

Approved 2-25-86  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Roy M. Ehrlich at  
Chairperson

10:00 a.m./~~p.m.~~ on February 19, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Bill Wolff, Legislative Research  
Norman Furse, Revisors Office  
Clarene Wilms, Secretary

Conferees appearing before the committee:

Senator Jack Steineger  
Barbara Gill, Co-ordinator, Cardiac Transplant Program, University of Kansas  
Medical Center  
Donald E. Cross, M.D., Midwest Organ Bank, Kansas City, Missouri  
Carol Whitten, Heart Transplant Co-ordinator, St. Francis Hospital, Topeka  
Steve Vogelsang, Technical Director, Wichita Regional Tissue Bank, Wichita  
Ingo Angermeier, Administrator, Asbury Hospital, Salina  
Jean Jones, Executive Director, Kansas Eye Bank - presented written testimony  
by Theodore Lawwill, M.D.  
Jane Warmbrodt, Director, Professional Education, Midwest Organ Bank,  
Kansas City, Missouri  
Pam Rhoads, Kidney transplant recipient  
Eugene and Margaret Scheer, donor parents  
Jim Snyder, father of kidney transplant recipient  
Written testimony from Stephan Ryan, Ryan Mortuary, Salina  
Written testimony from Wilson H. Beebe, Assistant Executive Director, New  
York State Funeral Directors Association  
Tom Bell, Kansas Hospital Association  
Rita Wolf representing Secretary Barbara Sabol, Department of Health & Environ.  
Written testimony from Terri Rosselot, RN, Executive Director, KSNA  
Others attending: See attached list

Chairman Ehrlich introduced Bob Mullin, Administrator and Larry Tobias, Chairman of Hospital Board, Hospital District No. 1, Rice County, Lyons, KS and welcomed them to the committee meeting.

Senator Jack Steineger spoke in support of SB-532 stating that Kansas has been a leader in the organ transplant field. The Kansas Eye Bank of Topeka, Red Cross Tissue Bank of Wichita, and the Midwest Organ Bank are already in operation but the demand for organs exceeds the supply. It is felt that people would be willing to donate if asked. This bill would mandate requests. A similar bill is pending in the Missouri Senate and efforts to co-ordinate bills from the two states are being made.

Barbara Gill testified that Kansas was the 19th state in the country to enter the transplant program. The heart transplant rate of survival in Kansas is 92%. The program is dependent on donations, consequently public awareness will result from educational programs. Ms. Gill stated that tissue needs should be included with the wording of organ transplants. The support of the legislature and a law similar to SB-532 would enable professionals to be more comfortable in approaching families regarding donations. Questions were voiced concerning line 27 since the attending physician is the only person available to make the determination of death. Ms. Gill stated problems with lines 33-34 feeling that lines 46-47 covered the situation. Lines 36-37 were a problem because many times they do not have the religious preference available and would not know without a polite request anyway. Lines 63-68 should not apply since no hospital would be without the facilities to harvest tissue. The University of Kansas Medical Center supports "required request" opportunity from the legislation. Policies and procedures need to be established and distributed to all health care facilities to enable them, through educational processes, to follow procedures of how to notify an organ bank,

If the specifically identified individual remarks reported 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 PUBLIC HEALTH AND WELFARE,

room 526-S, Statehouse, at 10:00 a.m./~~pm~~ on February 19, 1986

how to recognize a potential donor, how to deal effectively and compassionately with potential donor families.

Senator Hayden's pages from Johnson City, Kansas were introduced.

Donald E. Cross, testified and presented written testimony. Attachment I It was stated that families are often willing to give consent for organ donation if the issue is mentioned to them at a time when they can consider the option.

Carol Whitten expressed support for the "required request" bill. Ms. Whitten felt all requests should be documented including those where the request is denied.

Steve Vogelsang testified and presented written testimony concerning SB-532. Attachment II Mr. Vogelsang stated that needs far exceed demands and that "required request" is of great importance if the procurement of organs in Kansas are to meet the growing need. Suggested changes are outlined in his written testimony. An educational video tape produced by the Red Cross was presented to the committee for examination. Attachment II-a - on file separately with minutes in Legislative Admin. Services. (microfilm cabinet) Ingo Angermeier testified in support of SB-532. Mr. Angermeier stated that his hospital has adopted the "required request" and found that people did respond. His hospital functions mainly as a harvester of organs. Tissue and bone is consumed by the area due to the fact that the rural population is aging and that demineralized bone is used with the glue in joint replacements. This addition extends the life of 5-8 years to beyond 20 years. Donor cards were distributed to the committee members.

Jean Jones presented written testimony from Theodore Lawwill, M.D. Attachment III Concerns relating to SB-532 and the manner in which tissue is dealt with were expressed by Dr. Lawwill. Many times eyes can be used when other organs cannot be used.

Jane Warmbrodt testified and presented written testimony supporting the concept of SB-532. It was stated that lack of cooperation and participation are the biggest obstacles with the program. Changes Ms. Warmbrodt felt were needed in SB-532 are detailed in Attachment IV.

Mr. and Mrs. Greg Reser testified concerning the heart transplant received by their small son one year ago. It was stated that although their son still takes medication daily, transplants are becoming viable treatment and they have a healthier child at this time.

Pam Rhoads testified that she received a kidney transplant 8 years ago and has been able to raise her two children. Mrs. Rhoads stated that in her opinion many people would donate if they were offered the opportunity.

Eugene and Margaret Scheer, a donor family, testified briefly and presented written testimony. Attachment V

Jim Snyder testified that his son was a recipient of a kidney transplant. Mr. Snyder stressed the fact that families need to be made aware that some types of donations will affect the remains and the viewing process. Written testimony from Stephan Ryan stating concerns as related to the funeral director, was also presented to the committee. Attachment VI Written testimony from Wilson H. Beebe, expressed concern of the Funeral Directors Associations pertaining to procedures and problems involved. Attachment VII

Tom Bell testified in support of the concept of SB-532. Mr. Bell stressed the need for an educational program and concurred with ideas previously expressed that a task force might be the best way to assure a bill that would deal with the needs of all concerned.

Rita Wolf testified and presented written testimony supporting SB-532.  
Page 2 of 3

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 526-S, Statehouse, at 10:00 a.m./~~pm~~ on February 20, 1986

Attachment VIII Secretary Sabol stated that efforts to educate the public were needed. The need for a high degree of sensitivity in dealing with requests was stressed.

The chairman announced that due to the lack of time the opponents of SB-532 would be heard tomorrow, February 20, 10:00 a.m.

Sherman Parks invited committee members to be aware that many chiropractors would be visiting the statehouse tomorrow.

Meeting adjourned at 11:00 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 19, 1986

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Carolyn Hall, Overland Park

Close Up Kansas

Vickie Tanner

Carroll - Journal

Larry Tobias, RR3, Lyons, KS 67554

District Hosp. #1 of Rice County

Bob Mullen 816 S. St. John, Lyons 67554

" " "

Rich Marks OD. Oulu

Kan optom asso.

Franklin Reese 4187 Ohio

Topeka

Leonard G. Esser 7634 SW 10th

Topeka

Mathilda D Esser

"

J OAW Toot, RR 3 Baldwin KS 66006

Registered nurse concerned about

Marska Hutchison

Ord. law to this point  
Kansas Medical Society Topeka

Karen Keem Newton Hills

Gen. Langworthy

Carol Whitten Topeka, KS

St. Francis Hospital Topeka

Barbara Reser Topeka

Topeka

Meg Reser

Topeka

Jean E Jones Kc. KS

Kansas Fire Bank - Kame

Mack Smith, Topeka

Ks St Bd of Mortuary Arts

AmCross

Midwest Organ Bank

Jim Ayler

Ks Funeral Home Assoc

Daniel O. Luke

American Red Cross

Andrew Langworthy

Senate

INGO ANGERMEIER

ASBURY HOSPITAL - SALINA

Gweny Woods

Stewart - Natl / Midwest Organ Bank

Cindy McIntyre CN

American Red Cross - Wichita

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-19-86

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Peggy Schier Clearwater: Ks

American Bd. Chiropr. & Service  
Bank Wichita

Eugene Schier " "

Kerry K. Landis " "

Spencer, MO - 2000 S. 11th St. (11111)  
Am. Board of Chiropr. & Service

Tom Bell " "

KHA

2-19-86



# Midwest Organ Bank

305 W. 43rd Street

• Kansas City, Missouri 64111

• Phone: 816-931-6353

TO: Senate Committee Hearing

FROM: Donald E. Cross, M.D.  
Midwest Organ Bank  
Medical Director

DATE: February 18, 1986

SUBJECT: Senate Bill 434

The Midwest Organ Bank is a not for profit corporation that provides support services for solid organ retrieval and transplantation in Kansas and Western Missouri. The Organ Bank was formed in 1973 and has it's offices and laboratory at 305 West 43rd Street, Kansas City, Missouri. Funding for the Organ Bank's services is through Federal Medicare Reimbursement as a part of the End Stage Renal Disease program. During the calendar year of 1985 the Organ Bank retrieved 154 Kidneys from 82 cadaveric donors. We also provided support for the retrieval of 26 Hearts, 27 Livers, and 30 Pancreas' for the purposes of transplantation.

Families are most often willing to give consent for organ donation if the issue is mentioned to them at a time when they can consider the option. Too frequently they are not asked. It should not be the role of the family to remember organ donation at a time when a family member has undergone a sudden demise. For these reasons I support legislation to require that this issue of organ donation should be raised by the hospital staff.

Attachment I  
2/19/86 S. PH&W



# American Red Cross

Wichita Regional Tissue Bank  
707 North Main  
Wichita, Kansas 67203  
316/268-0827  
(24-Hours: 316/268-0829)

Testimony by: Steven C. Vogelsang, Technical Director  
To: Senate Public Health & Welfare Commission  
Subject: Required Request, Senate Bills #434 and #532  
Date: February 19, 1986

The American Red Cross Tissue Bank has been in operation for approximately 22 months. During the past 15 months we have received one donor per month not only from Wichita but several other areas of the state, Salina, Kansas City and Independence to name a few. The tissue bank has distributed nearly 1000 deposits of processed tissue derived from these donors over the past 17 months. The uses for bone, skin and other tissue products has been widely varied to include orthopedic surgery, neurosurgery, maxillo-facial reconstruction and dentistry. Nationally, it is estimated over 100,000 patients will require some type of bone graft and 32,000 square feet of skin will be used for treatment of burn victims. No numbers are currently available for other tissues such as facia, dura, tendons and ligaments. What is know, both locally and nationally, is the need far exceeds the demand.

The demand locally has grown to a point of concern. We have not implemented any type of marketing program, allowing only word-of-mouth to advertise our existence. At the present rate of growth the demand for tissue will exceed the present supply within the next 2-3 months. In short, the demand has increased at a higher rate than the supply.

Faced with this evidence "required request" is of paramount importance if the procurement organizations in Kansas are expected to meet the growing need. Of equal importance is the need for workable legislation.

Elsie Lehr, Director  
Roger M. Miller, M.D.,  
Medical Director  
Steven C. Vogelsang,  
Technical Director

Attachment II  
2/19/86 S. PH&W

An Equal Opportunity Employer M/F

Attachment II

Required request, Senate Bills #434 and #532  
Steven C. Vogelsang, Technical Director  
American Red Cross Transplantation Services  
February 19, 1986  
Page 2

In regard to the two bills filed with this committee, Senate Bills #434 and #532, I would like to address a few key points.

1) Key language to retain:

Bill #434: Lines 0035-0039, sensitivity in the care of the grieving family must be an essential part of any approach for organ and tissue donation.

Bill #532: Lines 0049-0057, covers only part of the documentation needed to monitor compliance. Additions are covered under number 3.

2) Key language to delete:

Bill #434: Lines 0039-0042, Midwest Organ Bank and American Red Cross Transplantation Services are responsible for the entire state of Kansas.

Bill #532: Lines 0027-0030, there is no conflict for the pronouncing physician so long as the physician does not also use the organs or tissues donated. The request need only be made of the next of kin of the highest class available as stated later in this bill and by K.S.A. 65-3210, The Anatomical Gift Act.



Required request, Senate Bills #434 and #532  
Steven C. Vogelsang, Technical Director  
American Red Cross Transplantation Services  
February 19, 1986  
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3) Additions needed:

A. Documentation of the approach for consent from the next of kin should be expanded to include the person or persons making the approach and also a notation on the death certificate indicating the approach was made and whether or not a donation was made.

B. Designation of an agency or group to monitor compliance. The Kansas Hospital Association or Kansas State Nurses Association may be willing to perform this task.

C. The formation of a "transplantation task force" to assist hospitals in the development of appropriate policies and procedures addressed by the bills.

D. Access to all medical records and tests is needed to insure donor suitability and product safety. This should include results of an autopsy, if performed.

It is the opinion of the American Red Cross that implementation of this legislation will be easier with these changes. Also the knowledge that through the procurement organizations of Kansas exists a considerable resource for education. The Midwest Organ Bank and the American Red Cross have 12 workshops scheduled throughout the state through the end of June and can be easily adapted to include this legislation.

I am sure you will agree that by passing this legislation it can only benefit the residents of Kansas by providing increased local access to organs and tissues.

It is with confidence that we await your decision and I thank you for your time and consideration.

Required request, Senate Bills #434 and #532  
Steven C. Vogelsang, Technical Director  
American Red Cross Transplantation Services  
February 19, 1986

ATTACHMENT I

LOCATION	TOTAL # IN ATTENDANCE	PRE-TEST I WOULD APPROACH DONOR FAMILY	POST-TEST I WOULD APPROACH DONOR FAMILY
ARC, WICHITA	68	Yes/maybe 79% No 21%	Yes/maybe 91% no 9%
HAYS, KS	58	Yes/maybe 84% No 16%	Yes/maybe 98% No 2%
CHANUTE, KS	22	Yes/maybe 73% No 27%	Yes/maybe 88% No 12%



**THE UNIVERSITY OF KANSAS  
MEDICAL CENTER**

Department of Ophthalmology  
Associates in Ophthalmology, P.A.  
39th and Rainbow Blvd., Kansas City, Kansas 66103  
(913) 588-6600

February 18, 1986

Honorable Jack Steineger  
State House  
Topeka, Kansas 66606

Dear Senator Steineger,

I appreciate very much your invitation to express my thoughts regarding legislation to require hospitals to identify and inform potential organ and tissue donors. Senate Bill 434 stated the purpose quite clearly in its first paragraph. I have some strong reservations about Senate Bill 532. The first paragraph is more onerous and lacks the positive side of "opportunity."

Secondly, and most important to our Department and to THE KANSAS EYE BANK, we feel that tissue donation has been obscured. Section 1. bases the identification on "accepted ... criteria for organ donation" only. The eyes are often classified as tissue rather than organs when retrieved for corneal transplants. The eyes can very often be used when the solid organs cannot, and many more eyes are needed than solid organs. In the rush to transplant livers, hearts and kidneys, we must not forget the center of the soul, the eyes.

The Kansas Oddfellows Eye Bank (THE KANSAS EYE BANK) was established in 1961 and incorporated in 1963. It has been continuously supported by the Lions of Kansas. Over 200 licensed Kansas embalmers are certified to enucleate eyes, based on a course presented at the Medical Center.

I ask that the final wording of the Bill directly supports the reminding of the family of their opportunity to donate this sight renewing gift, if doing so was the wish of the deceased. There is a network of embalmers and Oddfellows throughout the state standing by to carry out the wishes of the family and the deceased. The necessity is just to remind the family during their time of grief. It is likely that they are carrying a Kansas Oddfellows Eye Bank Card given to them by a Kansas Lion or that they have "signed their drivers license" anyway.

Please, let them be reminded about the eyes, too. They can be of use when the solid organs cannot.

Attachment III

2/19/86

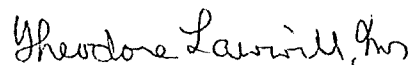
S. PH&W

Honorable Jack Steineger  
February 18, 1986

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Thank you for allowing me to make these comments on your important endeavor in writing this Bill in the way that it will do the most good for the most people.

Sincerely,



Theodore Lawwill, M.D., F.A.C.S.  
Professor and Chairman  
Department of Ophthalmology

TL/dlb



# Midwest Organ Bank

4006 Central

• Kansas City, Missouri 64111

• Phone: 816-531-3763

February 18, 1986

Dear Senator Erlich and Members of the Committee:

I am the Director of Professional Education for the Midwest Organ Bank. The Midwest Organ Bank is the organ procurement agency which serves the state of Kansas and the western two-thirds of Missouri.

We work with every transplant hospital within that area in obtaining organs for transplant patients. We also work with acute care hospitals who refer organ donors. Those hospitals may or may not be a transplant hospital. In fact, most of the organs that are donated in our area are donated at non-transplant community hospitals.

Through our satellite office in Wichita, we are able to serve the geographically diffuse hospitals in western Kansas. The Kansas City office services the rest of the state.

My job is to educate medical professionals about the criteria for an organ donor, and the processes and procedures of organ donation.

In the 8 years I've been with the Midwest Organ Bank, many changes in the field of transplantation have occurred. However, one thing never seems to change and that is the lack of cooperation and support on the part of medical professionals...nurses, but primarily physicians, when it comes to organ donation.

Too often medical professionals see organ donation as an imposition...on themselves and on the families of their patients. This attitude prevents many families from being given the opportunity to donate their loved one's organs after death. Organ donation is not an imposition...it is not the end of care...it is a continuum of care. When medical professionals can do nothing more for a patient, they can do something for the family, and that something is organ donation. To many families, donating organs is the only way to make some sense out of the sudden, tragic death of their loved one.

2/19/86

Attachment IV  
S. PH&W

Attachment IV

Senator Erlich and Members of the Committee  
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Required request legislation helps ensure that all families have the opportunity to donate, if they so choose. It is intended to increase awareness of the benefits of organ donation, to ensure that families have the opportunity of donating, and to underscore the responsibility medical professionals have to provide that opportunity. It is not intended to punish, but to provide help.

You have heard and will hear more about organ donation in the state of Kansas. I would like to share with you the status of organ donation nationally.

I am a member of the 21 member National Task Force on Organ Procurement and Transplantation that was created by the passage of the National Organ Transplantation Act in October 1984. This Task Force is composed of representatives from the areas of organ procurement, transplantation, ethics, law, and the general public. Our charge was to identify the barriers to organ donation nationally, and make recommendations for overcoming these barriers. The work of the Task Force is almost finished, and its final report will be presented to the Secretary of Health and Human Services and the Congress later this spring.

One of the greatest barriers to donation that the Task Force has identified is the lack of cooperation and participation on the part of medical professionals (in hospitals) in the donor process.

Whether through fear or the lack of understanding (or both), many physicians and nurses perceive that organ donation is a complex, time-consuming procedure that will "upset" families if it is mentioned. We have heard testimony from donor families, investigated the many national public opinion polls, and researched this issue exhaustively.

One of the strongest recommendations that this Task Force will make in its final report is that, and I quote, "State legislatures should formulate, introduce, and enact legislation that will require acute care hospitals to develop an affiliation with an organ procurement agency, and to adopt policies and procedures for the identification of potential organ and tissue donors, and for providing next-of-kin with appropriate opportunities to donate.

Senator Erlich and Members of the Committee  
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The concept of "routine inquiry" has several advantages. First, it does not require that families be asked to donate; rather, it requires that families be offered the opportunity to donate. The distinction is very important because people react much more positively when offered a choice. The power to decide is retained by the family. Health care providers are prevented from implicitly making the decision for the family by failing to provide the donation option. Secondly, the concept allows for special circumstances in which discussions regarding donation might not be required, e.g., clinical unsuitability. Finally, the concept of routine inquiry implies that all hospital staff who will be asked to implement policies and procedures shall be provided with the appropriate training to equip them with the skills necessary to provide this service to grieving families.

The Task Force believes that implementation of the routine inquiry (required request) concept could be the single most effective step in increasing the availability of organs for transplantation. Especially with regard to pediatric donors, routine inquiry would facilitate consideration of donation by a group of families that are too frequently deprived of the opportunity to donate."

Senator Steineger and the co-sponsors of Senate Bill 532 have shown foresight in proposing this important legislation. Three other states have passed similar legislation, and six others are considering it.

While we are firmly behind the concept of required request, it must be workable after it is passed. When this bill becomes law the organ and tissue banks and the Kansas Hospital Association will work together to develop and implement policies and procedures for organ donation. These policies and procedures will protect the right of every family who wishes to donate, will facilitate and simplify the process of organ donation for the medical staff, and will provide desperately needed organs and tissues for many hundreds of Kansans who wait for a transplant. This will be a big task but one that we welcome. This bill is clearly a very important one and for that reason we have several concerns about Senate Bill 532 and offer the following amendments to it. These amendments are supported by: The Midwest Organ Bank, the University of Kansas transplant program, the Kansas Eye Bank, the American Red Cross Tissue Bank in Wichita, St. Francis transplant program in Topeka

Senator Erlich and Members of the Committee  
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and by others testifying today.

These amendments are as follows:

Line 27 - Delete, "other than a person connected with the determination of death."

Rationale: In small hospitals the attending physician may pronounce death. He may also be the best person to talk to the family and may wish to do so.

Line 33 - Delete, "actual notice of opposition by a member of any of the classes..."

Change to, "actual notice of opposition from the person or persons in the highest priority class available."

Rationale: This contradicts lines 46-48 as written. Consent need be obtained only from person or persons in the highest priority class available.

Line 36 - Delete, "other reason to believe that an anatomical gift is contrary to the decedent's religious beliefs."

Rationale: In most cases, the only way to determine a patient's religious beliefs is to ask the next-of-kin. All the major religious groups support organ donation. In addition, the patient's family should be given the opportunity to consent or refuse.

Lines

40 to 46- Delete, except the beginning of the next sentence "Where a..."

Rationale: This is redundant and unnecessary.



Senator Erlich and Members of the Committee  
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Lines  
63 to 68- Delete

Rationale: Any hospital in the state has the mechanism available to procure eyes even if they cannot stabilize a patient for solid organ donation. Also, there are several life flight services from Wichita and Topeka whereby a small hospital could "life-flight" the potential donor "to the nearest trauma hospital."

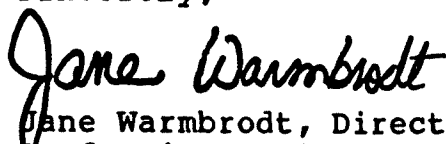
Add After

Line 63 - In order to ensure complete understanding, development, and implementation of Senate Bill 532, it is recommended that a task force with representation from all Kansas organ and tissue banks and the Kansas Hospital Association work together to develop hospital policies and procedures for organ and tissue donation.

With these changes, Senate Bill 532 would meet the needs of the hospitals and the people of Kansas.

We strongly endorse and support the concept of required request and support Senate Bill 532 with the addition of these amendments.

Sincerely,

  
Jane Warmbrodt, Director  
Professional Education  
MIDWEST ORGAN BANK

vm

Testimony by

EUGENE & MARGARET SCHEER, DONOR FAMILY

Subject: "Required request" Senate Bills #'s 434 and 532

Date: February 19, 1986

As a donor family, we support the intent of the above bills.

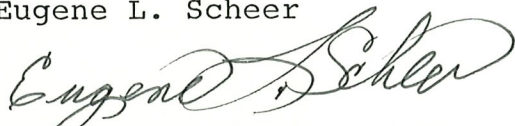
Upon the death of our son, Kevin Lee Scheer, in August 1984, we participated in organ donation. This was a very positive experience for us.

During the twenty-four hours that the neurosurgeon and staff worked with Kevin, they never once proposed the idea of organ donation. Fortunately though, someone in Kansas had received a heart transplant that very day, while another Kansan received publicity while awaiting a heart donor in a Texas facility. After discussion with family members and friends, we approached staff about the feasibility of organ donation. Staff had been pessimistic about Kevin's outcome and could have easily counter-balanced that prognosis by suggesting organ/tissue donation, but had not done so.

As a member of the health care profession, I would have appreciated it if the physician/nursing staff had approached this subject early, allowing us more time to consider the idea.

We concur with Bill #532 in lines 27-30 that the transplant surgeon would not be the appropriate person to secure consent from the family.

Eugene L. Scheer



Margaret M. Scheer, R.N.



RR 1, Box 42  
Clearwater, Kansas 67026

# RYAN MORTUARY

GUY R. RYAN, SR. (1889-1953)  
KENNETH R. RYAN  
STEPHEN C. RYAN  
MARC R. RYAN  
JERRY J. RYAN  
KARL F. RYAN

137 NORTH EIGHTH STREET  
SALINA, KANSAS 67401

(913) 825-4242



February 13, 1986

Mr. Jim Snyder  
Executive Secretary  
Kansas Funeral Directors Association  
P. O. Box 1904  
Topeka, Kansas 66601

Re: Senate Bill 532

Dear Jim,

We certainly will need legislation concerning organ donation and Senate Bill 532 seems to be the proper approach in this area. However, it would be greatly appreciated if you would bring the following items to Senator Ehrlich's attention:

In lines 0059-0060 reference is made to "an organ or tissue procurement organization"; should there be any reference to "who" or "how" these "groups" are certified within the State of Kansas.

Lines 0061-0062 and 0069-0070 make reference to the uniform anatomical gift act. This act relieves everyone, except the funeral director/embalmer, of liability concerning procedures involved in a donation. Since these are the very people the surviving family will consider responsible for the appearance and condition of the body; should some consideration be given for their exemption under this same act.

We realize that specific language is not possible; nevertheless, some attempt at defining "facilities necessary" in lines 0064-0065 would certainly avoid improper interpretation. Various requirements are necessary for different donations; thus, different hospitals or medical centers are suitable for either none, some, or maybe, all anatomical gifts.

This Bill might not change many procedures in the small hospital or the large medical center facility. On the other hand, it will have a great impact in hospitals that have only made limited anatomical gift requests in the past and because of this legislation feel it is their duty to make this request at the time of every death in their institution.

The direction you are going is necessary and proper; those of us in the middle would appreciate more definition. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads 'Steve'.

Stephen C. Ryan

# NYS FDA

NEW YORK STATE

FUNERAL

DIRECTORS

ASSOCIATION,

INC.

OFFICERS

Edward F. Lynch  
President

43-07 Queens Boulevard  
Long Island City, N.Y. 11104

Joseph M. Kowalczyk  
President Elect

1156 Lincoln Avenue  
Utica, N.Y. 13502

William McVeigh  
Vice President

208 North Allen Street  
Albany, N.Y. 12206

William J. Alexander  
Vice President

142 West Main Street  
Stamford, N.Y. 12167

George Dalton  
Secretary/Treasurer  
27-29 Atlantic Avenue  
Floral Park, N.Y. 11001

Lester R. Grummons  
Immediate Past President  
14 Grand Street  
Oneonta, N.Y. 13820

EXECUTIVE DIRECTOR  
AND COUNSEL  
Randall S. Archibald

122 E. 42 ST.

SUITE 1120

NEW YORK, N.Y.

10168

(212) 867-4777

April 30, 1985

Mr. Leandro Rendon  
The Champion Company  
P.O. Box 967  
Springfield, OH 45501

Dear Mr. Rendon:

Recently, this Association has had reason to review preparation procedures used where there has been a skin donation.

The conclusion of the review has identified the need for the development of optimum guidelines to reduce the risk of body and embalming fluid leakage, and to educate skin donation coordinations, skin bank administrators and funeral directors about these procedures and about skin donations generally.

Enclosed you will find draft guidelines we have developed based on published articles and the comments of funeral directors, embalmers and medical personnel familiar with skin donation cases. Your review of and comment on this draft is requested. Your soonest written response will be appreciated.

Please note that we have sought to use only generic chemical names. One of the issues we would ask you to consider is whether or not most funeral directors will be able to make the appropriate cross reference between the generic names and the brand name chemicals they have on hand or have access to.

Upon completion of the guidelines, we will inform you as to the final course of action.

Sincerely,

  
Wilson H. Beebe  
Assistant Executive Director

WHB:fg

Enclosures

Attachment VII  
2/19/86 S. PH&D



## Recommended Embalming and Preparation Procedures

### On Remains Where There Has Been a Skin Donation

1. Engage in normal preliminary embalming procedures. Washing, disinfection, feature setting.
2. Fluid Injection. Recommend injection in such cases to be accomplished prior to surface treatments so you can observe fluid effect/leakage.
  - A. Use a high index fluid.
  - B. Mix 16oz. per gallon.
  - C. Use 1/4 cup Epsom Salts per gallon to alleviate edema; dilute first in water then add to solution
  - D. Do not use fluid with lanolin
  - E. Slow injection, low pressure, 2-3 gallons of solution
2. Surface Treatments.
  - A. Use carbolic acid to "sear" donation sites on body
  - B. Apply surface gel using saturated cotton or cotton applied after application of surface gel.
  - C. At this point, optimum procedure is to allow body to remain on table for 18 to 20 hours prior to resumption of surface treatments. This will allow tissues to react thoroughly to injection and surface gel.
  - D. Remove cotton; towel dry body.
  - E. Apply clean cotton.
  - F. Apply a liquid plastic/sealer over cotton. Allow to dry.
  - G. Enclose in plastic garments. Recommend "union alls."
  - H. Sprinkle hardening/drying compound in plastic garments.
3. Post preparation. No method of preparation can "guarantee" the prevention of fluid leakage. Therefore, regularly check underside of garments for the accumulation of fluids, particularly at base of spine.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on Senate Bill 532

Presented to Senate Public Health and Welfare

February 19, 1986

Presented by Barbara J. Sabol

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill 532.

BACKGROUND INFORMATION

Senate Bill 532 requires hospital administrators or their designees to request anatomical gifts from families of potential donors and obtain their permission in order to procure organs for donation. The introduction of new immuno suppressive drugs such as cyclosporine which prevent the rejection of transplanted organs combined with the ever-increasing sophistication of surgical care have greatly contributed to and significantly increased the success of organ transplantation. Transplant procedures now provide life-saving treatment for a small number of patients dying from end-stage cardiac and liver diseases. Survival rates for heart transplant recipients for one-year survival are at 80%, 65% for liver transplant recipients. Heart and liver transplants are widely recognized as acceptable medical treatments and no longer experimental procedures. With increased success we can predict increased transplantation. With increased transplantation, the greater will be the demand for donated organs. Currently across the nation there are not enough donations of any type of organ to meet the demands of potential recipients. Organ transplantations have also attracted significant public attention. The search for organs by eagerly awaiting recipients is often publicized by the national media. Even our own local newspapers and television recently have publicized cases in our own community. Funding assistance to obtain these high technology, very costly yet often life-saving procedures is often addressed. The need for donation of organs is widely acknowledged and the scarcity of these organs present a problem. Efforts to educate the public about the need for organ and tissue donation should be made. Individuals should be encouraged to indicate their willingness to become organ and tissue donors.

STRENGTHS

Identification of potential organ donors is best done in the hospital. Brain-dead patients, victims of severe head injury or strokes are usually determined in the critical care unit of a hospital. It is estimated that in the United States only 15% of families of potential donors are asked for organ donations. The provisions of this bill should increase these numbers.

WEAKNESSES

This issue is highly sensitive because of the perceived intrusion of requesting organ donation at the time a family is suffering the loss of a member. The protocol developed by the hospital should address this area. Some firm mechanism that ensures the request from every potential donor should be developed to guarantee consistency in policy implementation.

DEPARTMENT'S POSITION

The Department recognizes the need for organ donation and supports Senate Bill 532.

2/19/86  
Attachment VIII  
S. PH&W

Attachment VIII