

Approved _____

Date 3-19-87

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at _____
Chairperson

1:30 h/h./p.m. on March 17, 1987 in room 423-S of the Capitol.

All members were present except:

Representative Mike O'Neal, excused

Committee staff present:

Norman Furse, Revisor
Bill Wolff, Research
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Mary Ellen Conlee, St. Francis Regional Medical Center, Wichita, Ks.
Carman Koch, Midwest Organ Bank, Kansas City,
Jerry Slaughter, Kansas Medical Society

Chairman Littlejohn called meeting to order when quorum was present, thanking all members for their good wishes, cards, and flowers and gifts while he was hospitalized. It is good to be back, and he thanked Representative Buehler for the fine job he had done in his absence. He then asked Representative Buehler to take over as Chairman this date.

Vice-Chairman Buehler thanked all committee members for their cooperation and hard work during the time he was acting Chairman, and he appreciated all those efforts.

Briefing on SB 87:

Mr. Furse gave a detailed briefing on SB 87, it was requested by Emergency Services Medical Council, and would provide for first responder. The main enforcement section is indicated in Section 3, page 3, that speaks to qualifications necessary for this branch of medical care. These persons arrive on the scene of an emergency first, stabilize the victim. Section 4 sets out procedures for applying for First Responder's certificate, training, and duties. He noted that a discussion in Senate questioned should the responsibility of this First Responder group be shifted from the Kansas Medical center to the Emergency Services Medical Council, and if so, line 69 in the bill will need language changed accordingly. He answered questions, i.e., a first responder would be a fireman, policeman, those trained in medical first aid.

Briefing on SB 154:

Mr. Furse gave a brief explanation of the bill, i.e., a political subdivision desiring to be attached to and become a part of a hospital district need not be contiguous to the territory of such hospital district so long as it is located wholly within the county in which the hospital for the district is located and does not include within its territory the taxing area of another hospital..

Hearings began on SB 19:

Mary Ellen Conlee, St. Francis Regional Medical Center, Wichita, gave hand-out, (see Attachment No.1), for details. K.S.A. 19-1033 has created confusion in Wichita area, in that some coroners regularly release body parts which are not necessary for the determination of cause/circumstances of death in an autopsy, but others do not. SB 19 directs that all coroners consent to the removal of such body parts if a properly executed anatomical gift has been made. She cited some specifics in which donation of organs could not take place because of actions of the coroner. She asked for favorable support of SB 19. She answered questions, i.e., no, we do not know why a coroner has refused to comply; yes, in clear cases of such as gun shot wound to the head, the organs could clearly be donated, if anatomical gift had been made.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a/m./p.m. on March 17, 19 87

Hearings on SB 19 continue..

Carmen Koch, with Midwest Organ Bank, Kansas City, Mo., gave hand-out, (see Attachment No. 2), for details. (This was a packet containing the Uniform Anatomical Gift Act; transplantation fact sheet, and Ms. Koch's testimony.) She emphasized the importance of passing SB 19. This legislation would facilitate organ donation after family permission has been obtained. SB 19 is not a "presumed Consent" law. It is designed to compliment the Required Request legislation that was passed last year. In the case of a gunshot wound to the head, brain death having been established, the family had consented to the donation of the heart, liver, kidneys. Surgical removal of these organs would in no compromise medico-legal evidence. We are aware of several cases where a patient died, had been a suitable donor, yet the coroner refused to give consent for organ retrieval, despite the fact it would not have compromised medico-legal evidence collection. Passage of SB 19 will ensure the intent of the Required Request, making more organs available for Kansans who need them. She answered questions, i.e., sharing is handled by computer, and the waiting lists are handled by a priority list; yes, the National network has been set up and organs are placed according to need; yes, we have problems with the verbage, "body parts"; yes, we have since implementation of the passage of HB 3151 received more phone calls of inquiry, and tissue banks have been more successful than organ banks. Yes, more education is needed.

Jerry Slaughter, Kansas Medical Society stated their Society is neutral on SB 19. He answered some questions asked earlier, yes, there is a Coroner's Association. We are concerned he said, if language is amended into the bill in regard to a penalty, he would like members to remember the judgment of the coroner should not be compromised in his decisions to satisfy the coroner's regulations. Line 50 of SB 19, language perhaps should be included to say, "in the opinion of the coroner". He answered questions, no coroners are not governed by the state. It had been discussed in earlier years, but the cost factor stopped any implementation of this being done.

Hearings closed on SB 19.

Rep. Neufeld moved to approve minutes of March 16, 1987, seconded by Rep. Amos, motion carried.

Meeting adjourned.



HOUSE PUBLIC HEALTH & WELFARE

TESTIMONY IN SUPPORT OF SB19

March 17, 1987

I am Mary Ellen Conlee, representing St. Francis Regional Medical Center in Wichita. Doctors at St. Francis Hospital are actively involved in performing kidney and heart transplants.

K.S.A. 19-1033 has created confusion in the Wichita area. While some coroners regularly release body parts which are not necessary for the determination of the cause and circumstances of death in an autopsy, others do not. SB19 directs that all coroners consent to the removal of such body parts if a properly executed anatomical gift has been made.

Doctors at St. Francis have had three recent situations where the family of the deceased has called and asked for body parts to be used for transplant, but the coroner has refused to release these parts. The most recent example was a 15 year old boy who had been killed by a bullet in the head. The family desired to give his kidney for transplantation, but could not because of the actions of the coroner.

We support SB19, believing that it will solve this problem and increase the availability of life saving organs.

Thank you for giving me an opportunity to address you. I would be happy to answer questions.

*PHW
3-17-87
Attn #1*



Midwest Organ Bank

4006 Central

• Kansas City, Missouri 64111

• Phone: 816-531-3763

Representative Littlejohn and members of the Committee:

I am with the Professional Education Department of the Midwest Organ Bank in Kansas City and I am here today to endorse passage of Senate Bill 19.

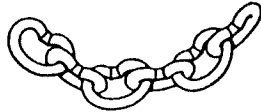
I would like to strongly emphasize the importance of passing this legislation.

Senate Bill 19 would facilitate organ donation after family permission has been obtained. Senate Bill 19 is not a "Presumed Consent" law such as those in Florida and Georgia where corneas can be retrieved by the coroner without family permission. Senate Bill 19 is in no way similar. It is designed to compliment the Required Request legislation we all worked so diligently to get passed last year. Let me assure you that organ donation would not compromise medico-legal evidence collection.

Let me illustrate with an example. A patient is brought to the hospital with a gunshot wound to the head, brain death has been established, and the family has consented to the donation of the heart, liver, and kidneys. Surgical removal of the heart, liver, and kidneys would in no way compromise medico-legal evidence since the cause of death is clearly the gunshot wound to the head. All organ donors are victims of head trauma and organs are only retrieved from the thoracic and abdominal areas of the body.

We are aware of several cases where a patient had died, had been a suitable donor, and yet the coroner had refused to give consent for organ retrieval despite the fact that it would not have compromised medico-legal evidence collection. In some of these cases, next-of-kin consent had been obtained for organ donation, yet the coroner refused to allow the removal of the organs.

*P. H. W.
attm. #2
3-17-87*



The Vital Link

No form of therapy has had as dramatic an effect on the course of terminal illness as has organ donation and transplantation. Organ donation is an opportunity to make a positive, valuable contribution following a tragic death. And those contributions allow an enriched quality of life for thousands of patients suffering from vital organ failure. But each year, the need for organs grow - not just for kidneys, but for livers, hearts, pancreata, and many more.

You, the medical professional, are the vital link between the potential organ donor and over 160 transplant centers. Approxi-

mately 20,000 people die each year from various injuries that would allow them to be considered as potential donors. Yet, in 1985 no more than 3,000 of these persons were utilized as organ donors, even though public opinion surveys continue to show that the vast majority of Americans are willing to serve as organ donors. Health care professionals who are alert to the need for organ donors and knowledgeable about donor maintenance will make all the difference. It is imperative, then, that all potential organ donors are identified and managed to ensure successful transplantation.

Determination of Brain Death

The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research has recommended the following guidelines for the determination of brain death:

Clinical evaluation:

Cerebral unresponsivity

- total unawareness and unresponsiveness
- no verbal or motor responses
- no spontaneous movements or involuntary posturing (spinal segmental responses possible)

Apnea

- no spontaneous respiratory movements for minimum of 10 minutes without respiratory support

Absent brain stem reflexes

- pupils fixed and mid-position
- all brain stem reflexes absent including oculocephalic, oculovestibular, corneal, gag, cough, swallowing, decorticate, and decerebrate posturing

Irreversibility

- possibility of reversible CNS dysfunction excluded, i.e., hypothermia, intoxications

Diagnostic tests

- Cerebral flow studies

The Legislatures of the States of Kansas and Missouri have established criteria for the determination of brain death.

The Kansas statute reads:

Be it enacted by the Legislature of the State of Kansas:

Section 1. Determination of Death. An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation

of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.

Sec. 2. Uniformity of Construction and Application. This act shall be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of this act among states enacting it.

Sec. 3. Short Title. This act may be cited as the uniform determination of death act.

Sec. 4. K.S.A. 1983 Supp. 77-202 is hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

The Missouri statute reads:

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. For all legal purposes, the occurrence of human death shall be determined in accordance with the usual and customary standards of medical practice, provided that death shall not be determined to have occurred unless the following minimal conditions have been met:

(1) When respiration and circulation are not artificially maintained, there is an irreversible cessation of spontaneous respiration and circulation; or

(2) When respiration and circulation are artificially maintained, and there is a total and irreversible cessation of all brain function, including the brain stem and that such determination is made by a licensed physician.

Donor Criteria

Candidates for organ donation are most commonly those victims of brain trauma leading to brain death, such as car and motorcycle accidents, cerebral vascular accidents, drownings, homicides and suicides. Criteria for potential organ donors include:

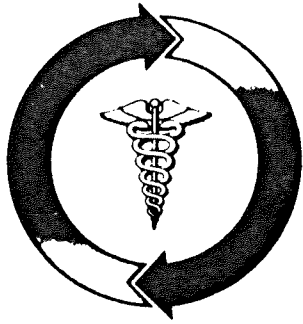
- Present or imminent brain death
- Less than 55 years of age
- Consent of the next-of-kin
- Absence of:
 - a. chronic diseases afflicting those organs to be donated
 - b. systemic sepsis
 - c. systemic malignancy

Potential organ donors are designated by: 1) a signature of the driver's license, 2) a signature of a Uniform Donor Card, or 3) consent from next-of-kin for organ donation. The acceptability of the donation is dependent upon a number of factors which can only be determined by a transplant coordinator.

From the Midwest Organ Bank - Call our 24 hour referral number (816) 931-6353 for donor evaluation.



**When You Support
Organ Donation,
You Support
Life
Itself!**



Midwest Organ Bank

NATIONAL ORGAN TRANSPLANTATION FACTS

First Successful Organ Transplants (Functional at One Year)

- 1954 — Living/related kidney transplant - Boston, Massachusetts
- 1962 — Cadaveric donor kidney transplant - Boston, Massachusetts
- 1969 — First Kansas City kidney transplant - Cadaveric and Living/Related
- 1967 — Liver Transplant - Denver, Colorado
- 1967 — Heart Transplant - Cape Town, South Africa
- 1981 — Heart/Lung Transplant - Stanford University - Palo Alto, California

THE MIDWEST ORGAN BANK

The Midwest Organ Bank was incorporated as an independent, not for profit, organ procurement agency in 1973, and serves all hospitals in Kansas and western Missouri. The Midwest Organ Bank coordinated the first kidney transplant in Kansas City in 1969, the first liver in 1980, and the first heart in 1984.

The Midwest Organ Bank has helped procure over 1,550 kidneys for transplantation over the last thirteen years.

There are approximately 300 people in Kansas and western Missouri waiting for a kidney transplant at any given time.

NATIONAL TRANSPLANTATION SUMMARY 1954-1985

<u>ORGAN</u>	<u>NO. TRANSPLANTS NATIONWIDE</u>	<u>CURRENT SUCCESS RATE</u>	<u>LONGEST SURVIVING GRAFT</u>
Kidney	60,000	80%	>22 Years
Heart	1,787	80%	>17 Years
Liver	1,441	65 to 70%	>16 Years

There are 7,000 people in this country waiting for a kidney, 300 waiting for a heart, and 250 waiting for a liver.

Despite these large numbers, only an estimated 3,000 out of 20,000 potential donors actually donated during 1985. The Midwest Organ Bank, along with the other 115 organ procurement agencies, is dedicated to increasing this number by educating the public and professional community about the benefits and importance of organ and tissue donation.

For more information, please contact the Midwest Organ Bank:

Kansas City area: 816-531-3763

Columbia area: 314-443-4619

Wichita area: 316-262-6225

UNIFORM ANATOMICAL GIFT ACT

Final Draft

**Approved by the National
Conference of Commissioners
on Uniform State Laws on
July 30, 1968**

***KANSAS STATUTE ATTACHED**

UNIFORM ANATOMICAL GIFT ACT

An act authorizing the gift of all or part of a human body after death for specified purposes.

SECTION I Definitions

(a) "Bank or storage facility" means a facility licensed, accredited or approved under the laws of any state for storage of human bodies or parts thereof.

(b) "Decedent" means a deceased individual and includes a stillborn infant or fetus.

(c) "Donor" means an individual who makes a gift of all or part of his body.

(d) "Hospital" means a hospital licensed, accredited or approved under the laws of any state and includes a hospital operated by the United States government, a state, or a subdivision thereof, although not required to be licensed under state laws.

(e) "Part" includes organs, tissues, eyes, bones, arteries, blood, other fluids and other portions of a human body, and "part" includes "parts."

(f) "Person" means an individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association or any other legal entity.

(g) "Physician" or "surgeon" means a physician or surgeon licensed or authorized to practice under the laws of any state.

(h) "State" includes any state, district, commonwealth, territory, insular possession, and any other area subject to the legislative authority of the United States of America.

SECTION 7 /Rights and Duties at Death/

(a) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, he may, subject to the terms of the gift, authorize embalming and the use of the body in funeral services. If the gift is of a part of the body, the donee, upon the death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next of kin or other persons under obligation to dispose of the body.

(b) The time of death shall be determined by a physician who attends the donor at his death, or, if none, the physician who certifies the death. This physician shall not participate in the procedures for removing or transplanting a part.

(c) A person who acts in good faith in accord with the terms of this Act, or under the anatomical gift laws of another state /or a foreign country/ is not liable for damages in any civil action or subject to prosecution in any criminal proceeding his act.

(d) The provisions of this Act are subject to the laws of this state prescribing powers and duties with respect to autopsies.

SECTION 8 /Uniformity of Interpretation/ This Act shall be so construed as to effectuate its general purpose to make uniform the law of those states which enact it.

SECTION 9 /Short title/ This Act may be cited as the Uniform Anatomical Gift Act.

SECTION 10 /Repeal/ The following acts and parts of acts are repealed:

- (1)
- (2)
- (3)

SECTION 11 /Time of Taking Effect/ This Act shall take effect...

CHAPTER 345

Senate Bill No. 81

AN ACT concerning death; enacting the uniform determination of death act; repealing K.S.A. 1983 Supp. 77-202.

Be it enacted by the Legislature of the State of Kansas:

Section 1. Determination of Death. An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.

Sec. 2. Uniformity of Construction and Application. This act shall be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of this act among states enacting it.

Sec. 3. Short Title. This act may be cited as the uniform determination of death act.

Sec. 4. K.S.A. 1983 Supp. 77-202 is hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

Approved April 13, 1984.

THE STORY OF BRIAN

The death of someone we love is one of the hardest things we will ever have to face. In the consuming grief which follows it is difficult to imagine that anything positive could result.

Consider the case of Brian, a seventeen-year old who loved baseball and his new 10-speed bicycle. One evening last spring Brian was struck by a car while riding home from his high school. He was rushed to the emergency room with severe head injuries. Emergency surgery was performed during the night but Brian was finally declared "brain dead." Brain death is a condition in which all indications of brain function have permanently ceased. With the use of a machine called a respirator, however, breathing was mechanically maintained and his heart continued to beat. Brian's parents and older brother were grief-stricken and in a state of shock.

But Brian's story does not end here. His nurse in the Intensive Care Unit knew that everything possible had been done to save Brian's life. She suggested to Brian's parents that a positive result could still come out of this family tragedy if they would give permission to donate Brian's healthy organs and tissues to others in great need. Both mother and father agreed. The thought that good would happen to others gave them a large measure of comfort.

Brian's parents signed the permission form. Within hours skilled surgical teams removed Brian's organs and tissues and sped them on to waiting recipients. Brian's heart went to a 35-year-old father of two. The liver forestalled death in a 20-year-old college student. One of Brian's kidneys went to a teacher who had been on dialysis for 5 years; the other kidney went to a young wife and mother of three youngsters.

Brian's eyes were removed so that his corneas could restore sight to two blind people. His donated skin helped save the life of a severely burned baby. Bone from Brian's legs and hips were removed so that a 14-year-old boy would not have to undergo amputation of a leg due to bone cancer and so that another child's severely deformed face could be reconstructed by a plastic surgeon.

From this single tragedy sprung new life, new health, new hope for nine of Brian's fellow humans and for nine American families.

THE NEED IS CRITICAL

IMPROVED surgical techniques and new anti-rejection drugs such as cyclosporin now permit successful transplantation of the heart, heart-lung, kidney, liver, pancreas, cornea, bone, bone marrow, skin, cartilage, and other tissues.

More than 100,000 Americans could benefit today if enough organs and tissues were available.

Heart and liver donations are a matter of immediate life and death. Donated kidneys eliminate three-times a week dialysis treatments. A donated pancreas may "cure" someone's diabetes. Donated eyes not only provide corneas for sight-restoring corneal transplants but also vital eye tissue for other surgical procedures and for research into blinding eye disorders.

Bone donations may avert a need for an amputation; skin donations save lives among severe burn victims. State, regional and national computerized networks keep track of potential recipients with the greatest need.

Because of the great need additional legislation is now being enacted in many states. Known as "Required Request", the new laws will require that hospital personnel make a routine inquiry to next-of-kin about donation. This simple and timely question will give families an opportunity to in some measure alleviate their loss and grief by helping other human beings in great need.



Every family should discuss organ and tissue donation

MANY OF US may have organ or tissue donor cards in our wallet or purse. In many states we can affix a donor pledge to our driver's license. The Uniform Anatomical Gift Act, now enacted in all 50 states, makes provision for these donor cards. But donor cards are not enough!

Organ & tissue procurement agencies such as ours will not act without permission of the next-of-kin of the donor. In order of priority legal next-of-

kin are (1) spouse, (2) adult son or daughter, (3) parent, (4) adult brother or sister, and (5) legal guardian.

The most important step in considering organ and tissue donation is a family discussion so that family members are fully informed and aware of each other's wishes. If a question comes up that is not covered in this brochure call us at any time. We'll be glad to help.

RESPONDING TO THE FEARS

MANY INDIVIDUALS fear that once they are declared donors their own medical treatment in a hospital will suffer because their doctor will be more interested in the organs than in saving their life. This is not true. Organ donation is considered only after every attempt has been made to save life.

In the past death was declared only when the heart stopped beating. Advancements in medical technology now allow death to be determined very precisely by measuring brain function. When brain activity has totally ceased, breathing and heart function can no longer continue independently and the individual is truly dead.

Now there are machines, called respirators, which can *temporarily* allow the heart and lungs to continue functioning in a brain-dead individual. These machines have helped make organ donation possible.

Strict medical criteria have been established to define brain death. The condition is always determined by physicians who have no role in organ procurement or transplantation.

To insure viability of the internal organs such as heart, heart-lung, liver pancreas, and kidneys brain-dead individuals must be maintained on a respirator. Donation of eyes, bone, skin, and other tissues does not require maintenance on a respirator. These tissues can be donated from 6 to 12 to 24 hours after breathing and heart beat stops.

Another frequent concern is whether the body will be disfigured. The answer is no. A highly skilled surgical team will remove the organs and tissues in a hospital, leaving the body intact for burial arrangements.

It is also important to remember that the family does not receive or pay any fees. It is illegal to buy or sell human organs. The family is responsible for normal burial costs, but does not pay any fees associated with organ and tissue removal.

All major religions fully support organ and tissue donation and the concept of brain death.



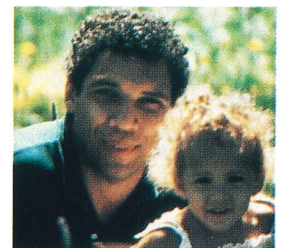
A Family Decision

ORGAN
AND
TISSUE
DONATION



a message from

**Midwest
Organ
Bank**



**CONTACT YOUR AREA
MIDWEST ORGAN BANK**

Kansas City:

4006 Central
Kansas City, MO 64111
(816) 531-3763

Columbia:

404 Portland St.
Columbia, MO 65201
(314) 443-4619

Wichita:

1035 N. Emporia
#100
Wichita, KS 67214
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