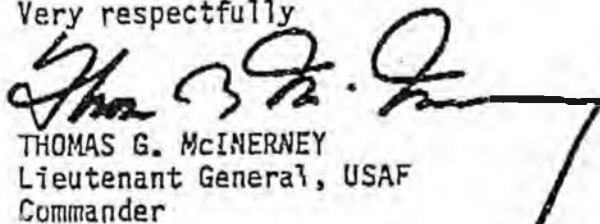
I hosted a conference here in Alaska on the 22nd of June on schools your department owns on our military installations. The Department of Education's interests were ably represented by Laurel Cornish of the Impact Aid Office.

As I am sure Ms. Cornish will brief you, the conference was a success. Her proposal that the U.S. Department of Education go forward with a stand-alone appropriation for approximately \$51 million received full support from the State, the Department of Defense, and my Command. DOD will support you in making this happen and, I am certain that the Alaskan Congressional delegations will weigh in also. Alaska has taken the lead in engaging the Dole process by providing approximately 20 percent of needed funds from its last legislative session.

As Ms. Cornish pointed out, facilities transfer helps you in showing progress in the Dole process. With that in mind, we could work with the State for upgrade and transfer of the Kodiak school if you currently have funds to invest in that specific action. Please advise me on this.

To summarize, we now have a plan and agreed upon process to eventually divest you of your schools in Alaska. I anticipate a protracted and complicated process and would appreciate it if you could have someone keep me informed as we move through it. I am ready to assist in any way possible. Please call upon me at any time.

Very respectfully


THOMAS G. McINERNEY
Lieutenant General, USAF
Commander



HEADQUARTERS
ALASKAN COMMAND (ALCOM)
ELMENDORF AIR FORCE BASE, ALASKA 99506

JUL 10 1990

Honorable Steve Cowper
P. O. Box A
Juneau, Alaska 99811

Dear Governor Cowper

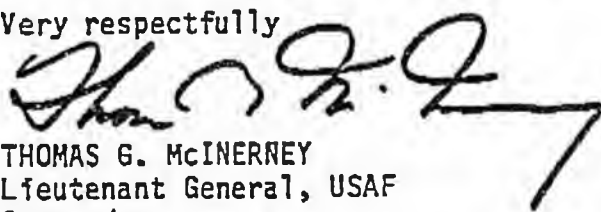
Our Conference on developing financial support for upgrading and transferring U.S. Department of Education-owned schools to local ownership was successful. Your Deputy Commissioner of Education, Mr. Steve Hole, was an excellent representative for the State and a most effective conference participant.

Essentially, the U.S. Department of Education will sponsor a special congressional appropriation of about \$51 million dollars. This will be done through the "Dole process" established by a commission Senator Dole initiated to upgrade military schools nationwide. Your Department of Education will work details and priorities within Alaska, and will be the agency to deal with the U.S. Department of Education. The Department of Defense and my Command will join the State in support of the U.S. Department of Education's appropriation.

As we are entering a protracted effort requiring extensive coordination, I would appreciate it if Steve Hole would keep my office fully informed until it is completed.

I commend the State of Alaska for taking a leadership role in helping us with the schools, and thank you for your personal support.

Very respectfully


THOMAS G. McINERNEY
Lieutenant General, USAF
Commander



HEADQUARTERS
ALASKAN COMMAND (ALCOM)
ELMENDORF AIR FORCE BASE, ALASKA 99506

JUL 10 1990

Honorable Robert Dole
United States Senate
Washington D.C. 20510

Dear Senator Dole

The process you began on construction, repair and rehabilitation of dependent schools on military installations in the U.S. has been engaged in Alaska.

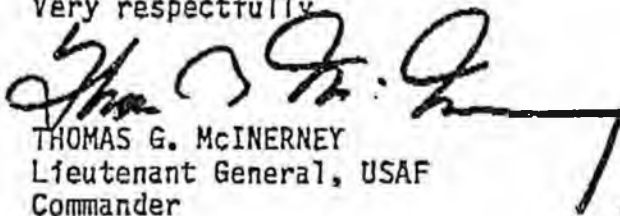
I hosted a meeting here June 22nd with the U.S. Department of Education, Department of Defense, State legislators, local superintendents, and school board members in attendance. Purpose of the conference was to arrive at a plan and timeline for upgrading 17 schools on military installations in Alaska.

The State of Alaska had already taken the lead by contributing about 20 percent of needed funds this year. This included \$8.9 million for a new school at Fort Wainwright, at Fairbanks, and another \$2 million for schools in the Anchorage area.

Remaining funds total approximately \$51 million. The U.S. Department of Education will sponsor an appropriation for this amount, and be supported in that effort by the Department of Defense, State of Alaska, and this Command.

I thank you for establishing the framework for us to use in obtaining better facilities for the children of our military families, and ask for continued assistance as the U.S. Department of Education's appropriation works its way through the system.

Very respectfully


THOMAS G. McINERNEY
Lieutenant General, USAF
Commander

HB

361

HOUSE COMMITTEE REPORT

(9)

Date Referred: January 11, 1994

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/1/94

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 361

HOUSE BILL NO. 361

APPROP: EDUCATION FUNDING

"An Act making an appropriation to the Department of Education for support of kindergarten, primary, and secondary education and community schools programs; and providing for an effective date."

RECOMMENDATIONS: [] the same title
 be replaced with _____ [] a new title

[] have attached amendments(s)

[] do pass

[] do not pass

[x] no recommendations

[] individual recommendations

[] additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____ (Dept/Date)

[] fiscal impact _____

[] fiscal note(s) _____

[] zero fiscal note _____

[] zero fiscal note(s) _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
		<i>[Signature]</i>		X	
		<i>[Signature]</i>		X	
		<i>Don Bunde</i>		X	
		<i>Harley Allberg</i>		✓	
		<i>[Signature]</i>		✓	
		<i>[Signature]</i>	X		✓
		<i>[Signature]</i>		X	

Don Bunde
 CHAIRMAN'S SIGNATURE

LTH1100-R01
03/05/94

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01
18:19:38

TCN: 40407 DATE & TIME: 03/01/94 15:00 TO 17:00 STATUS:7 STATS. IN

**** ORDER SUMMARY ****

SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: YOOHEY
PURPOSE: PUB PUBLIC HEARING LEGISLATIVE BUNDE
CONTACT: LYNNE SMITH TEL#: (907)465-6825
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 8 MINUTE LIMIT
TCN REQUESTED ON 03/01/94 AND HAS 3 UPDATES

**** AGENDA ****

- 1 HB 507 LICENSING OF OPTOMETRISTS AND PHYSICIANS
- 2 HB 472 REFERRALS INVOLVING DENTAL SERVICES
- 3 HB 361 APPROP: EDUCATION FUNDING FOR FY 95

**** PARTICIPATING LIOS ****

* JNU JUNEAU CAPITOL CAP106 LOCATION STAFF

**** VOLUNTEER & OFFNET SITES ****

PSG WRG WRANGELL LTC	LONGSHOREMEN'S	MABEL FENNIMORE	(907)874-5013
ZZZ OF1 OFFNET 1	ANCHORAGE	DR. MCGUIRE	(907)562-4142
ZZZ OF2 OFFNET 2	SOLDOTNA	DAN PITTS	(907)262-4989
ZZZ OF3 OFFNET 3	TANANA	RON DELAY	(907)366-7208



NEA-ALASKA

Affiliated with the National Education Association

^{CS}
TESTIMONY HB 361

NEA-ALASKA FEBRUARY 14, 1994

Alaska's public schools continue to struggle against the affects of inflation and increases in student enrollment.

NEA-Alaska supports at least a 5% increase in the Instructional Unit to offset inflation. We understand that declining oil prices has resulted in a decline in state revenue. It is time for Alaska to identify new sources of revenue in order to stabilize government. The services government provides its people are essential to the maintenance of health, safety and the overall quality of life in our state.

^{CS}
HB 361 establishes education as a priority for funding at this time. By insuring that the Instructional Unit is funded at least to the level of the previous year, schools can delay more cuts in the instructional program. By funding the increase in student enrollment, schools can attempt to keep up with growth. But, it must be understood that schools will still lose to inflation. In 1982-83 Alaska ranked second in the nation in pupil/teacher ratio. Ten years later the state fell to 34th in the rankings as more and more children entered the classrooms of Alaska.

NEA-Alaska understands that a funding crises exists throughout state government. We also believe that our people offer the best hope for overcoming this crisis. By educating a work force for the new decade, Alaska will be able to compete for the kinds of jobs that will bring stability to our economy.

Schools deserve priority because the dollars we invest in the children of Alaska will return untold benefits to the state.



Alaska State Legislature

House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

DATE: 2/14/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 * HCR 31: ALCOHOL RELATED BIRTH DEFECTS AWARENESS
 * HB 361: APPROP: EDUCATION FUNDING FOR FY 95

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
DOROTHY GARRETT	AEA ✓	Inlet View 1219 "N"	99501	333-7891	277-7681	(Y) N	HB361
DUANE GUILLEY	DOE				5-8679	Y N	AVAILABLE TO ANSWER QUESTIONS HB361
Suzanne Perry	DHSS			465-2071 →		Y N	Ans Ques if necessary HCR 31
Loren Jones	Div alc & Drug Abuse				465-2071	Y (N)	HB HCR 31
Glenda Cooksey						(Y) N	CS HB 361 HB 361
Carol Rose	APSB				6-1083	(Y) N	CS HB 361
Claudia Douglas	NEA-Alaska					(Y) N	CS HB 361
Deborah Smith	AMHB			465-3071 →		(Y) N	CS HB 361
						Y N	
						Y N	
						Y N	

LTN1100-R01
02/13/94

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01
16:03:43

TCN: 40304 DATE & TIME: 02/14/94 15:15 TO 17:00 STATUS:7 STAS. IN

**** ORDER SUMMARY ****

SPONSOR: HHS HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY
PURPOSE: PUB PUBLIC HEARING LEGISLATIVE SUNDE
CONTACT: LYNNE SMITH TEL#: (907)465-6825
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 3 MINUTE LIMIT
THERE WILL BE ONE BILL ON THE CALENDAR BEFORE HB 361, HOWEVER, IT SHOULD NOT
TAKE MORE THAN 15-20 MINUTES.
TCN REQUESTED ON 02/14/94 AND HAS 6 UPDATES

**** AGENDA ****

1 HB 361 APPROP: EDUCATION FUNDING FOR FY 95

**** PARTICIPATING LIDS ****

ANC ANCHORAGE	716 W 4TH. #200	LOCATION STAFF
COB CORDOVA	795 2ND STREET	LOCATION STAFF
DJT DELTA JCT.	JARVIS CTR. #210	LOCATION STAFF
DLG DILLINGHAM	KANGIQUAQ BLDG	LOCATION STAFF
FBX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
KOD KODIAK	112 MILL BAY RD.	LOCATION STAFF
KOT KOTZEBUE	333 FRONT STREET	LOCATION STAFF
SEW SEWARD	2001 SEWARD HWY	LOCATION STAFF
SIT SITKA	210 LAKE STREET	LOCATION STAFF

SOL KEN/SOL
TOK TOK
VAL VALDEZ

34824 KALIFONSKY
MF 1314 AK, HWY
STATE BLDG. #13

LOCATION STAFF
LOCATION STAFF
LOCATION STAFF

PARTICIPANTS IN: ANCHORAGE ANC

1	LARRY WIGET	ASD	TSEY, HB 361
	4600 DEBARR RD	ANCHORAGE	AK 99519 (907)269-2255
2	CHARLES MCKEE		TSEY, HB 361
	1508 W 43RD, NO 7	ANCHORAGE	AK 99504 (907)000-0000
3	CAROL HEYMAN	ANCHORAGE CHAMB	TSEY, HB 361
	441 W 5TH AVE	ANCHORAGE	AK 99501 (907)272-2401
4	WILLIE ANDERSON	NEA	OBSV, HB 361
		JUNEAU	AK 99801 (907)586-3080
5	UNNAMED WOMAN		OBSV, HB 361
			AK (907)000-0000
6	UNNAMED WOMAN		OBSV, HB 361
			AK (907)000-0000

PARTICIPANTS IN: CORDOVA COR

1 MR.	MIKE MCHONE	COR. PUB. SCHLS	OBSV, HB 361
	PO BOX 140	CORDOVA	AK 99574 (907)424-3265
2 MRS.	PATTY GRAVES	COR SCHL BOARD	OBSV, HB 361
	PO BOX 2221	CORDOVA	AK 99574 (907)424-5677
3 MS.	BECKY CHAPEK	COR SCHL BOARD	OBSV, HB 361
	PO BOX 1564	CORDOVA	AK 99574 (907)424-5356

PARTICIPANTS IN: DELTA JCT. DJT

1 MR	LEE FOSTER	EDUCATOR	TSEY, HB 361
	PO BOX 671	DELTA JUNCTION	AK 99737 (907)000-0000

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 02
 02/18/94 16:03:43
 TCN: 40304 DATE & TIME: 02/14/94 15:15 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: DELTA JCT. DJT

2 MR	WHIT HICKS		OBSV, HB 361
	PO BOX 1417	DELTA JUNCTION	AK 99737 (907)895-4998

PARTICIPANTS IN: DILLINGHAM DLG

1 MR.	DON RENFROE	DLG CITY SCHOOLS	OBSV, HB 361
	P.O. BOX 170	DILLINGHAM	AK 99576 (907)842-5223

PARTICIPANTS IN: FAIRBANKS FBX

1 MRS.	CAM CARLSON		TSEY, HB 361
	P.O. BOX 80234	FAIRBANKS	AK 99708 (907)479-2348
2 MRS.	RUTH EWIG		TSEY, HB 361
	2325 30TH AVE.	FAIRBANKS	AK 99701 (907)452-5538
3 MRS.	SUE HALL		TSEY, HB 361
	1630 WASHINGTON	FAIRBANKS	AK 99709 (907)479-5729
4 MRS.	NANCY MENDENHALL		TSEY, HB 361
	1907 YANKOVICH	FAIRBANKS	AK 99709 (907)479-2786
5 MS.	SANDRA STRINGER	FNSH MAYOR OFFIC	OBSV, HB 361
	P.O. BOX 71267	FAIRBANKS	AK 99707 (907)459-1305

PARTICIPANTS IN: JUNEAU JNU

1 REP	CON RUNDE		TSEY, HB 361
			AK (907)000-0000
2 REP	PETE KOTT		TSEY, HB 361
			AK (907)000-0000
3 REP	AL WITZKY		TSEY, HB 361

4	REP	CYNTHIA	TOOHEY	AK	(907)000-0000
					TSFY. HB 361
5	REP	IRENE	NICHOLIA	AK	(907)000-0000
					TSFY. HB 361
6	REP	HARLEY	OLBERG	AK	(907)000-0000
					TSFY. HB 361
7		TO	OBSERVE	AK	(907)000-0000
8		TO	OBSERVE		OBSV. ALL ITEMS
9		TO	OBSERVE		OBSV. ALL ITEMS
10		TO	OBSERVE		OBSV. ALL ITEMS
11		TO	OBSERVE		OBSV. ALL ITEMS
12		TO	OBSERVE		OBSV. ALL ITEMS
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17		TO	OBSERVE		OBSV. ALL ITEMS
18		TO	OBSERVE		OBSV. ALL ITEMS
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20		TO	OBSERVE		OBSV. ALL ITEMS
21		TO	OBSERVE		OBSV. ALL ITEMS
22		TO	OBSERVE		OBSV. ALL ITEMS
23		TO	OBSERVE		OBSV. ALL ITEMS
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27		TO	OBSERVE		OBSV. ALL ITEMS

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02/18/94

LEGISLATIVE TELECONFERENCE NETWORK

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TCN: 40304 DATE & TIME: 02/14/94 15:15 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU

JNU

28	TO	OBSERVE			OBSV. ALL ITEMS
29	TO	OBSERVE			OBSV. ALL ITEMS
30	TO	OBSERVE			OBSV. ALL ITEMS
31	TO	OBSERVE			OBSV. ALL ITEMS
32	TO	TESTIFY			TSFY. ALL ITEMS
33	TO	TESTIFY			TSFY. ALL ITEMS
34	TO	TESTIFY			TSFY. ALL ITEMS
35	TO	TESTIFY			TSFY. ALL ITEMS
36	TO	TESTIFY			TSFY. ALL ITEMS

PARTICIPANTS IN: SEWARD

SEW

1	MR.	MIKE	WILEY	SELF	TSFY. HB 361
		PO BOX 618		SEWARD	AK 99664 (907)224-5563

PARTICIPANTS IN: SITKA

SIT

1	SUPT.	JOHN	HOLST	SITKA SCHOOL DIS	TSFY. HB 361
		BOX 179		SITKA	AK 99835 (907)747-8622

PARTICIPANTS IN: KEN/SOL

SOL

1	MR.	JOHN	DALGREN	KEN PEN SCH DIS	TSFY. HB 361
		148 N. BINKLEY		SOLDOTNA	AK 99669 (907)262-5846

PARTICIPANTS IN: TOK

TOK

1	MS.	CATHERINE	WILSON		OBSV. HB 361
		P.O. BOX 156		TOK	AK 99780 (907)883-5151

PARTICIPANTS IN: VALDEZ

VAL

1 MR. GREG
P.O. BOX 361
2 MR. JOHN
P.O. BOX 398

WILLIAMS
TONGEN

KCHU
VALDEZ
SCHOOL
VALDEZ

OBSV. HB 361
AK 99686 (907)835-4665
OBSV. HB 361
AK 99686 (907)835-4357

CS FOR HOUSE BILL NO. 361()
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 EIGHTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Funding Information:	General Fund	\$ 7,916,600
	Other Funds	<u>791,719,250</u>
		\$799,635,850

Sponsor(s): HOUSE FINANCE COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act making an appropriation to the Department of Education for support
 2 of kindergarten, primary, and secondary education and community schools
 3 programs and for school construction debt retirement; making an appropriation
 4 from the constitutional budget reserve fund under art. IX, sec. 17(c), Constitution
 5 of the State of Alaska; and providing for an effective date."

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

7 * Section 1. (a) The sum of \$695,575,750 is appropriated from the constitutional budget
 8 reserve fund and from other funds in the amounts listed to the Department of Education for
 9 the purposes expressed and allocated in the amounts listed for operating expenditures for the
 10 fiscal year ending June 30, 1995:

11 FUND SOURCE	AMOUNT
12 Budget reserve fund (art. IX, sec. 17, 13 Constitution of the State of Alaska)	\$634,368,350

1	General fund/mental health trust income account	
2	(AS 37.14.011)	7,916,600
3	Public school trust fund (AS 37.14.110)	6,816,600
4	School fund (AS 43.50.140)	2,668,100
5	P.L. 81-874	21,806,100
6	Federal receipts other than	
7	P.L. 81-874	22,000,000
8	PURPOSE	ALLOCATION AMOUNT
9	Foundation program	\$629,938,000
10	Child nutrition/student lunch program	22,000,000
11	Cigarette tax distribution	2,668,100
12	Tuition students	1,887,600
13	Boarding home grants	355,000
14	Youth in detention	800,000
15	Pupil transportation	30,923,300
16	Schools for the handicapped	3,277,500
17	Community schools	600,000
18	Additional district support	3,126,250

19 (b) The amount allocated under (a) of this section for additional district support is
 20 further allocated to the following school districts in the amounts listed:

21	SCHOOL DISTRICT	ALLOCATION AMOUNT
22	Annette Island School District	\$165,310
23	Cordova School District	214,110
24	Craig City School District	149,450
25	Dillingham City School District	238,510
26	Galena City School District	139,080
27	Hoonah City School District	125,660
28	Hydaburg City School District	103,090
29	Kake City School District	134,200
30	Kashunamiut School District	182,390
31	Klawock City School District	147,010

WORK DRAFT

WORK DRAFT

WORK DRAFT

1	Nenana City School District	167,750
2	Nome City School District	262,300
3	Pelican City School District	57,950
4	Petersburg City School District	192,760
5	St. Mary's School District	115,900
6	Skagway City School District	124,440
7	Tanana City School District	115,900
8	Unalaska City School District	173,240
9	Wrangell City School District	198,250
10	Yakutat City School District	118,950

11 * Sec. 2. (a) The sum of \$104,060,100 is appropriated from the budget reserve fund (art.
12 IX, sec. 17, Constitution of the State of Alaska) to the Alaska debt retirement fund
13 (AS 37.15.011).

14 (b) The sum of \$104,060,100 is appropriated from the Alaska debt retirement fund
15 (AS 37.15.011) to the Department of Education for state aid for costs of school construction
16 under AS 14.11.100.

17 * Sec. 3. The appropriations from the constitutional budget reserve fund (art. IX, sec. 17,
18 Constitution of the State of Alaska) contained in this Act are made under art. IX, sec. 17(c),
19 Constitution of the State of Alaska.

20 * Sec. 4. This Act takes effect July 1, 1994.