

Alaska State Legislature

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Representative Lesil McGuire
Chair, Judiciary Committee

Sponsor Statement **HB 214**

"An Act relating to anatomical gifts and the anatomical gift donor registry program."

Last year the Alaska Legislature passed the Anatomical Gifts Registry Bill, which created an official organ donor registry program at the Department of Motor Vehicles. Through this program an organ donor's wishes are kept on record in a central database and are transferred to Life Alaska Donor Services, the state's organ & tissue donor program. This information allows Life Alaska to quickly match the donor's gift to a potential recipient, saving time and lives.

HB 214 makes several simple but important changes to existing law to further the intent of the original enabling legislation and to continue to move the donor registry forward in the State of Alaska. This bill works to make the Alaska Donor Registry program inclusive rather than exclusive, offers expanded definitions that act to clarify the agencies that are responsible for donation within the state as well as for the people who are trained to do the actual recovery procedures, allows increased notification for greater donation potential, and clears up inconsistencies between federal rulings and state laws.

When the Anatomical Gifts Registry Bill was submitted for consideration and subsequently passed into law in the 2004 legislative session, it was done so with the clear intent that the donor registry be operated from within the State of Alaska and not controlled by an out-of-state agency. However, as the law now reads, an out-of-state organ procurement organization has sole control of the registry, excluding the in-state procurement organization. HB 214 would change AS 13.50 to be inclusive rather than exclusive allowing access to both in-state and out-of-state procurement organizations. The current definition of "procurement organization" within AS 13.50.190 and the definition of "organ procurement organization" within AS 13.52.390 are defined as the "organization designated by the United States Department of Health and Human Services..." This definition is restricted to the regional organ procurement organization only. While it is important to have the regional organ procurement organization represented in the state, it is equally important that the in-state procurement organization not be excluded from donation and donation decisions that benefit all Alaskans. HB 214 will change the definitions within both sections to be more inclusive of all procurement organizations and allow them to function equally for the good of donation throughout Alaska.

Also, the current definition of "technician" within AS 13.52.390 is too restrictive and not in line with the laws of any other state. Recognized technicians throughout the state who recover tissues have never been licensed or certified by the State Medical Board. In fact, the State Medical Board does not have a process to license or certify technicians to procure tissues. The

FDA, which regulates the tissue procurement agencies, defines a technician under 21 CFR 1271.170 for recovery personnel only by “requir[ing] establishments to employ sufficient personnel with the necessary education, experience, and training to ensure competent performance of their assigned functions.” HB 214 will change the definition of technician to more closely reflect the good tissue practices set out by the federal government.

In addition, AS 13.52.200(e) currently only addresses notification to the hospital. HB 214 would expand notification by allowing for law enforcement officers, fire fighters, paramedics, or other emergency rescuer personnel to contact a procurement organization directly. This would allow timely notification on non-hospital deaths to increase the potential of donation within the state.

Finally, there are two paragraphs within AS 13.52 that will be repealed in HB 214; the first being AS 13.52.200(b). This is in direct contradiction to 42 CFR 482.45, which requires the hospital to notify a procurement organization that will determine suitability of donation on *all* deaths or *imminent* deaths. The second is AS 13.52.200(c). This is burdensome to the hospital and is duplicating efforts that are already being done.