Approved: March 22, 1994
Date

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT.

The meeting was called to order by Chairperson Mark Parkinson at 9:00 a.m. on March 18, 1994, in Room 531-N of the Capitol.

All members were present except:

Committee staff present: Michael Heim, Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Shirley Higgins, Committee Secretary

Conferees appearing before the committee:

Elaine Wilson
John Conard, Legislative Committee of the American Assn. of Retired Persons
Neva Martin
Joan Woodard, Kansas Silver Haired Legislature
Bob McDaneld, Board of Emergency Medical Services
Chip Wheelen, Kansas Medical Society
Dennis P. Sosna, Johnson County MED-ACT
Tom Bell, Kansas Hospital Association

Others Attending: See Attached List

Substitute for HB 2103--Concerning health care providers; relating to "do not resuscitate" orders.

Elaine Wilson testified in support of the bill and distributed copies of written support of the bill from others. (See Attachments 1 and 2)

John Conard, representing the legislative committee of the American Association of Retired Persons, testified in further support of the bill. (See Attachment 3)

Neva Martin followed with further support of the bill. (See Attachment 4)

Joan Woodard, Kansas Silver Haired Legislature, testified in support. (See Attachment 5)

Bob McDaneld, Board of Emergency Medical Services, testified in support of the bill which also would provide legal protection for health care providers. (See Attachment 6)

A question arose as to why a living will would not be enough to enforce "do not resuscitate." Mr. McDaneld said that most persons are not aware that a living will applies only to a hospital situation. It has to be signed by two doctors that say the patient is terminal. At present, health care providers are legally required to provide the level of care they are trained for, and this is the reason the bill was introduced.

Chip Wheelen, Kansas Medical Society, testified in support of the bill, however, he expressed some concerns about a technical problem with the semantics of the bill and had suggested amendments. (See Attachment 7)

Dennis Sosna, Johnson County MED-ACT, testified in support of the bill. (See Attachment 8)

Final testimony in support was given by Tom Bell, Kansas Hospital Association. Mr. Bell was also in support of amendments offered by the Kansas Medical Society. (See Attachment 9)

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT, Room 531-N Statehouse, at 9:00 a.m. on March 18, 1994.

Sen. Feleciano made a motion to amend Sub. for HB 2103 as recommended by the Kansas Medical Society and that it be effective upon its publication in the Kansas Register, Sen. Ranson seconded, and the motion carried.

Sen. Feleciano made a motion to report Sub. for HB 2103 favorable for passage as amended, Sen. Ramirez seconded, and the motion carried.

Attention was turned to the continuation of the discussion begun yesterday of HB 2944 dealing with regulation of cemetery corporations. Sen. Ramirez had made a motion to strike Section 6, it was seconded, but not voted upon.

The Chairman summarized that under current law, the city takes over the care of a cemetery when it goes broke after the maintenance fund is depleted. With the bill, unlike current law, the funds remaining in the cemetery's maintenance fund would go towards the purchase of merchandise for people who had pre-paid plans with the cemetery. Section 6 shifts the risk to the city to the extent that the all the money from the maintenance fund of the abandoned cemetery is shifted to merchandise, therefore, the taxpayers must pay to maintain the cemetery immediately.

The question arose as to if the bill will solve the problem of unscrupulous persons. Sen. Gooch suggested that perhaps "may" could be used to allow the options in the bill for cities and counties. Sen. Ranson commented that if the maintenance fund is depleted, this bill would be of no use, and also there are other laws to cover this type of situation.

A short discussion regarding Section 6 followed. It was determined that without it, all that remains in the bill is the requirement for cemeteries to make a financial report to the Secretary of State and that it be available to the consumer.

On a call for a vote on Sen. Ramirez' motion to strike Section 6 as introduced the voice vote was unclear. The Chairman called for a show of hands, and the motion carried.

Attention was turned to the balloon of the bill with amendments which had been prepared by Ms. Kiernan and presented at the meeting yesterday. (See Attachment 8 of March 17 minutes) The amendments clarify language regarding trust accounts, clarifies audit reports, requires cemeteries to file with the Secretary of State, includes expansion of those prohibited to receive loans from the maintenance trust fund, and provides that the Secretary of State can inform consumers if the cemetery is in compliance with the law.

Sen. Feleciano made a motion to amend HB 2944 as in the balloon, Sen. Reynolds seconded, and the motion carried.

Sen. Feleciano made a motion to report HB 2944 favorable for passage as amended, Sen. Ramirez seconded, and the motion carried.

The minutes of March 15 and 16 were approved.

The meeting was adjourned at 9:53 a.m.

The next meeting is scheduled for March 22, 1994.

Date: March 18, 1994

GUEST REGISTER

SENATE
LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
Bob McDonald	Board of EMS	Topeka
Joann S Woodard	KS Silver Haired Legislature - Geneva	
Elaine) Wilson)	Housewife	8126 SE Hwy 40 Tecumseh, Ks 66542
JOHN CONARD	AARP	Rt. 1, Lecompton 66050
Herbert Whitlow	retired	Tecumseh 66542
Bernard Barn	Farmer	1046 SW. Valencia Rd Topeka 66615
Nora Martin	Housewife	3365 E Station Tecumseh
Robert Myers	Secretary of State	POBox 526 Baldwin City
Dennis P. Sosna	Johnson County Med. Act	16616 W. 78th O.P. Ks

House Bill 2103 is of vital concern to our family and many others in the state of Kansas because of incidents which have happened to their loved ones.

In June of 1992 our Mother died at her home. Because it was an unexpected death (her heart just sttoped), our family was in a state of shock. On the advice of her doctor and because people are programed to call 911, that is what my brother did. We thought, and her doctor thought, the ambulance company would come and take Mother back to town. After they arrived 20 minutes later, Mother had not breathed in this time, they proceeded to administer all life saving proceedures at their disposal. This was objected to by my brother and sister-in -law as Mother had a Living Will and had not wanted these proceedures done. At that time we learned in our county Living Wills were not honored by the local ambulance company. They informed our family we had to have a form called a DNR, which we nor hundreds of other people had ever heard of. Mother was finally transported to the hospital where the emergency room personnel were told "the family has overridden the living will and you are to to do all you can to revive this woman". This was not true and after several minutes I was finally able to get the doctors to stop these proceedures. As you might understand our Mothers death was not the peaceful transition it might have been to our family.

We imediately started to see what could be done to change the law of this state so this could not happen to other families. The bad part is we found some counties <u>do</u> recognize the Living Will and some do not. We also found people are supposed to be terminally ill to use DNR forms and Living Wills which would not apply to incidents like our Mother. Is this fair? We think not.

Other states are beginning to recognize this problem too and are enacting legislation to allow everyone over the age of 18 a voice in what their wishes are concerning how or whether they can die with dignity. We sincerely believe it is time for Kansas to join the lead of these other states. While our family would like to have seen the DNR form, Living Will, and Medical Power of Attorney combined in some way we do believe HB 2103 is a step in the right direction. We urge this committee to consider this very important document. We feel the people of Kansas deserve the right to make this choice with the help of their doctor and families.

Senate Local Gov't
3-18-94
Attachment 1

I have included information concerning other families who have had similar experiences so that you might see we are not just one family in the state who feel things could be better. My friend Neva Martin and I have made many talks this past year and have found at least one family in each group who have had the same or similar experience. You will also note the cost to Medicare for these unnecessary proceedures. Hopefully you will have time to read some of this material and it will help you understand our plight.

Thank you all for allowing us to testify before you and for your attention.

Elaine Wilson

Elaine Wilson
8126 SE Hwy 40
Tecumseh, Kansas 66542
Phone 913- 379-5331

In January 1993 my friend Neva Martin and I testified before the Local Government Committee in regard to House Bill 2103. In September 1993 we testified before the Silver Haired Legislature concerning the same bill. In between we have continued to speak to friends, relatives and groups concerning the urgent need and support for, a unified law in all counties in Kansas for a law regulating emergency care for all Kansans.

If you recall our mother was subjected to life saving proceedures beginning 20 minutes after she had breathed her last. She had made out a living will with the understanding from her doctor, that these things would not happen if she had the Living Will. But when the ambulance company did not honor it and then told the ememgency room personnel that the family had overridden the Living Will, (which was not true in any way) we, her family, were not only in a state of confusion but very traumatized by all that had taken place. This final picture of our Mother's death is anything but peaceful!

We were told she should have had a DNR form which we had never heard of and which we found out many other people had never heard of either. One nurse told me she had been present at a meeting when the local ambulance company was telling about DNR forms and she asked how the general public was going to know about these forms. The answer was that doctors would have to inform their patients. Think of the people who don't go to doctors very often or not at all. Not a good system I'd say!

We feel anyone who is over the age of 18 should be able to make an intelligent decision with the help of their doctor as to how they would like to have their lives end if the outlook was to be forever in a vegetative state, completely dependant on others to just exist, or perhaps in a coma. Would you want this for youself and your family? We are in no way promoting euthanasia but we do feel all people should be able to make the decision as to the quality of life they desire and the ability to die with dignity and know their wishes will be honored.

We urge this committee to consider some way for the three most important documents concerning our health to be unified so all medical personnel in every hospital, nursing home, EMT's, ambulance personnel, and doctors would treat everyone the way that person wants to be treated.

Senate Local Govt
3-18-94
Attachment 2

Attached to this testimony are some additional stories of people who have had sad and bitter experiences concerning their loved ones. At every meeting we have spoken to someone new tells us of someone in their family or someone they know who has had the same or similar experience. It's very sad.

We feel Living Wills, Medical Power of Attorney for Health Care Decisions and Do Not Resuscitate forms should all be combined and people who can no longer make decisions, but have made them in the past should be able to be at peace knowing they will be honored.

Thank you for your concern in this matter and for listening and/or reading this material.

Elaine Wilson

Elaine Wilson
8126 SE Hwy 40
Tecumseh, Ks. 66542
Phone 379-5331

June 27, 1992

My sister called about 10:15 A.M. and ask if I had a heating pad and if so, would I take it down to my mother who was having pain in her neck and shoulder. I took it down and found Mom laying on the divan. She said her neck was hurting and she thought some heat would help it. I plugged in the heating pad and she placed it on her neck and she said it felt good.

I asked Mom if she wanted to go to the doctor and she said no, that she would be alright. I stayed a few minutes and then went back home and went to work again.

About 12:00 noon Mom called again and asked if I would come back down to her house as she felt sick to her stomach. When I got there Mom asked if I would stay awhile in case she got sick to her stomach. I asked her again if she wanted to go to the Doctor. She said no but I might call and see if Elaine (my sister), wasn't in the harvest field she might come over for awhile. I called my sister and we decided that if she could get ahold of the doctor I would take Mom to see him. Then I turned around from the phone, heard Mom take 3 gasps and that was her last breath. I went and checked on her and knew she had got her wish... <u>to die in her own home</u>.

I went back to the phone and called my sister again and told her what had happened and that we wouldn't need to go to the doctor. She asked me to hold on that she had the doctor on the line then and she would ask him what we should do. She came back on the line and told me the doctor had said to call 911 and have the ambulance come and pick up the body. My sister told me to inform the ambulance people that Mom did have a Living Will and she did not want any heroics. I did all of this. I told the first responder when he arrived and I also told the man from Medevac when they arrived. He asked if I had the original copy of the Living Will. I told him I would imagine it was in the Safety Deposit box as that is where mine is. At that time my wife said she would go and get our copy of the Living Will which she did. In the meantime CPR had been started. When my wife returned with the Living Will the man from Medevac took the Living Will and said "this is only for doctors" and laid it down in a chair. Again my wife asked them to stop and explained that Mom did not want this and she asked me to stop them. I replied that I had already ask them not to do this but they would not listen. They continued on and finally decided to start to town. They strapped her on a

litter with a pump that pounded her chest all the way to town, then told the Emergency Room that the family had overridden the Living Will. NOT TRUE!!!

Our Mother was dead at her home for at least 15 minutes before first responders arrived. At no time did any family member give permission to start CPR or any other heroics! What happened cannot be undone but we have pledged to do what we can to see that it does not happen to others. I hope this Advisory Board can help us and tell us what we can do to reach this goal.

Bernard Barr
1046 S.W. Valencia Rd
Topeka, Kansas 66615

At about 12:00 noon on June 27, 1992 my brother, Bernard Bai called me on the phone and told me our Mother was quite ill. She had called him to her home so she wouldn't be alone if she got sick to her stomach. She was 89 years old and had not been feeling well for several days. Bernard thought she should see the doctor so we agreed I would call the doctor. While I was talking to the doctor Bernard rang back in (we have call waiting) and told me Mother had made three gasps and quit breathing. I relayed this information to the doctor, he told me to have Bernard call 911 and have her transported to the hospital. I told Bernard what the doctor said and also told him to remember that Mother had a Living Will and tell the ambulance people not to do any heroic proceedures. We agreed my husband and I would meet the ambulance and Bernard at the hospital.

I tried to call our younger brother, Robert, then we left for the hospital. Upon arrival at the hospital an ambulance was there and I asked the driver if they had brought Mother in, he told me 'no' but if it was the one on Valencia Road the ambulance was there and he didn't know how soon they would be in with her. It was then that, when I mentioned Mother had a Living Will, we were told Medevac did not recognize living wills unless they were the original. This was quite a shock to me and the first time I had ever heard such a thing. I went to the admitting nurse and asked her if the hospital accepted the Living Will and she said "Of course we do". I gave her my copy of Mother's Living Will. I told the nurse I was with my Mother, at the doctors office, when she made out the living will and I knew she in no way wanted all of these things done to her.

After what seemed like an eternity and the ambulance had not arrived at the hospital, I called my sister-in-law and she said the ambulance had just left for town. She was angry, frustrated, and crying as she told me how the Medevac people had treated my Mother and how rude the one man was to them when they got the Living Will and asked them to stop all these unnecessary proceedures.

About this time my husband came into the room where I was and said they had just brought Mother in. We waited a few minutes and when they didn't come get us, I went out to the admitting desk and

told the nurse I wanted to see Mother. She told me the doctor and nurses were working on her. I said, "What do you mean they are working on her? I gave you a copy of her Living Will and you told me it would be honored!" She said, "I'll get the doctor", which she did. The doctor told me Medevac personal had told him, "The family has overridden the Living Will and you are to do everything you can to revive this woman". I told the doctor, "That's a bald face lie! This woman did not want this and Medevac has been doing horrible things to her for an hour, ignoring the family's objections! I was told the hospital would honor the living will and we want this stopped now!" The doctor said he would go right back and stop it and he did. He then came back and apoligized to us again.

Since Mother's death we have talked to many people and we find this happens many many times, more than the public would believe. We were told after her death that we have to have DNR forms, which are original, on our person in order for the ambulance company not to do all these horrible things to people. We are also told each county has their own rules and a person has to have that county's DNR form on them to be treated fairly. Can you imagine having 15, 20 or even 50 forms on you if your business carries you throughout the state?

We can't do anything to help Mother now but with your help and the help of news media, doctors, hospitals, lawyers, clergy and lots of wonderful people maybe we can turn this around and people who so strongly believed the Living Will would let them die with dignity can live knowing it can happen that way! Let's find a way to make these rules uniform in the whole state of Kansas and then go on to make it Nation wide. Every person has a right to be treated humanly and we don't feel Mother was.

Elaine Wilson

Elaine Wilson
8126 SE Hwy 40
Tecumseh, Kansas 66542

My name is, Neva Martin. I am 64 years old and have lived in the s place, 336 SE Stanton Rd., Tecumseh , for 40 years. My husband ha a small backyard greenhouse business. Tom is a retired postmaster.

First let me state that I do not favor euthanasia or mercy killing, or abortion as a means of birth control. I believe that God determines our time on earth and we have no more right to prolong life artifically than to take life. I know this is a very complex issue, but feel it must be faced. There should be uniform rules across the state & nation, and a card or something similiar for people who do not wish to be resucitated to carry or wear. I think the time has come for some sort of action. There are heavy moral issues here. Also ethical, political, and financial issues.

I'd like to tell you what I have had to do in the last 2½ years. Dealing with the death of those we love is not easy at best and the trauma should be kept as little as possible for everyone involved.

Several years ago my Father developed a heart condition, and elected to treat it with medication, and no catherization or surgery. 2½ years ago Dad was admitted to the hospital for the first time in his life after suffering a stroke. In spite of treatment he continued having small strokes. Being an only child, and having a Mother who was never able to cope with such things, I was totally responsible. After evaluation Dr. Sheehy and I agreed on a DNR order. Two weeks later, after ups and downs, mostly downs, Dad was transferred to the rehabilition Hospital. During the checking in procedure, I asked the doctor about the DNR order. (Did it come with him from the hospital?) No. Also they would have to talk to Dad about it. At this time, he's tied in a wheelchair with his head on his chest. Becauseit was late afternoon and I had to get clothes for Dad and get home to care for Mother(Who by this time was ill from all the hubub.)I didn't pursue the DNR order at that time.

That evening Dad had a massive seisure and stopped breathing. The ambulance was called, he was resucitated, and rushed to the hospital on a respirator. The intensive care nurse said, "if you don't want him resucitated if his heart stops, you'd better get the doctor and get a DNR. Dr. Huang who seen him before was there and gave the DNR order. He also talked to me about removing the respirator, saying the quality of life was such that he would just go down hill from there.

Let me tell you signing a DNR is a lot easier than removing a respirator. However after thought and prayer, I agreed to have it removed. Dad continued to breathe and was put back in a room the next day to survive another two weeks with feeding tubes etc.

The time came to transfer him to a nursing home. I asked if the DNR would go along. They assured me that the doctor had taken care of it. NOTE: By this time my Mother was requiring almost full time care. That evening the nursing home called and said there is no DNR and if anything happens we'll have to call 911. You will have to write an order and have your Mother sign it, as well as yourself and bring it in for tonight. In the morning I had to go to the doctors office and get a DNR from him.

In 4 weeks, I had been through getting 4 DNR,s and removing a resp respirator. No one should have to go through that.

This has nothing to do with DNR as such, but does in my opinion cast doubt on the credability of the Medevac people.

After my Father's death we received a bill for services. Which we paid immediately. (That was before we found out that you don't pay a thing until you are sure all insurers have paid all they are going to. We were pretty naive, but we have been educated in health care) Later we found that a large share of the bill had been paid buy Medicare and insurance. After waiting for a refund my husband went to see about it. He was told since my father was dead they didn't know where to send the refund. He was dead when they sent the bill and they didn't have any trouble. We wonder how many innocent people have ripped off the same way and don't even know it. Health Care Costs

At the hearing Mr. Duncan said "If you don't want resucitation don't dial 911". My experience tells me that there is no way to get just transportation for a patient.

My Mother was diagnosed with a brain tumor. I was aware of Mrs. Wilson's experience, so had time to think about what to do if i found my Mother dead. However that was not the case, I found her comatose. Not wanting to dial 911, I thought of keeping her at home. Dr. Epling (neurosurgeon) reccommended, for her sake and mine that I send her to the hospital. First I called A&A Transport. They don't transfer stretcher patients. Then called Medevac business office . Told them the whole story and that it was not an emergency. They told me I'd have to call the dispatcher, which I did. Told her it was not an emergency, we just needed transportation. By the time I hung up the phone I could hear multiple sirens. Instant fury. Two firemen were first to screech up, with another right behind. I met them with the living will in hand and told them there was no emergengy and they were not going in the house. Not very nicely they said "Then why did you call us." I said" I did not call you, I did not dial 911". Then they cooled it and went to their truck and called the others who were in route. From the sirens I would say 4 or 5 more. Why do that many have to go to a home medical call? Do they all get paid? Taxpayers stuck again.

We had no difficulty with the ambulance drivers. In the emergency room they asked for DNR which I didn't have. Had living will which they really didn't want to accept. I told them what had happened before and the diagnosis. Finally thought to tell them to call Dr. Epling. After that the attitude changed entirely. She was admitted andcared for until he death the following day.

Considering that she had had an MRI very shortly before and the prognosis I question the need for CAT scan Xrays etc at that time. Medical Costs. Thereis a real attitude that don't worry the insurance will pay for it. Who the heck do these people think pays the insurance?

On July 6, 1992 my father Harold Scott became ill at his home in Burrton, Ks around 10:30 p.m. in the evening. My mother tried to revive him to no avail, so she call 911. The Burrton Ambulance Department arrived almost immediately and began CPR and proceeded to transport Dad to the Hutchinson Hospital in Hutchinson, Ks.

Either in route or upon arrival at the hospital because Dad had a heartbeat but was not breathing on his own he was hooked up to a respirator, without his doctor's orders. When the doctor came out of the ER room, he said that Dad had been shocked four times and did we want to continue that, my Mom said no of course not. Then the doctor said that his examination showed that Dad was brain dead, but because he was hooked up to the respirator, and because he did not have a Living Will or a Durable Power of Attorney,(health) we would have to wait 48 hours. do an EEG, wait 48 more hours do another EEG and if both EEG's showned no brain activity, then we could stop the respirator.

After nine very painful days for the family, the doctor, and a very compassionate hospital, we were, through several legal procedures, to get DAd disconnected from the respirator. He died on July 16 at 9:00 p.m. the second time as far as his family is concerned.

To be informed that a LIving Will and a Durable Power of Attorney (health), which needless to say my entire family has, is now not acceptable all over the state of Kansas is disturbing to say the least. You would need a file folder of forms to travel with to be covered legally as things stand now.

We need desperatly to make some kind of uniform system for the state of Kansas and then the entire country. It cost $12,000 for my Dad to lay in a bed, already gone, and for what purpose. My family and I maintain that the bottom line is money and justification of fancy equipment and that everyone needs to know this and help stop such heroic practices. Death is not the worst thing that can happen to you, so let's acknowledge that fact and make Kansas, at least, a place where you can die with dignity.

2 - 9

Barb Scott
4221 SE Dyer
Tecumseh Ks
66542
913-379-0474

REV. JAMES C. RODGERS
PASTOR: UNITED METHODIST CHURCH
2001 JENNY WREN RD.,
LAWRENCE, KS. 66047-2228

April 12,1993

TO WHOM IT MAY CONCERN:

Dear Sir / Madam
I have been asked to write about any incidents in which I have experienced problems with Emergency Medical Personnel or hospitals in regards to living wills and "D.N.R." instructions.

My name is James Rodgers and I am at present, pastor of the United Methodist Churches at Big Springs and Stull Kansas. During my four years in this capacity I have observed three incidents, but will refer to only two which presented acute trauma for the families involved.

My responsibility to maintain confidentiality requires that I refer to these matters without divulging names of persons or families involved.

INCIDENT # 1: A member of my charge was diagnosed with incurable cancer and was discharged from the hospital with no treatment recommended. He moved into his daughter's home which was just across the street from my office. This allowed me to visit with more frequently than is normally possible. We had many serious discussions about his condition and impending death. The wife (now widow) and daughter were resigned to the ultimate outcome and we all had frequent and serious discussions about his living will which contained instructions that he did not want heroic efforts to extend his life, nor to be revived if death had occured. His wife, daughter and doctor each had copies of these instructions.

One morning I looked across the street to see the Emerg. Med. van and police in front of the home. I quickly got dressed and went over, only to find the family all sitting in the dining room with the police filling out forms. I asked about the situatioin and was told that the person had died. When I asked where he was and what was being done, I was told that he was in his room and they were asked to leave and didn't know what was being done. I entered the room after identifying myself to the police in the hallway.

Upon entering the room, I was surprised to find the person on the floor with Emerg. Pers. working to revive him. There was equipment of every description all around. One piece I recognized because of the paddles connected to it. I then went back into the dining room to inform the family what was happening. They immediately called his doctor and only when the doctor told them to stop did they cease the efforts to revive him.

When I had the chance to talk with the Emerg. Pers. out in front of the house, I was told that they are required by law to do anything they can regardless of the living will or"D.N.R."order.

2-10

INCIDENT # 2: At about 5:00 Am. one morning, I received a call from a church member that they had seen the ambulance in front of another member's home. I checked by phone and found that the member had been rushed to the Lawrence Hospital after suffering a massive heart attack. I immediately went to the emergency room there and found the husband, son and grandson in the halway outside a treatment room. Upon entering the treatment room I saw the daughter (who is a registered nurse) upset, and informing the attendants that her mother didn't want to be revived if she had expired. The attendants were administering shots of some type, there were suction tubes extending from this lady, and they inserted some type of plastic device into her mouth and throat to prevent her from swallowing her tongue. I later found that she had been shocked four times on the way to the hospital. The daughter kept informing them that her mother had a living will and "D.N.R." instructions, also that her doctor had a copy of these instructions. Only after about an hour of this treatment was her doctor reached. He came to the emerg. room and instructed the attending persons to remove all support. In spite of all these efforts, the lady survived and is now at home with her invalid husband. She is permanently bedfast and unable to care for herself, nor is her husband able to do anything.

The children do all they can to take care of their mother and father. There is a regular visit from a visiting nurse, but she is not required to prepare meals for the couple. They also do not receive any assistance from "Senioir Citizen's meals, and if it were not for the members of the church taking prepared meals into the home regularly, they would be existing on microwave foods only. Each time I visit with this lady, she asks, "why didn't they just listen and let me die? This is no kind of existence." I have heard her many times praying to die.

Even though we are all taught to believe that any level of life is precious, and should be regarded as a gift from God, there are times when it seems that (just because they have the tech nology to extend life, or restore life) Science is attempting to second-guess God's decision when it's time for this life to end.

In view of these (and other) observations, my suggestion would be that standard procedures or legislation be enacted which would relieve the Emerg. Pers from any liability when faced with such requests or instructions concerning living wills especially when the families have copies of such at hand and available. This could possibly be remedied by an easily recognizable card or pendant worn or carried by the person.

Even though they are required to "do everything possible", There are times when the peace-of-mind and comfort of the family should be considered. Situations such as this add to the grief experienced by the family at a time when anything we can do should be done to comfort them and make the loss more bearable.

With kindest regards,

Rev. James C. Rodgers

Rev. James C. Rodgers

2-11

March 30, 1993

Representative Nancy Brown
State Capitol, room 183 W
Topeka, Kansas

Dear Nancy,
I want to thank you for the respect and attention you and your committee showed me when I testified before the committee in reference to HB 2103. It was very difficult at times to share such a emotional experience such as the death of our Mother.

Since the hearings we have talked to other people and find the living will is accepted by some ambulance companies in other counties in Kansas. We also know there have been other experiences in other counties where people were treated as our Mother was. Our familiy truly believed the ambulance personel was quailified enough to know whether a person was dead or not, and if so would immediately transport her back to town. Her doctor also tells us he expected that from the ambulance crew. We do not know why or what caused the doctor not to check with me since my husband and I were at the hospital and they had a copy of the living will which we had been assured they would honor.

We have found out Medicare was billed and PAID the following:

Medevac ----------	$517.63
Hospital ----------	428.83
Emg. Rm. Doctor -----	649.00
	$1595.46

If you multiply this times 105 counties it amounts to $167,523.30. Thats just one time per county.

We understand there are several counties where these "practice sessions" take place. Citizens must be protected from such practices.

Most people who have made Living Wills or Medical Powers of Attorney have done so with the help and encouragement of their doctor or lawyer. They have done so and truly believe they are safe from events like our Mother endured.

We respectly request you to look over the enclosed material and check in your own county to see if any of these types of things happen there. We will continue to work hard to find the people in both the public and private sectors to help us come back next year with a better knowledge of the system. Any help you could give us will be appreciated.

Again I thank you so much for your concern, respect, and help.

Sincerely,

Elaine

Elaine Wilson
8126 SE Hwy 40
Tecumseh, Kansas 66542
Phone 379-5331

Copies to:

Bernard Barr
1046 SW Valencia Rd
Topeka, Ks. 66615

Robert Barr
6040 Westbrooke Dr.
Topeka, Ks. 66617

Neva Martin
336 SE Martin Dr.
Tecumseh, Ks. 66542

John Conard
Rt. 1
Lecompton, Ks. 66050

GIVING QUALITY CARE SINCE 1973

4101 S.W. MARTIN DRIVE
TOPEKA, KANSAS 66609
(913) 267-3100

May 6, 1993

Mr. Aaris Johnson
Speaker of The House
Silver Haired Legislature
2714 Hillcrest
Harp, Ks. 67601

Dear Mr. Johnson,

I am writing to request your attention and help with an issue that currently is vague and interpreted differently by various people. The issue I am referring to is the Living Will/DNR issue.

My concern does not relate to the morality of a Living Will DNR/ form but rather uniform acknowledgment of the completion of these forms. As it is now, eventhough a person has signed a Living Will/DNR form, not all entities respond to the person's wishes because of various potential legal concerns.

It would be best if once a Living Will/DNR form, had been made, a universal acceptance of the individuals wishes be in place. This could be accomplished through a permanent identi-facation card or bracelet.

Would you please explore the various possibilities and provide information and support to the State Legislature with the goal being improvement to a very confusing and awkward interpretation of an issue.

Sincerly,

Dale R. Shaw

April 20, 1993

Chip Whelan
Director of Public Affairs
Kansas Medical Society
623 SW 10th
Topeka, Kansas 66612

Dear Mr. Whelan,

It is our understanding that you have contact with doctors throughout Kansas. We wonder if you would be kind enough to include in your mailings to doctors, information concerning our efforts to unify some sort of standard identification and medical proceedures for carrying out life sustaining measures.

When the Local Government Committee of the Kansas House chose to table HB 2103 for a year this gave our family and friends a chance to regroup, get more information, get more support from other people like our family as well as the medical groups of our society.

We are hoping to work through the Silver Haired Legislature to see if they can help us devise a bill that could be acceptable to all concerned.

Please understand, we are not advocating euthanasia, what we are asking is for people who have made intelligent, sane requests to not have their lives prolonged with unnecessary artifical means, be granted the dignity they deserve. There has to be some easy way to identify these people to emergency medical personnel so that what happened to our loved ones won't happen to others.

We also feel people 18 years of age and older should be able to have this identification. For instance if you are in an accident and injured in such a way to render you a "vegetable", or a stroke, heart attack, even though you might be only 20, 30, or 60 years old, you should still have the right to die with dignity if you have made known your wishes to family and doctor. I do believe sometimes God's living will for us is the one that is over-ridden.

Any help you could give us will be greatly appreciated.

We are enclosing material you might find interesting and helpful.

Sincerely,
Elaine Wilson

Elaine Wilson
8126 SE Hwy 40
Tecumseh, Ks. 66542
Phone 913 -379 -5331

2-15

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

May 11, 1993

Elaine Wilson
8126 SE Highway 40
Tecumseh, KS 66542

Dear Mrs. Wilson:

Thank you for your correspondence of April 20, 1993 and the supporting documentation. I am forwarding copies of this information to a committee established by the Kansas Chapter of the American College of Emergency Physicians so that these emergency medicine specialists may conclude a specific recommendation to resolve the kind of situations described in your documents.

I am hopeful that the Kansas Medical Society will endorse whatever recommendation is made by the Kansas Chapter of ACEP so that we can then present that recommendation to legislative committees. Thanks for your assistance.

Sincerely yours,

Chip Wheelen
Director of Public Affairs

CW/cb

2-16

SWMC
SOUTHWEST MEDICAL CENTER
a regional medical center

15TH AT PERSHING
P.O. BOX 1340 LIBERAL, KS 67905
(316) 624-1651

October 15, 1993

TO WHOM IT MAY CONCERN:

As a Registered Nurse, I frequently hear stories about confusing "Do Not Resuscitate" orders both from in-patients and out-patients families.

A big concern now in our community by both our Emergency Room Staff and our Emergency Medical Services Department is how to interpret the "DNR" wishes of families with Advanced Directives or Living Wills.

Please get input from both departments above and then work towards legislation to have a uniform way to identify patient with Advanced Directives or Living Wills.

Patient's rights need to be honored and respected.

Sincerely,

Susan Zielke RN

Susan Zielke, R.N.
Rt. 1, Box 108
Liberal, Kansas 67901

TESTIMONY
RE: "Do Not Resuscitate" Legislation
in the Kansas Legislature, 1994
by John J. Conard, member, Capital City Task Force,
State Legislative Committee,
American Association of Retired Persons (AARP)

The State Legislative Committee of the AARP has been following, especially during the past two years, proposals concerning "do not resuscitate" legislation in Kansas.

Although the SLC has not endorsed any specific legislative bill on this subject, it strongly approves the current efforts to achieve uniform, comprehensive and readily understandable laws and regulations with regard to the use of "living wills," durable powers of attorney for medical decisions, and "do not resuscitate" orders.

Among the essential elements of desirable legislation are provisions for an easily recognizable "do not resuscitate" identifier and a relief from liability for medical personnel (especially emergency medical technicians) who, in good faith, refrain from heroic procedures after being made aware of "do not resuscitate" orders.

We commend the members and committees of the Legislature who are engaged in the study of this difficult subject and are quite willing to be of assistance in any manner which legislators may deem desirable.

(Written for submission to the Local Government Committee in Topeka, Kansas, January 31, 1994.)

John J. Conard

2-18

Hospice Care Letter
Aug-Sept 1993

Advance Directives: Taking Charge of Our Own Health Care Decisions

by John S. Homlish, PhD
Director of Training & Development

In 1979 the Kansas Legislature passed the "Natural Death Act" (K.N.D.A.). This Act was intended to legalize certain Advance Directives (commonly called "Living Wills"). The Act was also designed to reduce uncertainties about the validity of Living Wills on the part of health care providers, insurance companies and the public-at-large. The K.N.D.A. was also intended to reduce the potential for unnecessary and costly medical care, as well as the potential for costly and prolonged litigation associated with the legalities of a Living Will.

The Kansas Natural Death Act has been a prototype for similar legislation in other states and at the federal level. In addition to defining a Living Will and establishing standards for compliance, the K.N.D.A. includes a model of a Living Will.

The model Living Will has three sections which are to be completed and witnessed separately:

Section 1: This section contains a legally valid Living Will which focuses on a person's right to have various artificial life-sustaining procedures withheld or withdrawn when quality of life issues are at stake.

Section 2: This portion of the Advance Directive lists "Optional Additional Instructions" which state whether or not the person intends to have specific procedures withheld or withdrawn when quality of life issues are at stake.

Section 3: This section covers the "Durable Power of Attorney for Health Care Decisions". This refers to naming a person designated to make known the patient's intentions whether or not to withhold or withdraw medical procedures, when the patient is incapable of communicating his/her intentions.

The Kansas Natural Death Act also includes detailed specifications for completing a Living Will, including requirements for witnesses or notarization.

Midland Hospice Care encourages everyone to complete a Living Will and provide signed copies to their physician, family members, clergy and whomever else they choose.

A copy of a model Living Will, including complete requirements and instructions, can be obtained by calling Chris McCurtain, L.S.C.S.W, Director of Family Services at 232-2044.

THANK YOU!!

Jetz Service Company graciously donated a washer and dryer to Hospice House for use by the Activity Center in their upkeep of the kitchen linens. We want to extend a heartfelt thank you to them for their donation.

We're Late, We're Late for a Very Important Date

We missed our "deadline" for putting out this newsletter because we have taken it "in-house" for writing and editing. It has been a new but exciting experience. Please bear with us as we feel our way along as editors and publishers. We want to bring you information about what is happening here and ask for your assistance wherever you feel you can help. Thanks for your support.

May We Continue To Send This To You?

Over the course of two and a half years, this newsletter has been going out to more than 4,000 friends, relatives and interested community members with whom we have worked. It is a privilege to be able to come into your home with our information. However, if this newsletter is no longer of value to you, would you please call us so that we may remove your name from our mailing list? We want to be good stewards of the money that is required to mail it and, thus, need your help. Call Dianne at 232-2044 if you would like us to remove your name from the list.

About Midland Hospice & Careletter

CareLetter is published six times a year by Midland Hospice Care, Inc. Midland Hospice serves patients/clients in Shawnee, Osage and Wabaunsee Counties, plus northeast Morris County in Kansas. Midland Hospice seeks to serve all patients with a terminal diagnosis and is not confined to a cancer diagnosis. The program provides assistance with care in the home in the areas of nursing, social work, home health care, pastoral care, volunteer support and bereavement.

President: Harold Morris
Executive Director: Karren Weichert
1272 SW Fillmore Topeka, Kansas 66604-1167 (913) 232-2044

Cards carry instruction: 'Do Not Resuscitate'

MORGANTOWN, W.VA. (AP) — Virgie Dorinzi has little faith in "living wills" and other documents that say her aunt should be allowed to die peacefully if her fragile heart stops beating.

But a new "Do-Not-Resuscitate" card, signed by a physician, is comforting thousands of people in West Virginia and 16 other states that they or their relatives do not have to be revived when they are close to death.

"If you call 911, their duty calls for them to resuscitate. You can't stand back and say this woman has a living will and you can't do that," said Dorinzi, 43.

Dorinzi's aunt is 64 and deaf. She communicates through sign language. She has a long history of heart trouble; her doctor has recommended against resuscitation.

"I'm not sure that it's going to be an easy or difficult choice, but you have to do what the patient wants, and she doesn't want life on a respirator," Dorinzi said.

The cards, first introduced in 1991 in Montana, allow people to decide whether they want to be revived should they stop breathing or go into cardiac arrest.

People can make their wishes known in living wills, but emergency crews are still required to perform lifesaving techniques. The cards, however, permit crews to let the patient die without legal liability.

"They've already made a decision about what they want to have done with their own body and it doesn't have to be a court or someone that doesn't know them making the decision," said state Delegate Brian Gallagher, sponsor of the West Virginia legislation.

In the past two years, the cards also have been approved for use in Arizona, Colorado, Florida, Georgia, Illinois, Maryland, New Mexico, New York, Pennsylvania, Rhode Island, Tennessee, Utah, Virginia, Washington and Wyoming.

Arizona has the most liberal program in the country, according to Dr. Ken Iserson, director of the Arizona Bioethics Program at the University of Arizona.

Although some states like Virginia limit the recipients to terminally ill patients, anyone in Arizona can have a card, including children.

Ann Fade, director of legal services for New York-based Choice in Dying, said her agency recommends the cards for terminal patients; frail, elderly patients and "anybody who's in poor health."

2-20

Bad time to weigh care options

New law failing to enlarge patient role in decisions

BY DON McLEOD

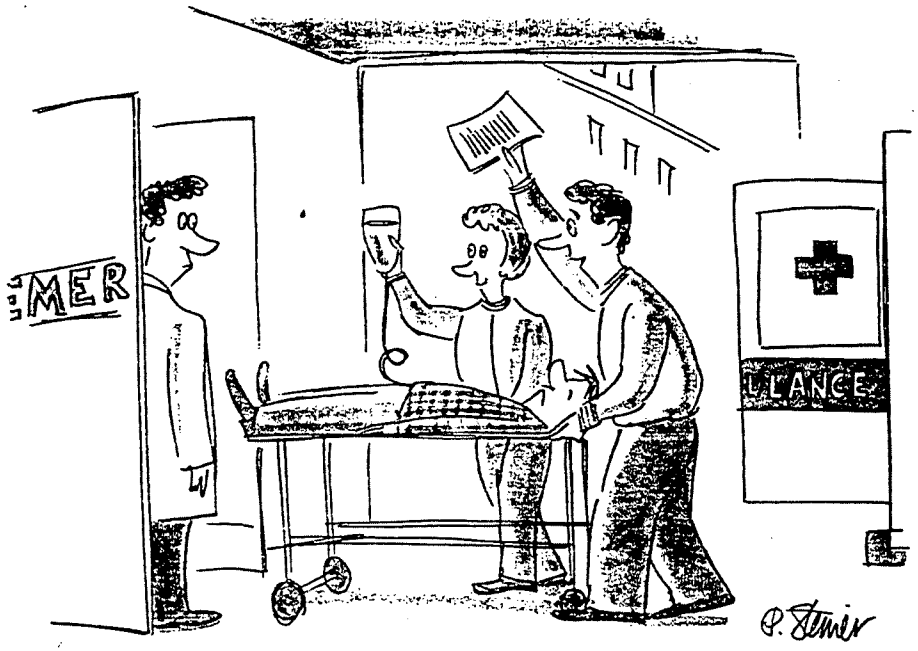
In the aftermath of a new federal law, patients now are supposed to be exerting greater control over end-of-life medical decisions in hospitals and nursing homes.

Indeed, both patients and doctors are supposed to be having fuller discussions about the kind of treatment patients might want should a life-or-death decision become necessary.

But two years after the Patient Self-Determination Act (PSDA) took effect, patients appear to be playing no greater role in medical decision making than they were before.

Talks with doctors, hospital administrators, government officials and health-care analysts across the country suggest that the new federal law is having only a modest impact.

"I think we're falling miserably short of our goal," says Janicemarie Vinicky, director of the Bioethics Department at Washington Hospital Center in Washington, D.C.



"We have a strong pulse, regular heartbeat and advance directives."

Medical ethicist Joanne Lynn, M.D., agrees. "My impression as a clinician is that [the new law] hasn't made much difference," says Lynn, a professor of medicine at Dartmouth Medical School. "I think that we've thrown a fair amount of paper at people, [but] only in a few instances have institutions gotten behind [the law] and changed practices in a way that's likely to make any difference."

The new law, effective since December 1991, requires providers to give patients two types of information:

- Their right, under state law, to make decisions about their medical care (including the right to refuse medical treatment);
- Their right to prepare legally binding advance directives—instruments in which they specify whether they want life-sustaining care if they become incapacitated (see box, page 5).

The law applies to all health-care facilities getting funds from Medicare or Medicaid, including hospitals, nursing facilities, home-care programs and health maintenance organizations.

The importance of advance directives was dramatized by the Supreme Court's 1990 landmark decision in the Nancy Cruzan case. Her parents for years had sought permission to stop tube-feeding their daughter, Nancy, who had sustained irreversible brain damage in a 1983 car accident.

The court ruled that states had a right to require "clear and convincing" evidence of a patient's wishes before taking any kind of life-ending step.

The court also ruled, however, that states must honor a patient's right to refuse treatment, even if that patient is unconscious, just so long as he or she has provided instructions in advance.

Nancy, it turned out, had left no such instructions. The Cruzans later were permitted to remove her feeding tube, but experts said that the process would

have been less exhausting if Nancy had left an advance directive.

In passing PSDA, lawmakers hoped that requiring facilities to inform patients about such directives would lead to a rise in their use and end court involvement in end-of-life treatment decisions.

Many institutions appear to be complying with at least the letter of the law, and some are even going to great lengths to comply. Incoming patients at Mount Vernon Hospital in Alexandria, Va., are given a booklet explaining "Your Right to Decide," containing information about advance directives.

At Methodist Hospital in Indianapolis, the staff nurse who admits patients to a particular floor or unit asks them if they have an advance directive.

If the patient says he or she has one, a copy is requested for the hospital record. If the patient has none but wants more information, the nurse arranges for a follow-up visit from the hospital's chaplaincy service.

At Mt. Sinai Medical Center in New York City, efforts are made to involve the entire staff in the process. "The actual presentation of the material is done at admitting," says Robert Butler, M.D., chairman of the geriatrics department. "But the doctors are encouraged to do the real work of discussing it with the patient."

Despite the best efforts of some hospitals, there is growing evidence that many patients aren't getting the word about advance directives. Or, if they are, they aren't taking action.

A recent survey of 1,553 patient charts at 72 facilities in six states, conducted by the Inspector General's Office of the Department of Health and Human Services, found that only 21 percent of patients had actually executed an advance directive.

The number corresponds with the 15 to 20 percent of Americans reported to be using advance directives before December 1991, leading experts to conclude that usage hasn't increased during the law's 24-month life.

"Awareness [of directives] has improved," says Vinicky of the Washington Hospital Center. "But I don't think we're doing a better job of getting people to think about the issues."

Explanations abound. "There is enormous variation in how [PSDA] is being implemented [at hospitals], from wonderfully to horribly," says Karen Kaplan, executive director of the patient advocacy group Choice in Dying in New York. "And our concern is that the weight is on the side of horribly."

Moreover, there's mounting evidence that even when patients execute advance directives they don't always become a consistent or reliable part of a patient's hospitalization record.

Hospitals attribute poor performance to the fact that advance directive screening is one more chore piled on busy employees. A spokesman for the American Hospital Association says that in most cases the screening is done by harried admissions clerks who are charged with implementing the key provisions of the law.

Hospital officials note that the new law provides no funds to hire new staff or train existing personnel.

But not only is the admissions clerk in a tough situation, say experts. So is the incoming patient. "Admission time is not the time to raise this kind of an issue," says Jeanne Dooley, an AARP senior program specialist.

Mt. Sinai's Butler shares this concern. "Once the patient is in the hospital the anxiety level goes up, understandably," Butler says. "I think what is missing is the doctor in the doctor's office." Butler and other experts think doctors and patients should face these issues long before there's an illness.

AARP's Dooley says advance directive decisions should be a family matter discussed well before they're needed.

Congress sometime this year is expected to re-examine PSDA and its shortcomings. Sen. John Danforth, R-Mo., one of the architects of PSDA, told the Bulletin he will seek Senate hearings "on ways to increase the statute's effectiveness in encouraging patients to take control of their own care."

What are advance directives?

There are two basic kinds of advance directives for people to declare their health-care wishes.

A living will specifies exactly what kind of treatment a person would want in the eventuality he or she becomes incapacitated and unable to communicate instructions. One problem with living wills is that they fail to cover every medical contingency.

Durable powers of attorney for health care designate someone to make these decisions for a patient who is unable to make his or her own desires known.

For more information, the following materials are available:

To order "Tomorrow's Choices" (stock no. D13479) and "Health Care Powers of Attorney" (stock no. D13895), write: Membership Communications, Box Wills, AARP, 601 E St. N.W., Washington, D.C. 20049.

"Planning for Incapacity: A Self-Help Guide" contains forms and more detailed information. Available for $5 from AARP Legal Counsel for the Elderly, P.O. Box 96474, Washington, D.C. 20090-6474.

TIME TO GO

Pardon me, doctor, but may I die?
I know your oath requires you to try to keep me alive
So long as my body is warm and there is a breath of life,
But listen, Doc, I've buried my wife,
My children are grown and on their own.
My friends are all gone, and I want to go, too.
No mortal man should keep me here
When the call from Him is unmistakably clear.
I deserve the right to slip quietly away.
My work is done and I am tired.
Your motives are noble, but now I pray
You can read in my eyes what my lips can't say.
Listen to my heart and you'll hear it cry
Pardon me, Doc, but may I die?

Ame

TESTIMONY
for the
LOCAL GOVERNMENT COMMITTEE
on
HOUSE BILL 2103
by
John J. Conard
March 18, 1994

Mr. Chairman and members of the committee: I am John Conard of Route 1, Lecompton, appearing on behalf of the State Legislative Committee of the American Association of Retired Persons.

The State Legislative Committee has been following, for the past two years, efforts of certain AARP members and the Silver Haired Legislature to secure passage of improved legislation governing the use of "Do Not Resuscitate" orders and directives. The SLC endorses the provisions of House Substitute for HOUSE BILL No. 2103 and the principles which have been implied in the House consideration and passage of this bill.

While the SLC has not participated in drafting the specific language of 2103, it has carefully considered and supported the principles involved. The over-riding principle is the simple fact that mature human beings of sound mind should have the right to direct, in advance, that cardiopulmonary resuscitation not be undertaken in case they suffer cardiac arrest or discontinuance of breathing. We further believe that, when such a decision has been made, a standardized DNR identifier should be available which can be easily and instantly recognized by emergency medical personnel who may become involved.

We believe that House Substitute for HOUSE BILL No. 2103, with amendments recommended by the Kansas Medical Society, if this committee sees fit to adopt them, should be passed by the Senate and signed by the Governor of the State of Kansas. It will be an important step toward assuring that decisions concerning the use of cardiopulmonary resuscitation are made by the persons most directly affected.

Thank you.

Senate Local Gov't
3-18-94
Attachment 3

My name is, Neva Martin. I am 64 years old and have lived in the same place, 336 SE Stanton Rd., Tecumseh , for 40 years. My husband and I have a small backyard greenhouse business. Tom is a retired postmaster.

First let me state that I do not favor euthanasia or mercy killing, or abortion as a means of birth control. I believe that God determines our time on earth and we have no more right to prolong life artifically than to take life. I know this is a very complex issue, but feel it must be faced. There should be uniform rules across the state & nation, and a card or something similiar for people who do not wish to be resucitated to carry or wear. I think the time has come for some sort of action. There are heavy moral issues here. Also ethical, political, and financial issues.

I'd like to tell you what I have had to do in the last 2½ years. Dealing with the death of those we love is not easy at best and the trauma should be kept as little as possible for everyone involved.

Several years ago my Father developed a heart condition, and elected to treat it with medication, and no catherization or surgery. 2½ years ago Dad was admitted to the hospital for the first time in his life after suffering a stroke. In spite of treatment he continued having small strokes. Being an only child, and having a Mother who was never able to cope with such things, I was totally responsible. After evaluation Dr. Sheehy and I agreed on a DNR order. Two weeks later, after ups and downs, mostly downs, Dad was transferred to the rehabilition Hospital. During the checking in procedure, I asked the doctor about the DNR order. (Did it come with him from the hospital?) No. Also they would have to talk to Dad about it. At this time, he's tied in a wheelchair with his head on his chest. Becauseit was late afternoon and I had to get clothes for Dad and get home to care for Mother(Who by this time was ill from all the hubub)I didn't pursue the DNR order at that time.

That evening Dad had a massive seisure and stopped breathing. The ambulance was called, he was resucitated, and rushed to the hospital on a respirator. The intensive care nurse said, "if you don't want him resucitated if his heart stops, you'd better get the doctor and get a DNR. Dr. Huang who seen him before was there and gave the DNR order. He also talked to me about removing the respirator, saying the quality of life was such that he would just go down hill from there.

Let me tell you signing a DNR is a lot easier than removing a respirator. However after thought and prayer, I agreed to have it removed. Dad continued to breathe and was put back in a room the next day to survive another two weeks with feeding tubes etc.

The time came to transfer him to a nursing home. I asked if the DNR would go along. They assured me that the doctor had taken care of it. NOTE: By this time my Mother was requiring almost full time care. That evening the nursing home called and said there is no DNR and if anything happens we'll have to call 911. You will have to write an order and have your Mother sign it, as well as yourself and bring it in for tonight. In the morning I had to go to the doctors office and get a DNR from him.

In 4 weeks, I had been through getting 4 DNR,s and removing a respirator. No one should have to go through that.

Senate Local Gov't
3-18-94
Attachment 4

March 18, 1994

TESTIMONY BEFORE THE SENATE LOCAL GOVERNMENT COMMITTEE

by Joan S. Woodard, Vice Chair of the Johnson County Delegation
Silvered Haired Legislature

My name is Joan Woodard. I have been delegated by the Speaker of The Kansas Silver Haired Legislature as official spokesperson for the organization. I am testifying in favor of House Substitute for House Bill No. 2103.

I am grateful for the opportunity to speak to you this morning. I am very supportive of this legislation and of those who are testifying in favor of its passage. My experiences as a registered nurse have given me an understanding of some of the problems this bill is trying to eliminate for people who are nearing the final phase of their lives. My experiences have also given me an understanding of the dilemmas faced by medical personnel who care for them.

This bill addresses a most unfortunate reality. That reality is that present DNR request forms from one institution, such as a hospital, are not accepted at the nursing home to which a former hospital patient may be sent. The ill elderly patients and/or their family have to walk over a mine field of signing and resigning DNR request forms every time there is a transfer between institutions. A standardized form, recognized state wide, will spare elderly patients and their families from this confusing repetition. Accepting existing DNR request forms from various medical care facilities and considering them in substantial compliance until January, 1995, would also lessen this pile of paper work.

There is also the ethical concern of respect for the elderly patients. Patients do have rights. They should be allowed some self determination on how to spend their remaining years. Signing a DNR order usually is a difficult, difficult choice for an elderly patient and for his family who may find it hard to let go.

Older people need simplicity. The care environment should stress simplicity and respect for elderly. By the time the need arises for a decision to be made regarding a DNR request, some patients can no longer deal with repeated requests to sign the same document over and over again. We do not need to unintentionally harass those who are trying to retain their dignity at the end of their lives and who feel they have made the best choice possible.

Senate Local Gov't
3-18-94
Attachment 5

State of Kansas
BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3826
(913) 296-7296 *Administration*
(913) 296-7403 *Education & Training*
(913) 296-7299 *Examination & Certification*
(913) 296-7408 *Planning & Regulation*
(913) 296-6212 *FAX*

Bob McDaneld
Administrator

Joan Finney
Governor

DATE: March 18, 1994

TO: Senate Local Government Committee

FROM: Bob McDaneld

SUBJECT: Testimony in support of HB 2103

The Board of Emergency Medical Services is the state agency which regulates pre-hospital emergency medical services. Agency responsibilities include the permitting of ambulance services, the licensing of vehicles, and the training, examination and certification of ambulance attendants and instructors. The board also provides an emergency radio communications system in 51 counties and supports four regional EMS councils.

Creation of out-of-hospital "do not resuscitate" orders and providing liability protection for attendants who comply with these orders are important issues for providers of emergency medical service. The board first introduced legislation to address these issues in 1991, and has worked with a number of organizations, including the Kansas Medical Society and the Silver-hair Legislature, to achieve its objectives.

HB 2103 provides legal protection for health care providers, including ambulance attendants, when they follow the wishes of the patient, as expressed in an approved form, to not provide cardiopulmonary resuscitation. The bill also provides for a specific identifier to be used in lieu of the approved form.

The Board of Emergency Medical Services supports HB 2103 and requests that the committee report it favorably. If HB 2103 becomes law, the needs of terminally ill patients and their families will be met and the legal risks for attendants who comply with "do not resuscitate" orders will be minimized.

RM/st

Senate Local Gov't
3-18-94
Attachment 6

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

March 18, 1994

To: Senate Local Government Committee

From: Chip Wheelen, KMS Director of Public Affairs

Subject: House Substitute for House Bill 2103

The Kansas Medical Society concurs with the intent of SubHB2103 which is to allow a citizen of our State to execute an advance directive expressing his or her desire to reject a certain kind of medical care that would otherwise be administered if emergency personnel were summoned for any reason. We are, however, extremely concerned about the semantics employed in SubHB2103 because it uses a common clinical phrase to describe a new, legal document.

It is important to keep in mind that the phrase "do not resuscitate order" has been employed for many years in hospitals and nursing homes. It means that the physician who is responsible for the care of the patient has issued the DNR order, that is, instruction to the staff that the patient should not be resuscitated. This is typically done after the physician has consulted with members of the family who have agreed that the patient is dying and should be allowed to die without further medical intervention.

We believe that the clinical meaning of "do not resuscitate order" should be preserved and amended into the bill to clarify the distinction between a physician's DNR order and the citizen's advance directive. Our requested amendments are attached to this statement. If adopted, these amendments would call the directive exactly what it is, a DNR directive.

We also request your adoption of an amendment which would allow a DNR order to remain in effect when a patient is transferred from a hospital to a nursing home or vice versa. Because the patient is legally dismissed from one institution prior to being legally admitted to the other, there is a brief period of time when the patient is not admitted to either facility. This amendment would be needed for the sake of continuity.

The purpose of SubHB2103 is laudable. It is the product of much discussion among emergency medical professionals, health care providers, members of the Silver Haired Legislature, members of the AARP, other members of the public, an interim legislative committee, and the House of Representatives. We respectfully request that you correct the technical flaws and recommend passage of SubHB2103. Thank you for considering our concerns about this important legislation.

Senate Local Gov't
3-18-94
Attachment 7

Session of 1994

House Substitute for HOUSE BILL No. 2103

By Committee on Local Government

2-10

AN ACT concerning health care providers; relating to "do not resuscitate" orders.

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

Section 1. As used in this act:

(a) "Cardiopulmonary resuscitation" means chest compressions, assisted ventilations, intubation, defibrillation, administration of cardiotonic medications or other medical procedure which is intended to restart breathing or heart functioning;

(b) "do not resuscitate ~~order~~ or "DNR" ~~order~~ means a witnessed document in writing, voluntarily executed by the declarant in accordance with the requirements of this act;

(c) "health care provider" means a health care provider as that term is defined by K.S.A. 65-4915, and amendments thereto;

(d) "DNR identifier" means a medallion or bracelet designed to be worn by a patient which has been inscribed to identify the patient and contains the letters "DNR" or the statement "do not resuscitate" when such DNR identifier is distributed by an entity certified by the emergency medical services board;

(e) "physician" means a person licensed to practice medicine and surgery by the state board of healing arts; and

(f) "declarant" means any person who has executed a "do not resuscitate" ~~order~~ in accordance with the provisions of this act.

Sec. 2. A "do not resuscitate" ~~order~~ shall be in substantially the following form:

PRE-HOSPITAL DNR REQUEST FORM

An advanced request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will *not* prevent me from obtaining other emergency medical care by pre-hospital care providers or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time.

I give permission for this information to be given to the pre-hospital care providers,

amendments drafted by Chip Wheelen
Kansas Medical Society

directive"

(c) "do not resuscitate order" or "DNR order" means instruction by the physician who is responsible for the care of the patient while admitted to a medical care facility licensed pursuant to K.S.A. 65-429 and amendments thereto or an adult care home licensed pursuant to K.S.A. 1993 Supp. 39-928 and amendments thereto;
and reletter ensuing subsections

directive

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doctors, nurses or other health care personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) ~~order~~ directive.

Signature	Date
Witness	Date

I AFFIRM THIS DIRECTIVE IS THE EXPRESSED WISH OF THE PATIENT, IS MEDICALLY APPROPRIATE, AND IS DOCUMENTED IN THE PATIENT'S PERMANENT MEDICAL RECORD.

In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

Attending Physician's Signature *	Date
Address	Facility or Agency Name

* Signature of physician not required if the above-named is a member of a church or religion which, in lieu of medical care and treatment, provides treatment by spiritual means through prayer alone and care consistent therewith in accordance with the tenets and practices of such church or religion.

REVOCATION PROVISION

I hereby revoke the above declaration.

Signature	Date

Sec. 3. A "do not resuscitate" ~~order~~ directive shall be: (a) In writing; (b) signed by the person making the declaration, or by another person in the declarant's presence and by the declarant's expressed direction; (c) dated; and (d) signed in the presence of a witness who is at least 18 years of age and who shall not be the person who signed the declaration on behalf of and at the direction of the person making the declaration, related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession of this state or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Sec. 4. No health care provider who in good faith causes or participates in the withholding or withdrawing of cardiopulmonary resuscitation pursuant to a "do not resuscitate" order or directive or the presence of a DNR identifier shall be subject to any civil liability nor shall such health care provider be guilty of a crime or an act of unprofessional conduct.

Sec. 5. Any document or other method of establishing a "do not resuscitate" order or directive which has been adopted by a medical care facility, an adult care home, or an emergency medical service prior to the

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effective date of this act shall be considered in substantial compliance with the definition of a "do not resuscitate" order under this act ~~until January 1, 1995~~.

Sec. 6. ~~(a)~~ The emergency medical services board shall certify pursuant to rules and regulations entities which distribute DNR identifiers. Such entities may be certified when a DNR identifier is distributed only pursuant to a properly executed "do not resuscitate" ~~order~~ and when such entity maintains a toll free, staffed telephone line that may be called at any time to verify the identity of the patient.

~~(b)~~ The board may adopt rules and regulations necessary to implement the provisions of this act.

Sec. 7. This act shall take effect and be in force from and after its publication in the statute book.

or directive

delete

directive

Sec. 7. A "do not resuscitate" order established while the patient is admitted to a medical care facility licensed pursuant to K.S.A. 65-429 and amendments thereto or an adult care home licensed pursuant to K.S.A. 1993 Supp. 39-928 and amendments thereto shall remain valid during transport of the patient between such medical care facility and an adult care home or between such adult care home and a medical care facility unless rescinded by the physician who is responsible for the care of the patient.

¶Sec. 8.

and renumber the last section

R-7

TESTIMONY IN SUPPORT OF HB2103
Dennis P. Sosna, Supervisor
Johnson County MED-ACT
March 18, 1994

Good morning ladies and gentlemen. I am Dennis P. Sosna and I am an Operations Supervisor with Johnson County Med-Act. I am also an original member of a task force created in 1988 through the Midwest Bioethics Center in Kansas City. The task force developed the "Outside the Hospital Do Not Resuscitate Form" (DNR) and a program for implementing the use of that form. I have been intimately involved in the implementation of this program in Johnson County over the last 5 years. The program has worked well in Johnson County and has provided county and state citizens with a vehicle to use as an advanced directive to notify paramedics or other health care providers in an emergency situation of their desire not to be resuscitated.

Certainly, bioethical issues have become a major focus area for lawmakers and ethics committees in Kansas. As these issues evolve, so must we. Citizens of this state have a legal and ethical right to have Cardiopulmonary Resuscitation (CPR) withheld. Johnson County Med-Act supports House Bill 2103 because it lends credibility and statutory recognition to DNR programs. I have heard from other agencies involved in the delivery of Emergency Services in Kansas and I feel there is strong support for this bill in all of those agencies.

In the original strategy for implementing a DNR program outside the hospital, legislation of this type was considered a key ingredient in the program's acceptance and success. It is an important part of a total DNR package. A total DNR package clearly allows the right thing to happen even in an emergency and the legislation as part of that package gives protection to those caregivers who would follow such an advanced directive in good faith.

In 1988 the American College of Emergency Physicians published a position paper that gave directives for creating programs for Do Not Resuscitate orders outside the hospital. Included in those directives is a call for legislation to support those programs. We feel this bill meets that call.

Thank you for allowing me to speak today and I ask for your support on this bill. I would like to answer any questions that you have at this time.

Senate Local Govt
3-18-94
Attachment 8

Tom Bell

KANSAS HOSPITAL ASSOCIATION

Memorandum

Donald A. Wilson
President

March 17, 1994

TO: Senate Local Government Committee

FROM: Kansas Hospital Association

RE: **Sub. HB 2103**

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Sub. HB 2103. This bill statutorily recognizes do not resuscitate (DNR) orders as valid directives. The bill permits any person to execute an order directing no medical procedure be utilized to restart breathing or heart functioning if the person's heart or breathing stops.

Although we have no problem with the concept behind the bill, we think there needs to be some clarification between HB 2103's "pre-hospital" DNR request form and the actual in-hospital DNR order, which is often simply a part of the patient's medical record. We are aware that the Kansas Medical Society has prepared amendatory language, and we think such an amendment will help to resolve any confusion.

Thank you for your consideration of our comments.

/cdc

Senate Local Gov't
3-18-94
Attachment 9

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