

## HOUSE AMENDMENTS TO HOUSE BILL 3092

By COMMITTEE ON HEALTH CARE

May 2

1 On page 9 of the printed bill, line 41, after the period delete the rest of the line and lines 42  
2 through 45 and insert:

3 “(1)(a) The Department of Human Services may allow an organ procurement organization to  
4 establish a donor registry.

5 “(b) Only one donor registry may be established within this state.

6 “(c) The donor registry shall comply with subsections (3) and (4) of this section.

7 “(2) The Department of Transportation shall:

8 “(a) Cooperate with a person who administers the donor registry established under subsection  
9 (1) of this section for the purpose of transferring to the donor registry all relevant information re-  
10 garding a donor’s making, amending or revoking an anatomical gift.

11 “(b) When requested by the organ procurement organization that has established the donor  
12 registry in this state, the department shall electronically transfer to the organ procurement organ-  
13 ization the name, address, birthdate and donor designation listed on the driver license or identifi-  
14 cation card of a person designated as a donor. The organ procurement organization shall treat the  
15 information transferred from the department as confidential and may use the information only to  
16 expedite the making of anatomical gifts authorized by the donor.”.

17 On page 10, delete line 1.

18 In line 2, delete “A” and insert “The”.

19 In line 11, delete the first “a” and insert “the”.

20 Delete lines 16 through 18.

21 Delete lines 24 through 27 and insert:

22 “(c) ‘Health care decision’ means any decision regarding the health care of a prospective donor.

23 “(2) If a prospective donor has a declaration or advance directive and the terms of the decla-  
24 ration or advance directive and the express or implied terms of a potential anatomical gift are in  
25 conflict regarding administration of measures necessary to ensure the medical suitability of a body  
26 part for transplantation, therapy, research or education, the prospective donor and the prospective  
27 donor’s attending physician shall confer to resolve the conflict.

28 “(3) If the prospective donor is incapable of resolving the conflict, one of the following persons  
29 shall act for the prospective donor to resolve the conflict:

30 “(a) An agent acting under the prospective donor’s declaration or advance directive; or

31 “(b) If an agent is not named in the declaration or advance directive or the agent is not rea-  
32 sonably available, another person authorized by law, other than in sections 1 to 22 of this 2007 Act,  
33 to make health care decisions for the prospective donor.

34 “(4) The conflict must be resolved as expeditiously as possible.

35 “(5) Information relevant to the resolution of the conflict may be obtained from the appropriate

1 procurement organization and any person authorized under section 8 of this 2007 Act to make an  
2 anatomical gift for the prospective donor.

3 “(6) During the resolution of the conflict, measures necessary to ensure the medical suitability  
4 of the body part may not be withheld or withdrawn from the prospective donor unless withholding  
5 or withdrawing the measures is medically indicated by appropriate end of life care.”

6 In line 31, after “(2)” insert “Subject to section 20 of this 2007 Act,”.

7 In line 34, after the comma delete the rest of the line.

8 In line 35, delete “2007 Act,”.

9 On page 11, line 7, delete “or therapy” and insert “, therapy, research or education”.

10 In line 30, after the period delete the rest of the line and lines 31 through 45 and insert “The  
11 procurement organization shall provide the medical examiner with all of the information that the  
12 procurement organization possesses that could relate to the decedent’s cause or manner of death.

13 “(6)(a) The medical examiner and the procurement organization may enter into an agreement  
14 establishing protocols and procedures governing their relationship when:

15 “(A) An anatomical gift of a body part from a decedent whose body is under the jurisdiction of  
16 the medical examiner has been or might be made; and

17 “(B) The medical examiner believes that the recovery of the body part could interfere with the  
18 post-mortem investigation into the decedent’s cause or manner of death or the documentation or  
19 preservation of evidence.

20 “(b) A decision regarding the recovery of the body part from the decedent shall be made in ac-  
21 cordance with the agreement.

22 “(c) The medical examiner and the procurement organization shall evaluate the effectiveness of  
23 the agreement at regular intervals but not less frequently than every two years.

24 “(7)(a) In the absence of an agreement establishing protocols and procedures governing the re-  
25 lationship between the medical examiner and the procurement organization when an anatomical gift  
26 of an eye or tissue from a decedent whose body is under the jurisdiction of the medical examiner  
27 has been or might be made, and following the consultation under subsection (5) of this section, the  
28 medical examiner may delay the recovery of the eye or tissue until after the collection of evidence  
29 or the post-mortem examination, in order to preserve and collect evidence, to maintain a proper  
30 chain of custody and to allow an accurate determination of the decedent’s cause or manner of death.

31 “(b) When a determination to delay the recovery of an eye or tissue is made, every effort pos-  
32 sible shall be made by the medical examiner to complete the collection of evidence or the post-  
33 mortem examination in a timely manner compatible with the preservation of the eye or tissue for  
34 the purpose of transplantation, therapy, research or education.

35 “(c) The collection of evidence or the post-mortem examination shall occur during the normal  
36 business hours of the medical examiner and, when possible and practicable, at times other than the  
37 normal business hours of the medical examiner.

38 “(d) If the collection of evidence or the post-mortem examination occurs at times other than the  
39 normal business hours of the medical examiner, the procurement organization shall reimburse the  
40 medical examiner a mutually agreed-upon reasonable fee.

41 “(8) If the medical examiner denies or delays recovery under subsection (6) or (7) of this section,  
42 the medical examiner shall:

43 “(a) Explain in a record the specific reasons for not allowing or for delaying recovery of the  
44 body part;

45 “(b) Include the specific reasons in the records of the medical examiner; and

1           “(c) Provide a record with the specific reasons to the procurement organization.

2           “(9) If the medical examiner allows recovery of a body part, the procurement organization shall  
3 cooperate with the medical examiner in any documentation of injuries and the preservation and  
4 collection of evidence prior to and during the recovery of the body part and, upon request of the  
5 medical examiner, shall cause the physician or technician who removes the body part to provide the  
6 medical examiner with a record describing the condition of the body part, a photograph and any  
7 other information and observations that would assist in the post-mortem examination.”.

8           On page 12, delete lines 1 through 10.

9           On page 20, line 1, delete “and” and insert a comma.

10          In line 2, after “Act” insert “and the repeal of statutes by section 31 of this 2007 Act”.

11          In line 4, delete “and” and insert a comma.

12          In line 5, after “Act” insert “and the repeal of statutes by section 31 of this 2007 Act”.

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