MINUTES OF THE SENATE COMMITTEE ON JUDICIARY

Held in Room 519 S, at the Statehouse at 11:00 a.m./~~p.m.~~, on February 13, 1978.

All members were present except: Senators Steineger, Everett, Hein, Mulich and Parrish.

The next meeting of the Committee will be held at 11:00 a.m./~~p.m.~~, on February 14, 1978.

~~The minutes of the meeting held on ______ 19__ were considered, corrected and approved.~~

Elwaine F. Pomeroy
Chairman

The conferees appearing before the Committee were:

Randy Hearrell - Kansas Judicial Council
Alice V. Mehling - Society For The Right To Die, New York
Charles Huston - Private Citizen

Staff present:
Art Griggs - Revisor of Statutes

Senate Bill 864 - Appeals under the Kansas water appropriation act. Randy Hearrell appeared in support of the bill, explaining that this was a "cleanup" bill recommended by the Kansas Judicial Council, as the aftermath of court unification. Following committee discussion, Senator Berman moved to report the bill favorably; Senator Gaines seconded the motion, and the motion carried.

The chairman called the attention of the committee to the letter from David Fromme, a copy of which is attached hereto.

Senate Bill 866 - Court appeals in limited actions. Following committee discussion, Senator Berman moved to report the bill favorably; Senator Hess seconded the motion, and the motion carried.

Senate Bill 863 - District courts, carrying out of appellate court judgments and decrees. Following committee discussion, Senator Simpson moved to report the bill favorably; Senator Gaines seconded the motion, and the motion carried.

Senate Bill 862 - Labor organizations purchasing and conveying real estate. Following committee discussion, Senator Simpson moved to report the bill favorably; Senator Gaines seconded the motion, and the motion carried.

Senate Bill 297 - Natural death act. Senator Simpson, one of the authors of the bill, presented background information concerning the bill, and discussed the interim committee study of the subject. He introduced Alice Mahling from New York, representing the Society For The Right To Die. She testified in support of the bill, and

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

Minutes of the Senate Committee on Judiciary February 13, 1978.

SB 297 continued -

distributed a statement and attached material; copies are attached hereto. Following her presentation, the committee discussed various aspects of the bill with her.

The announced that Vincent DeCoursey would have appeared in opposition to the bill, but had telephoned to say that he was snowbound, and would be mailing a written statement to be distributed to the committee.

Charles Huston appeared in support of the bill. He related his personal reasons for supporting the bill, and stated that his doctor and minister are in favor of such a bill.

The meeting adjourned.

These minutes were read and approved by the committee on 4-4-78.

2-13-78

GUESTS

SENATE JUDICIARY COMMITTEE

NAME	ADDRESS	ORGANIZATION
[illegible] M. Hearell	Merchants Bank	Kansas Fund Council
Alice V. Mihly	New York	Society for the Right to die
Mark A. Miller	Topeka	Sen. Simpson aide
[illegible]	Topeka	Self

2-13-78

LAW OFFICES
WEEKS, THOMAS, LYSAUGHT, BINGHAM & MUSTAIN
CHARTERED
407 CAPITOL FEDERAL BUILDING 95TH AND NALL
BOX 7109
OVERLAND PARK, KANSAS 66207
AREA CODE 913
642-7770

LEE E. WEEKS
LEONARD O. THOMAS
J. D. LYSAUGHT
ROBERT H. BINGHAM
MILES D. MUSTAIN
GEORGE MAIER, JR
ROGER D. STANTON
JON C. CHRISTLIEB
ERVIN G. JOHNSTON
CHARLES O. THOMAS
LARRY E. BENSON
DAVID K. FROMME
RONALD C. NEWMAN
DAVID L. HIGGINS
JAMES P. ZAKOURA
HOWARD L. ROSENTHAL
JOHN A. PRICE
DONALD C. RAMSAY
MONTI L. BELOT
LEE M. SMITHYMAN
JAMES R. CALLAHAN
JAMES E. MARTIN
KEITH D COHEN

ARTHUR J. STANLEY
(1874-1967)
J. E. SCHROEDER
(1905-1967)
RICHARD MILLSAP
OF COUNSEL

WYANDOTTE COUNTY OFFICE
HOME STATE BANK BUILDING
MINNESOTA AT FIFTH
BOX 1028
KANSAS CITY, KANSAS 66117
321-7500

February 10, 1978

Hon. Elwaine F. Pomeroy, State Senator
Eighteenth District
1415 Topeka Avenue
Topeka, Kansas 66612

Re: SB 866

Dear Judge Pomeroy:

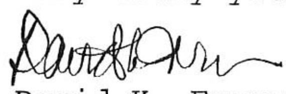
I appreciated your phone call and have received the printed SB No. 866, and your note that the matter is to be heard February 13. I appreciate your prompt action.

The printed bill would solve one of the problems we brought to your attention, by bringing the appeal time for Chapter 61 actions in line with the appeal time in other district court actions.

There was a second aspect or problem involved, which the bill does not cover. Since the passage of K.S.A. 60-258, the appeal time for most judgments of the district court is fixed by the filing of a readily identifiable form. The problem is that this provision is not carried over into the limited actions part of the code and those who have gotten accustomed to the form in Chapter 60 cases, may be trapped when they assume the same will be true in their Chapter 61 case. K.S.A. 61-1722 appears to be the provision covering judgments in Chapter 61 cases. The considerations of simplicity and speed as to Chapter 61 actions would not seem to be affected by requiring the use of the judgment form in Chapter 61 cases. It may be that K.S.A. 61-1722(a) could be replaced by a provision similar to K.S.A. 60-258.

Thanks for your attention to this matter.

Very truly yours,



David K. Fromme
for
WEEKS, THOMAS, LYSAUGHT, BINGHAM & MUSTAIN
CHARTERED

DKF:nlc
cc: Donald Vasos
Phil Lorton

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HEARINGS OF THE SENATE JUDICIARY COMMITTEE

OF THE STATE OF KANSAS

RE: S.B. 297 & Proposal 41 February 13, 1978

STATEMENT OF ALICE V. MEHLING
EXECUTIVE DIRECTOR
SOCIETY FOR THE RIGHT TO DIE

Thank you for inviting the Society for the Right to Die to participate in deliberations on "Death with Dignity" legislation for the benefit of the citizens of Kansas. It is rewarding to be part of a process which is giving such judicious consideration to such legislation: by the sponsors of S.B. 297, Senators Simpson and Winter; by the Kansas Legislative Research Department; by the Special Committee on Judiciary-B in its earlier studies and by the current work of this Committee.

As spokesman for the Society for the Right to Die, it was my privilege to give testimony last October at Special Judiciary Committee hearings. At that time eight right-to-die laws had been enacted and bills introduced in 41 state legislatures. I am assuming that copies of my earlier testimony have been made available to the members of this Committee and that you have also received copies of the Society's 1977 Legislative Manual.

The 1978 legislative sessions are now underway, and 25 state legislatures are already considering right-to-die legislation.

To supplement my earlier statement I would like to address two areas: What has been the experience in California since the California Natural Death Act went into effect in January, 1977? What are the principal provisions of a right-to-die bill, based on the Society for the Right to Die's study of bills which have been introduced in the past 10 years.

Just before coming to Topeka I read an address by Assemblyman Barry

Keene of California, sponsor of AB 3060, who spoke before the New York Academy of Sciences in November. He said that the California Natural Death Act has "progressed beyond infancy towards restoring individual dignity and security to the terminally ill."

As has been true with legislators in other states, Assemblyman Keene introduced A.B. 3060 because of his own personal experiences and his observances of what a dehumanized dying process can mean. Chairman of the Assembly Health Committee in California, he was also aware of what institutionalized medicine, specialization and "subspecialization" can mean in terms of the human needs of the terminally ill: the "cure" orientation of medicine as opposed to the "care" orientation of medicine. Today 80% of patients die in institutional settings where, in his words, "death is not viewed as a natural event but a technological failure."

He had become very concerned with the plight of the dying person: "mechanical maintenance without medical purpose, wrists restrained by leather bonds so that tubes cannot be removed, potentially cotinuous pain and the ultimate indignity of having one's remaining days controlled by strangers."

Whe he introduced A.B. 3060, he knew that certain individual rights had already been enunciated in the courts: the doctrine of informed consent, the right to refuse treatment, the Constitutional right of privacy. But he knew that the law had not provided an effective mechanism for exercising these rights.

In his words: "Having a right without power to exercise it leaves (the patient) at the mercy of a chaotic, ill-defined, ad hoc decision-making process that will decide for him when enough is enough."

"The absence of a defined process for asserting the right to refuse thoughtlessly prescribed or medically meaningless treatment...(creates) a

degree of helplessness that will overwhelm even the most strongly-willed patient."

The purpose of the California law was to assert these fundamental rights.

Assemblyman Keene speaks very frankly about the partial "disablement" of the Natural Death Act during the "high risk" legislative process. He said: "The need to enact legislation had to be balanced with the demand for crippling amendments. Forces coalesced to lower our expectations."

He spoke of the problem legislators had in tackling this sensitive issue. He found the most intense objection and concern to such a law centered around the so-called "wedge" theory, that such a law opens the door to mercy killing

As he points out, the "wedge" argument faills to consider the voluntariness of the patient's request. "We do not determine for someone; they determine for themselves. The decision is not even whether someone should die, but how."

Of course, the California Natural Death Act has not resulted in mercy killing. This is what Assemblyman Keene says has happened:

"The experience with the act since its passage indicates that the initial judgment to proceed with legislation was a sound one, notwithstanding the Act's weaknesses." What does he say it has accomplished?

A. It has clarified the right of the terminally ill to refuse treatment and has offered protection to several classes of people.

1. The person who is heavily sedated or comatose and thus cannot communicate his right to decline medical intervention.

2. The physically-disabled person, who though fully conscious is treated, or feels as if he is treated, in a custodial situation where the nature of treatment causes the patient to wonder if he has any rights left to exercise.

3. The patient who communicates his wishes to have life-support procedures terminated to his physician but the physician is in doubt as to whether the patient is at that point sufficiently lucid.

4. The person whose physician is caught between conflicting pressures of hospital policy or colleagues or whose physician refuses to pay attention to his wishes.

5. The person who finds it difficult to communicate with his physician.

B. For the physician, the Natural Death Act has clarified the state of the law regarding terminating life-supporting systems on dying patients.

If has allayed fears of malpractice litigation.

It appears that the Act may be strengthening the physician-patient relationship. In a recent survey by the California Medical Association more than half the physicians stated that the Act had been useful to them in their practice. "Several respondents mentioned that the act provided a mechanism for patients to communicate with their physicians and also has served to bring the subject 'out of the closet' making possible open discussion between patients and their families.

The Act has drawn attention to the need to treat the terminally ill as persons, not patients. It has focused attention on the appropriate and inappropriate application of our medical technology.

"What is most important is how the Act affects the tens of thousands of Californians who have come in contact with the Act or have requested copies of the Directive, Assemblyman Keene says and concludes:"The Natural DEath Act represents symbolically that legislative bodies can achieve progress in an area which most thought impossible."

I should like to turn now to the principal provisions of a Right-to-Die Act.

Principal Provisions of a Right-to-Die Act

1. Preamble (optional). Stating legislative findings as intent of Act.
2. Definition of terms.
3. Declaration or Directive
4. Revocation procedures
5. "Proxy" provision
6. "Good faith" proviso to relieve physicians and health care professionals of liability for acting in accordance with a declaration.
7. Penalties for abuse including: 1) requirement that patient's declaration be honored, and 2) penalties for falsification or destruction of declaration or revocation.
8. Provision to protect health care coverage and insurance
9. Provision for distribution of declaration.

The chief assumption of a right-to-die act is that the wishes of the declarant should be paramount. This is accomplished by an advance declaration of intent, which is legally binding: a signed and witnessed document, executed voluntarily by an adult on his or her own behalf, directing that in the event of a terminal condition, as diagnosed by two physicians, medical intervention which will prolong dying will not be utilized and only those medical procedures and medication necessary to relieve pain and to provide comfort care will be utilized.

An advance declaration executed at any time should be legally binding in the event of a terminal condition (as certified by at least two physicians) as compared to the California statute which stipulates that the document is legally binding only if executed 14 days after diagnosis of a terminal illness or injury.

Current law does not clearly designate procedures for the withholding of withdrawal of medical treatment from persons who are comatose, incompetent

or otherwise unable to give directions. Only by executing a legally binding instrument in advance can a person be reasonably assured of adequate protection and that their wishes will be followed.

The document must be witnessed by two adults who attest to the declarant's signature as in a Last Will and Testament. (Witnessing procedures in the California statute are so restrictive that all family members are excluded.)

There is no need to limit the length of time the declaration is valid. A good bill contains ample provision for revocation. Just as a will of property is effective until revoked so the Directive should remain effective until revoked. Revocation procedures should be simple: in writing, by destroying the declaration or directive or by contrary indication expressed in the presence of adult witnesses.

The Society suggests a "proxy" provision as part of a right-to-die act, whereby an individual appoints in advance a person or persons to accept or refuse medical treatment on his or her behalf in the event of becoming a terminal patient and incapable of making such decisions. The "proxy" provision could be part of the declaration as in Oregon S.B. 891 (not enacted) introduced last year (see _1977 Legislative Manual_). It could also be a separate document as in "Appointment of Agent for Medical Treatment Decision" as contained in the 1978 Michigan bill H.B. 5778 (attached).

The physician should be required to honor the patient's declaration and if unable or unwilling to do so should be obliged to transfer the patient to a physician who will. (This is contained in the California law.)

A physician who certifies a terminal illness or acts in accordance with a declaration is presumed to be acting in good faith. Unless it is alleged and proved that his action violated the standard of reasonable professional care and judgment under the circumstances he is immune from civil or criminal liability for such action.

At hearings last October, Dr. Hudson suggested that protection for minors should be considered for inclusion in a right-to-die act. There are varying opinions within the Society as to such a provision. However, I believe that the provision on minors in the newly enacted New Mexico statute provides sufficient safeguards to prevent abuse, at the same time offering protection to minors. I would give one word of caution. One of the bills introduced in 1978 contains a provision concerning minors. Whereas the New Mexico law provides for a guardian _ad litem_ while court certification of the document takes place it is only _ad litem_. The 1978 Wisconsin bill calls for a court-appointed guardian and excludes all family members from such appointment. Family members are those with the greatest possible concern and the Society has serious reservations about such exclusion.

HOUSE BILL No. 5778

December 7, 1977, Introduced by Reps. Hollister, Campbell, Gilmer, Jondahl, Evans, Mary C. Brown, Burkhalter, Bullard, Cushingberry, Padden, Forbes, Powell, Ostling, McNamee and Nash and referred to the Committee on Public Health.

A bill to confirm the right to accept or refuse medical treatment; to provide for the appointment of agents and prescribe their powers and duties; to prescribe certain criminal and civil liability; and to provide for certain immunities.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. This act shall be known and may be cited as the "medical treat-
2 ment decision act".
3 Sec. 2. As used in this act:
4 (a) "Adult person" means a legally competent individual who has attained
the age of majority.
6 (b) "Age of majority" means the age prescribed in section 2 of Act No.
7 79 of the Public Acts of 1971, being section 722.52 of the Michigan Compiled
8 Laws.
9 (c) "Agent" means a legally competent person who has attained the age

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1 of majority, has been designated in accordance with section 3, and certifies
2 a willingness to act in accordance with section 4.
3 (d) "Medical treatment" means a medication, surgical procedure, mechani-
4 cal life-support system, or other medical therapeutic procedure or device
5 administered by a physician or performed by another health care professional
6 under the direction of a physician.
7 Sec. 3. (1) An adult person has the right to accept or refuse medical
8 treatment in accordance with that person's wishes or desires. This right
9 includes a refusal of treatment which would extend the person's life.
10 (2) An adult person may appoint an agent in accordance with section 4
11 who will act on behalf of the appointor if, due to a condition resulting from
12 illness or injury and in the judgment of the attending physician, the appointor
13 becomes incapable of making a decision in the exercise of the right to accept
14 or refuse medical treatment. An agent appointed pursuant to this section shall
15 be a person who has attained the age of majority and who certifies a willing-
16 ness to act as an agent in accordance with section 4.
17 Sec. 4. (1) An adult person may appoint an agent to accept or refuse
18 medical treatment on behalf of the appointor by signing a document to that
19 effect in accordance with this section. An adult person may appoint alternate
20 agents to serve if the first named agent is unavailable. Only a single agent
21 shall have authority for medical decision making at a time. The order of
22 authority shall devolve to alternate agents in the order prescribed in the
23 document.
24 (2) The document shall conform to the following form:
25 "Appointment of Agent for Medical Treatment Decision
26 I, the undersigned, this_____day of__________, 19___, being of sound mind,
27 wilfully and voluntarily appoint______________________________, whose address

1 is______________________, ______________________, to accept or
1a street and number city and state
2 refuse medical treatment upon my person in the event that due to a condition
resulting from illness or injury, and in the judgment of the attending physi-
4 cian, I become incapable of making a decision in exercise of my right to accept
5 or refuse medical treatment.

6 If the appointee named in the preceding paragraph is unavailable to make a
7 decision, I appoint______________________, whose address is__________
8 ______________________,______________________, as an alternate
8a street and number city and state
9 agent to make the decision.

10 Signed______________________

11 Address______________________

12 The person signing this document is known to me, and I believe him or her to
13 have wilfully and voluntarily signed this document.

14 Witness______________________ ______________________
14a date
15 Witness______________________ ______________________
15a date
16 Agent's signature______________________
17 ______________________
17a date
18 Alternate agent's signature______________________
19 ______________________
19a date ".

20 (3) The adult person appointing an agent or an agent and 1 or more
21 alternate agents in accordance with subsection (2) shall prepare copies of the
22 document for each appointee. After the appointor individually signs each copy
and the signature is witnessed, the copies shall be presented to the agent and
24 alternate agents. Upon signing the document, the agent shall be eligible to
25 assume the authority to make decisions regarding the appointing person's medi-
26 cal treatment, if in the judgment of the attending physician the adult person
27 becomes incapable of making the decisions. One copy shall be kept by the

1 adult person making the appointment and each agent or alternate agent. A
2 duplicate of the signed copies may be given to a physician or to other persons
3 according to the wishes of the adult person making the appointment. The agent
4 may refuse to accept this authority, at any time following receipt of the docu-
5 ment, by writing a statement to that effect on the document and returning the
6 document to the appointing person. If the originator of the document comes
7 into the care of a physician who does not possess a copy, and the conditions
8 for effectuating the agreement are considered to be present, the agent or alter-
9 nate agent shall provide the attending physician with a copy of the signed
10 agreement. The physician shall make the document a part of the medical record.
11 (4) For purposes of subsection (3), if the person making the appointment
12 is institutionalized in an extended care facility or nursing home, the witnesses
13 shall not have a proprietary interest in, nor be employees of, the facility.
14 Sec. 5. An adult person who makes an appointment by signing a document
15 described in section 4 may revoke the appointment at any time, regardless of
16 mental state or competency, by writing a statement of revocation, by defacing
17 or destroying the document, or by making an oral statement in the presence of 2
18 or more witnesses. A person who has knowledge of a revocation shall notify the
19 attending physician, the agent, and the alternate agent.
20 Sec. 6. (1) An agent authorized under section 4 to make a decision re-
21 garding the acceptance or refusal of medical treatment for another adult person
22 shall not be civilly or criminally liable for the act of accepting or refusing
23 medical treatment, as well as the consequences of the act, as long as the in-
24 structions do not violate this act or the criminal laws of this state.
25 (2) An agent shall not be civilly or criminally liable for failure to
26 observe a revocation made pursuant to section 5 unless that agent had actual
27 knowledge of the revocation.

1 Sec. 7. (1) An adult person may sign an advisory document providing in-
2 structions for his or her medical treatment under specified circumstances.
3 The advisory document shall be signed by the adult person and placed in the
4 possession of the agent appointed in accordance with section 4, a spouse or
5 relative of the person, the person's physician, or others in accordance with
6 the wishes of the originator of the document. An adult person who signs a
7 document appointing an agent in accordance with section 4 need not sign an
8 advisory document as described in this section. An adult person who signs an
9 advisory document as described in this section need not sign a document
10 appointing an agent as described in section 4. If the originator of an advisory
11 document comes into the care of a physician who does not possess a copy of
12 the advisory document and the originator is judged by the attending physician
13 to be incapable of making decisions, the agent or any other person who has a
14 copy of the advisory document may provide it to the attending physician, who
15 shall make the advisory document a part of the medical record.
16 (2) A person shall not be civilly or criminally liable for failure to act
17 in accordance with an advisory document providing instructions for the accept-
18 ance or refusal of medical treatment. An advisory document is evidence of the
19 adult person's wishes and interests, but shall not obviate the necessity of a
20 decision to accept or refuse medical treatment made by another in behalf of an
21 adult person incapable of making a decision.
22 (3) An adult person who signs an advisory document may revoke it at any
23 time, regardless of mental state or competence, by writing a statement of
24 revocation, by defacing or destroying the document, or by making an oral
25 statement in the presence of 2 or more witnesses.
26 (4) If an agent is not appointed, a physician shall not be held liable
27 for acting in accordance with an advisory document, if the instructions of the

1 advisory document do not violate this act or the criminal laws of this state.
2 Sec. 8. A person who falsely represents himself or herself as an agent
3 appointed pursuant to section 4, or who, previously having been appointed as
4 an agent, knowingly conceals a revocation of that appointment carried out pur-
5 suant to section 5, and who gives instructions for the refusal of medical
6 treatment with the intent of hastening the person's death, is liable for prose-
7 cution for unlawful homicide.
8 Sec. 9. (1) A person shall not be required to appoint an agent in
9 accordance with section 4 or sign an advisory document in accordance with sec-
10 tion 7 as a condition for the issuance of a life or health insurance policy or
11 as a condition for receiving health care services.
12 (2) Signing a document pursuant to section 4 or section 7 shall not
13 restrict the sale, procurement, or issuance of a policy of life insurance, nor
14 shall it be considered to modify the terms of an existing policy of life insur-
15 ance. A policy of life insurance shall not be impaired or invalidated by the
16 withholding or withdrawal of medical treatment in accordance with this act,
17 notwithstanding a term of the policy to the contrary.
18 Sec. 10. (1) The death of an adult person which results from or follows
19 the withholding or withdrawal of medical treatment in accordance with this act
20 shall not constitute a suicide.
21 (2) This act shall not be construed to condone, authorize, or approve
22 mercy killing or suicide.
23 Sec. 11. (1) A physician or other health care professional acting under
24 the direction of a physician who administers, withholds, or withdraws medical
25 treatment upon the request of a person reasonably believed to be an agent
26 appointed by the patient pursuant to this act shall not be civilly or criminally
27 liable for the act of administering, withholding, or withdrawing the medical

1 treatment if the request of the agent does not violate this act or the criminal
2 laws of this state. The burden of proof regarding the reasonable belief of the
3 physician or other health care professional acting under the direction of a
4 physician shall be upon the person contesting the reasonable belief.
5 (2) A physician or other health care professional acting under the direc-
6 tion of a physician who fails to observe a refusal of medical treatment by the
7 agent of an adult person appointed pursuant to this act shall be legally liable
8 in the same manner and degree as would have been the case if that adult person
9 had been capable of making the decision and had refused the treatment in his
10 or her own right under similar circumstances.
11 Sec. 12. Health care personnel shall not be required to participate in
12 the treatment or care of a patient in accordance with this act which they find
13 morally objectionable, if they withdraw from the case and inform the patient
14 and other available health care personnel of their withdrawal and make a
15 reasonable attempt to find replacements.
16 Sec. 13. This act shall not affect the rights of a person who has not
17 signed a document to accept or refuse medical treatment.

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SOCIETY FOR THE RIGHT TO DIE

250 West 57th Street, New York, N.Y. 10019 • (212) 246-6973

1978 RIGHT-TO-DIE LEGISLATION

	Bill #	Sponsor	In Committee:
ALASKA	H.B. 632	Mike Miller & Lisa Rudd	Health, Education, Social Services and Judiciary
COLORADO	H.B. 1029	Charles B. Howe et al	Judiciary
DELAWARE	H.B. 2	C. Leslie Ridings Jr.	Health and Social Services
FLORIDA	H.B. 8	Donald F. Hazelton	Health & Rehabilitation
GEORGIA	H.B. 1258	J. Roy Rowland et al	Health & Ecology
	H.B. 51 (1977)	Vinson Wall et al	Health & Ecology
	S.B. 322 (1977)	John C. Foster et al	Judiciary
HAWAII	H.B. 36	Richard Garcia et al	Judiciary & Health
	H.B. 485	Herbert A. Segawa et al	Judiciary & Health
	H.B. 445	R. Garcia & K. Yamada	Judiciary & Health
	S.B. 353	Duke Kawasaki et al	Judiciary
IOWA	S.B. 81	Richard R. Ramsey	Judiciary
KANSAS	S.B. 297	Wint Winter & John M. Simpson	Judiciary
KENTUCKY	H.B. 195	Gross C. Lindsay	Health & Welfare
MASSACHUSETTS	H.B. 840	Nils L. Nordberg	Judiciary
MICHIGAN	H.B. 5778	David C. Hollister et al	Public Health
MINNESOTA	S.B. 84	John Keefe et al	Judiciary
MISSISSIPPI	H.B. 478	Hainon Miller	Pensions, Welfare & Health
	S.B. 2125	James E. Molpus	Judiciary
MISSOURI	H.B. 1019	Vic Downing et al	Judiciary
NEBRASKA	L.B. 400	Wally Barnett Jr.	Judiciary
NEW JERSEY	A.B. 481	John H. Froude	Judiciary
NEW YORK	S.B. 4841	Franz Leichter	Health
	S.B. 2175	Albert B. Lewis	Health
	A.B. 2383	Alan G. Hevesi et al	Health
OHIO	H.B. 516	Michael P. Stinziano Arthur V.N. Brooks	Judiciary
OKLAHOMA	H.B. 1334	Ross Duckett David C. Craighead	Judiciary
PENNSYLVANIA	S.B. 1110	Edwin G. Holl	Law & Justice
RHODE ISLAND	H.B. 5396	Bruce B. Daniel	Judiciary
SOUTH CAROLINA	S.B. 197	Hyman Rubin & Thomas Wise	Passed Senate
	H.B. 2419	Patrick B. Harris et al	Judiciary
TENNESSEE	H.B. 132	Paul C. Scruggs	Passed House
	S.B. 966	Marshall T. Nave	
WASHINGTON	H.B. 252	A.A. Adams et al	Passed House
	S.B. 2477	Sue Gould et al	Social & Health Services