

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2451

2001 SENATE JUDICIARY

SB 2451

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2451

Senate Judiciary Committee

☐ Conference Committee

Hearing Date 19 February 2001

Tape Number	Side A	Side B	Meter #
1		x	51.8-end
2	x		0-7.1
Committee Clerk Signature			

Minutes: **Senator Traynor** opened the hearing on SB 2451: A BILL FOR AN ACT TO AMEND AND REENACT SUBSECTION 5 OF SECTION 23-07.5-02 OF THE NORTH DAKOTA CENTURY CODE, RELATING TO ACCESS TO A DEAD PERSON'S MEDICAL RECORD.

Larry Shireley, Department of Health, (testimony attached).

Senator Traynor, your first page of amendments, could you explain the underlined parts?

Larry Shireley, the underlined parts are fro the way the changes would be. After the amendments have been adopted.

Senator Trenbeath, I envision a situation more practical than what we're thinking. What happens if we have person who doesn't have a physician. We should add as well as those so exposed.

Larry Shireley, I have no problem with that.

Senator Watne, your taking this out and putting this in.

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Senate Judiciary Committee
Bill/Resolution Number 2451
Hearing Date 19 Feb 2001

Senator Lyson, can you explain significant exposure to me.

Larry Shireley, there is a definition in the bill. This only a subsection of that.

Senator Lee, sponsor of the bill, district 13, prime sponsor of the bill. Reason for the bill was the circumstances a friend found herself in. Friend did CPR on an individual, the individual died due to accident at work. My friend then wondered about the health risks she might have if this person lived a colorful life.

Senator Nelson, do you have anything in bill format?

Senator Lee, it was already handed out.

Senator Traynor closed the hearing on SB 2451.

**SENATOR LYSON MOTIONED TO ADOPT AMENDMENTS. SECONDED BY
SENATOR BERCIER. VOTE INDICATED 6 YEAS, 0 NAYS AND 1 ABSENT AND
NOT VOTING. SENATOR LYSON MOTIONED TO DO PASS AS AMENDED,
SECONDED BY SENATOR BERCIER. VOTE INDICATED 6 YEAS, 0 NAYS AND 1
ABSENT AND NOT VOTING. SENATOR TRENBEATH VOLUNTEERED TO CARRY
THE BILL.**

Date: 2/20/01
Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2451

Senate	Judiciary	Committee
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☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Move Amendment

Motion Made By Lyson Seconded By Bercier

[illegible]

Total (Yes) 6 No 0

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 2/20/01

Roll Call Vote #: 2

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2451

Senate Judiciary

Committee

☐ Subcommittee on

of

☐ Conference Committee**Legislative Council Amendment Number**

Action Taken

Motion Made By

Seconded

By

[illegible]**Total (Yes)**

No

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2451: Judiciary Committee (Sen. Traynor, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2451 was placed on the Sixth order on the calendar.

Page 1, line 11, after the comma insert "collection of appropriate specimens and" and overstrike "any contagious disease" and insert immediately thereafter "bloodborne pathogens, including human immunodeficiency virus, hepatitis B, and hepatitis C infection"

Page 1, line 12, after "conducted" insert "within twenty-four hours. A licensed physician with expertise in infectious diseases shall make the determination of which tests are required. Results of these tests must be provided to the physician providing care for the person who experienced the significant exposure"

Page 1, line 13, replace "any contagious disease" with "bloodborne pathogens"

Page 1, line 14, replace "allow" with "provide" and after "the" insert "physician providing care for the"

Page 1, line 15, replace "access to" with "testing results of" and replace "human" with "bloodborne pathogen"

Page 1, line 16, remove "immunodeficiency virus test results"

Page 1, line 17, after "control" insert "within twenty-four hours. If there are no testing results for bloodborne pathogens within that facility and there is reason to believe that results are available from another facility, the facility that received the person who died shall attempt to obtain testing results of bloodborne pathogens of the deceased within twenty-four hours from the facility where it is believed results exist. The test results must be provided to the physician providing care for the person who experienced the significant exposure"

Renumber accordingly

2001 HOUSE JUDICIARY

SB 2451

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2451

House Judiciary Committee

☐ Conference Committee

Hearing Date 03-13-01

Tape Number	Side A	Side B	Meter #
TAPE II	x		902 to 1600
Committee Clerk Signature <i>Jean Deere</i>			

Minutes: Chairman DeKrey opened the hearing on SB 2451. Relating to access to a dead person's medical records.

Senator D Mathern: District 45. This bill would allow that if a person dies while being given treatment, that testing must be conducted within twenty four hours and given to a physician to check the tests.

Rep Delmore: Does the person having the testing done, have to ask for it.

Senator Mathern: No, this will be put into the code that it will be done.

Rep Grande: You said that the testing would be done within 48 hours.

Senator Mathern: No, it should be 24 hours.

Larry Shireley: North Dakota Department of Health. State Epidemiologist and Director of the Division of Disease Control (see attached testimony).

Rep Grande: If I am a first responder, how am I notified.

Larry Shireley: The notification process is under another section in the law.

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House Judiciary Committee
Bill/Resolution Number SB 2451
Hearing Date 03-13-01

Chairman DeKrey: If there are no questions, thank you for appearing before the committee. Is there any one wishing to appear neutral, in opposition, seeing none, we will close the hearing on SB 2451.

COMMITTEE ACTION

Chairman DeKrey: what are your wishes. Rep Delmore moved a DO PASS, seconded by Rep Grande.

DISCUSSION

The clerk will call the roll on a DO PASS motion on SB 2451. The motion passes with a vote of 13 YES, 0 No and 2 ABSENT. Carrier Rep Kingsbury.

Date: 03-13-01
Roll Call Vote #: /

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB-2451

House JUDICIARY Committee

☐ Subcommittee on _____
or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Rep Delmore Seconded By Rep Grande

Representatives	Yes	No	Representatives	Yes	No
CHR - Duane DeKrey	✓				
VICE CHR -- Wm E Kretschmar	✓				
Rep Curtis E Brekke					
Rep Lois Delmore	✓				
Rep Rachael Disrud	✓				
Rep Bruce Eckre	✓				
Rep April Fairfield					
Rep Bette Grande	✓				
Rep G. Jane Gunter	✓				
Rep Joyce Kingsbury	✓				
Rep Lawrence R. Klemin	✓				
Rep John Mahoney	✓				
Rep Andrew G Maragos	✓				
Rep Kenton Onstad	✓				
Rep Dwight Wrangham	✓				

Total (Yes) 13 No 0

Absent 2

Floor Assignment Rep Kingsbury

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 14, 2001 10:47 a.m.

Module No: HR-44-5552
Carrier: Kingsbury
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2451, as engrossed: Judiciary Committee (Rep. DeKrey, Chairman) recommends DO PASS (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2451 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

SB 2451

Testimony on SB 2451

Regarding an Act to amend and reenact subsection 5 of section 23-07.5-02 of the North Dakota Century Code, relating to access to a dead person's medical records

**Before the
Senate Judiciary Committee
by**

**Larry A. Shireley, Department of Health
February 19, 2001**

Good morning, Chairman Traynor and members of the Committee. I am Larry Shireley, State Epidemiologist and Director of the Division of Disease Control of the North Dakota Department of Health. I am pleased to present this testimony in support of SB 2451 to provide appropriate medical information to a person who experiences a significant exposure after providing medical care to a person who subsequently dies.

However, I am proposing the amendment be expanded to correspond more appropriately with current public health and medical recommendations. The intent of the suggested additions is to provide a more definitive protocol to obtain appropriate medical information for the physician providing care for a person who experienced a significant exposure and ultimately to provide better medical care for that person.

I have provided a copy of the suggested changes and also a copy of how the legislation would read if the changes were adopted. The major changes and a discussion of the rationale for those changes are provided in the following:

- Added: testing for the presence of bloodborne pathogens, including HIV, hepatitis B, and hepatitis C infection under the guidance of a physician with expertise in infectious diseases.
 - Rationale: This replaces the terms "any contagious diseases" and directs testing for bloodborne diseases, such as HIV, hepatitis B and hepatitis C that are of most concern for transmission through a significant exposure. However, it also provides a physician the discretion to test for other bloodborne pathogens as they determine medically necessary. Testing for any contagious disease is vague and impractical. Also added was that testing be under the guidance of a physician with expertise in infectious disease. This provides increased medical credibility for the tests that are requested.
- Added: testing within 24 hours.
 - Rationale: Addition of a time period provides an impetus for prompt testing since time is critical to provide appropriate preventive treatment, if necessary, for the person who experienced the significant exposure.

- Added: results provided to the physician of the person providing care for the individual who was exposed rather than to the individual who experienced the exposure.
 - Rationale: Providing results directly to the person's physician provides for the continuity of care to enable the physician to interpret the significance of the results in order to make an informed decision for appropriate medical care and provide advice to the person who experienced the significant exposure.
- Added: requesting bloodborne pathogen results from another facility within 24 hours if there is reason to believe that results may be available.
 - Rationale: This provides an additional procedure to promptly obtain testing results that could provide valuable medical information for the physician of the person who experienced the significant exposure.

Mister Chairman, this completes my testimony. I would be pleased to answer any questions you or Committee members have regarding the proposed changes to SB 2451.

10770.0100
Fifty-seventh

Legislative Assembly **SENATE BILL NO. 2451**
of North Dakota

Introduced by
Senators D. Mathern, Lee
Representative Svedjan

A BILL for an Act to amend and reenact subsection 5 of section 23-07.5-02 of the North Dakota Century Code, relating to access to a dead person's medical records.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 5 of section 23-07.5-02 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows: 5. If a person who is the subject of a reported significant exposure is unconscious or incapable of giving informed consent for testing under this section, that consent may be obtained in accordance with section 23-12-13. If a person who is the subject of a reported significant exposure dies without an opportunity to consent to testing prior to admission to, or discharge or release from, the facility that received that person, collection of appropriate specimens and testing for the presence of bloodborne pathogens, including HIV, hepatitis B, and hepatitis C infection any contagious disease must be conducted within 24 hours. A licensed physician with expertise in infectious diseases shall make the determination of what tests are required. Results of these tests will be provided to the physician providing care for the person who experienced the significant exposure.

If a facility that received the person who died fails to test for the presence of bloodborne pathogens any contagious disease as required under this subsection, the facility shall allow provide the physician providing care for the exposed emergency medical services provider, health care provider, or person who rendered aid under chapter 32-03.1 access to testing results of any bloodborne pathogen human immunodeficiency virus test results present in any medical records of the dead person which are in the facility's control within 24 hours. If there are no testing results for bloodborne pathogens within that facility and there is reason to believe that results are available from another facility or facilities, the facility that received the person who died shall attempt to obtain testing results of bloodborne pathogens of the deceased within 24 hours from the facility or facilities where it is believed results exist. These test results will be provided to the physician providing care for the person who experienced the significant exposure.

10770.0100

Fifty-seventh

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of North Dakota

Introduced by
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If a facility that received the person who died fails to test for the presence of bloodborne pathogens as required under this subsection, the facility shall provide the physician providing care for the exposed emergency medical services provider, health care provider, or person who rendered aid under chapter 32-03.1 testing results of any bloodborne pathogen present in any medical records of the dead person which are in the facility's control within 24 hours. If there are no testing results for bloodborne pathogens within that facility and there is reason to believe that results are available from another facility or facilities, the facility that received the person who died shall attempt to obtain testing results of bloodborne pathogens of the deceased within 24 hours from the facility or facilities where it is believed results exist. These test results will be provided to the physician providing care for the person who experienced the significant exposure.

Testimony on SB 2451

Regarding an Act to amend and reenact subsection 5 of section 23-07.5-02 of the North Dakota Century Code, relating to access to a dead person's medical records

**Before the
House Judiciary Committee
by**

**Larry A. Shireley, Department of Health
March 13, 2001**

Good afternoon, Chairman DeKrey and members of the Committee. I am Larry Shireley, State Epidemiologist and Director of the Division of Disease Control of the North Dakota Department of Health. I am pleased to present this testimony in support of SB 2451 to provide appropriate medical information to a person who experiences a significant exposure after providing medical care to a person who subsequently dies.

The amendments to this statute provide a more definitive protocol to obtain appropriate and timely medical information for the physician providing care for a person who experiences a significant exposure as defined in other sections of the statute. In addition, the procedures help ensure confidentiality of patient information since the results are provided only to a physician while still enabling the individual who experienced the exposure to receive necessary and appropriate medical information.

Mr. Chairman, this completes my testimony. I would be pleased to answer any questions you or Committee members have regarding the proposed changes to SB 2451.