

# MICROFILM DIVIDER

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ROLL NUMBER

DESCRIPTION

1481

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Salvatore Riccardi  
Operator's Signature

10/16/03  
Date

2003 HOUSE HUMAN SERVICES

HB 1481

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Alveta Richard  
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10/6/03  
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1481

House Human Services Committee

☐ Conference Committee

Hearing Date February 3, 2003

Tape Number	Side A	Side B	Meter #
1	x		17.4 - 47.3
1	x		51.9 - 60.1
Committee Clerk Signature <i>Sharon Rengren</i>			

Rep. Severson appeared as prime sponsor stating that Nurse Practitioners are usually the people to take care of the patient from the onset of illness to death and yet not able to sign the death certificates. They end up waiting several hours for a doctor and then need to explain what they did, etc., before the physician could sign the death certificate. It would help us immensely. The physician should be the first if there and under his care to sign it, but if not, the nurse practitioners should be able to. Its another tool to move ahead.

Rep. Amerman wondered about liability insurance and if this would rate any type of liability for a nurse practitioner if they were given the ability to sign death certificates?

Rep. Severson: Doesn't believe so

Dr. Craig Lambrecht, Senior State Medical Officer for ND Dept. of Health and ER Physician appeared neutral on the bill with written testimony.

Rep. Price asked Dr. Lambrecht to give explanation of what a nurse practitioner's duties are. He also stated that he has a relationship with 3 nurse practitioners and what that collaborative

Page 2

House Human Services Committee

Bill/Resolution Number HB 1481

Hearing Date February 3, 2003

agreement basically says is that there is a guaranteed close relationship with the physician. Even though they are independent and they can write their own prescriptions and a physician does not have to see the same patients that they do, there is a guaranteed line of communication between another individual who has an expertise in medicine. And most of the time those collaborative agreements work very well and there is good communication. Because potentially there's a malpractice or there's legal liability for myself over these individuals or the collaborative physician.

Questions of the committee in regard to situations where there may be a mortician who is the coroner or a sheriff is the coroner in small town areas and if a nurse practitioner would have more training than a mortician.

Rep. Amerman asked Dr. Lambrecht if there were some ramifications because several national organizations did not support this.

Dr. Lambrecht: No, we do not lose our funding if this passes.

Dr. Dennis Wolf, MD, Doctor of the Day appeared on behalf of himself against the bill stating that in some small towns, if you were to kill your spouse in one of those counties where the sheriff is acting as coroner and some of these counties do not do autopsies, you could probably get by with it because of non-trained personnel signing death certificates.

Rep. Price asked Dr. Wolf if he wouldn't feel more comfortable with a nurse practitioner signing the death certificate instead of a county sheriff?

Dr. Wolf: Yes I would, but we're now adding another person without training. If there was something in the bill that required so much training, it would be better.

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Richard Costa  
Operator's Signature

10/6/03  
Date

Page 3

House Human Services Committee

Bill/Resolution Number HB 1481

Hearing Date February 3, 2003

Rep. Porter: In the collaborative agreement, is that just a standard form agreement or is there a possibility that we don't have to get involved in the educational part of it?

Dr. Wolf: there is no formal training for a certain time, so doesn't think that a collaborating physician would want to allow a nurse practitioner that capability without some form of training..

Rep. Porter stated he doesn't feel that its his job to dictate that training and feels its up to the doctors and the practitioners in their collaborating agreement.

Rep. Porter stated again that this doesn't make sense that through their collaborative agreement that all of the concerns that have been brought by the Medical Assoc. and Health Dept. can't be addressed on a professional level with the collaborative agreement and doesn't see any reason why when you have a trained medical professional in a community why they can't operate and moves a Do Pass. Second by Rep. Wieland.

Rep. Price stated that is why she had Dr. Lambrecht go through what the nurse practitioner can or cannot do and it is strictly an agreement between that nurse practitioner and the physician. If the physician has a new nurse practitioner, I wouldn't think they would allow them a lot of different duties until they felt comfortable with them.

Rep. Kreidt stated that he worked until that situation at the nursing home and had a nurse practitioner who was there everyday and has almost become the doctor and feels they were very capable.

Rep. Wieland stated he would much rather have a nurse practitioner sign a death certificate than a sheriff and doesn't see any problem with this bill.

Rep. Niemeier feels that a nurse practitioner who takes care of the patient is certainly qualified.

Vote: 12 - 0 - 1 Rep. Kreidt to carry the bill.



REPORT OF STANDING COMMITTEE (410)  
February 3, 2003 1:57 p.m.

Module No: HR-20-1545  
Carrier: Kreidt  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
**HB 1481: Human Services Committee (Rep. Price, Chairman) recommends DO PASS**  
**(12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1481 was placed on the**  
**Eleventh order on the calendar.**

(2) DESK, (3) COMM

Page No. 1

HR-20-1545

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LoCosta Rickford  
Operator's Signature

10/6/03  
Date

2003 SENATE HUMAN SERVICES

HB 1481

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John Costa Richardson  
Operator's Signature

10/16/03  
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1481

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 12, 2003

Tape Number	Side A	Side B	Meter #
2	X		1216 - 3124
Committee Clerk Signature <i>Donna Kramer, Clerk</i>			

Minutes:

SENATOR JUDY LEE opened the public hearing for HB 1481 relating to the signing of death certificates by a nurse practitioner.

REPRESENTATIVE SEVERSON introduced the bill. He gave an example of a problem that arose when there was no doctor present at the time of a death. The nurse practitioner had to sit down with the doctor and tell him what was going with the nurse practitioner's patient. The nurse practitioner had taken care of the patient and yet could not sign the death certificate. ...

Reason for the bill. (Meter # 1261 - 1408)

BRIAN TWETE, Certified Family Nurse Practitioner who works at the Cooperstown Medical Center and at Northwood Deaconess Health Center, testified in support of HB 1481. ... Existing code too restrictive ... untimely delays ... (Written testimony) (Meter # 1444 -

DR. CONSTANCE KALANEK, Executive Director of the North Dakota Board of Nursing, testified in support. (Written testimony) (Meter # 1863 - 2076)

Page 2

Senate Human Services Committee

Bill/Resolution Number HB 1481

Hearing Date March 12, 2003

CRAIG LAMBRECHT, Senior Medical Officer for the North Dakota Department of Health,  
testified in a neutral position. (Written testimony) (Meter # 2154 - 2433)

SENATOR LEE: It doesn't require nurse practitioners to sign death certificates, as far as I can read, it would just allow them to. Continued discussion with Craig Lambrecht regarding inaccurate death certificates signed ... curriculum for nurse practitioners ... particularly long-term care facilities ... malpractice situation after death - death certificate being inaccurate ... death certificates signed off without a post mortem - that's where the problems lie ... (Meter # 2435 - 2890)

SENATOR LEE: Question for Dr. Kalenek - need for additional education?

DR. CONSTANCE KALANEK: Already included in the curriculum. ... (Meter # 2892 - 2933)

SENATOR LEE: Mr. Peske, do you see a liability issue?

DAVID PESKE, with the North Dakota Medical Association. ... On the House side, we stood in opposition because of the questions that the statute raised. ... Have since talked to a lot of doctors about this issue and most of them expressed comfort in allowing this to happen for the reasons that you've heard from the nurse practitioners and others. We are not in opposition at this point. ... (Meter # 2947 - 3107)

SENATOR LEE closed the public hearing. (Meter # 3124)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1481

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 12, 2003

Tape Number	Side A	Side B	Meter #
3	X		1100 - 1177
Committee Clerk Signature <i>Donna Kramer, Clerk</i>			

Minutes:

SENATOR JUDY LEE reopened the committee discussion for HB 1481 regarding signing of death certificates by a nurse practitioner.

SENATOR POLOVITZ made a motion to DO PASS.

SENATOR FAIRFIELD seconded the motion.

Roll call was read. 6 yeas 0 nays.

SENATOR POLOVITZ to be the carrier. (Meter # 1177)

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*Salvatore Riccardi*  
Operator's Signature

*10/16/03*  
Date

Date: 03-12-03  
Roll Call Vote #: (7)

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1481

Senate Human Services Committee☐ Check here for Conference Committee

Legislative Council Amendment Number

### Action Taken

**Motion Made By**

Seconded By

[illegible]

Total (Yes) 6 No 0

**Absent**

## Floor Assignment

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

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Operator's Signature *La Costa Richard*

10/16/03  
Date

REPORT OF STANDING COMMITTEE (410)  
March 12, 2003 4:05 p.m.

Module No: SR-44-4617  
Carrier: Polovitz  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
**HB 1481: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS**  
**(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1481 was placed on the**  
**Fourteenth order on the calendar.**

(2) DESK, (3) COMM

Page No. 1

SR-44-4617

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La Costa Rickford  
Operator's Signature

10/16/03  
Date

2003 TESTIMONY

HB 1481

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Salvatore Riccardi  
Operator's Signature

10/6/03  
Date

**Testimony**

**House Bill 1481**

**House Human Services Committee**

**February 3, 2003**

**8:30 a.m.**

**North Dakota Department of Health**

Chairman Price and members of the Committee, my name is Craig Lambrecht. I am the Senior State Medical Officer for the North Dakota Department of Health. I am also a practicing emergency physician, and I have collaborative agreements with three nurse practitioners. I am here to provide neutral testimony on House Bill 1481.

Death certificates are used as the legal record of death. The information from the certificates, especially cause of death, is used to assess the health status of North Dakotans and to guide health policy.

Several national organizations do not support medical certification of deaths by any individuals other than physicians. For example, the National Association of Public Health Statistics and Information Systems feels strongly that only licensed physicians should medically certify deaths to ensure that consistent and accurate information is recorded on death certificates. The Federal Model State Vital Statistics Act and Regulations, 1992 revision from the Centers for Disease Control and Prevention/National Center for Health Statistics, uses the term "physician" in all references pertaining to medical certification of death certificates.

Currently, three states - Montana, South Dakota and Oregon - allow nurse practitioners to medically certify deaths.

House Bill 1481 would allow streamlining and expediting the medical certification of deaths. Obtaining physician medical certification on a death certificate can be extremely difficult and time consuming. Rural health care facilities may not have full-time or regular physician staffing to certify deaths in a timely manner. The result can be a prolonged, delayed and difficult process for obtaining medical certification of deaths. Allowing nurse practitioners to medically certify deaths could reduce potential delays when physician medical certification is not practical or is difficult to obtain.

House Bill 1481 raises questions about the practical implementation and accuracy of medical certification of deaths. First, the majority of nurse

practitioners do not have formal education concerning specific duties and responsibilities with respect to accurate medical certification of deaths. It will be imperative that nurse practitioners conduct difficult as well as routine medical certification of deaths. Nurse practitioners lack experience identifying specific disease pathology as it pertains to death. The result could be inaccurate reporting on death certificates. Second, this law may raise credentialing issues within health care organizations, since it is likely that individual medical staffs and boards will have to credential nurse practitioners for medical certification of deaths. Finally, there is potential difficulty related to insurability and malpractice coverage for individual nurse practitioners and medical facilities that allow nurse practitioners to medically certify deaths.

The malpractice and medical-legal climate is one that does not embrace health care providers who undertake additional responsibilities in which the individuals do not have experience and demonstrated proficiency.

This completes my formal testimony. I am happy to answer any questions the Committee may have.

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Salvatore Rickford  
Operator's Signature

10/6/03  
Date

**Testimony**

**House Bill 1481**

**Senate Human Services Committee**

**March 12, 2003**

**11:00 a.m.**

**North Dakota Department of Health**

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House Bill 1481 raises questions about the practical implementation and accuracy of medical certification of deaths. First, the majority of nurse practitioners do not have formal education concerning specific duties and responsibilities with respect to accurate medical certification of deaths. It will be imperative that nurse practitioners conduct difficult as well as routine medical certification of deaths. Nurse practitioners lack

experience identifying specific disease pathology as it pertains to death. The result could be inaccurate reporting on death certificates. Second, this law may raise credentialing issues within health care organizations, since it is likely that individual medical staffs and boards will have to credential nurse practitioners for medical certification of deaths. Finally, there is potential difficulty related to insurability and malpractice coverage for individual nurse practitioners and medical facilities that allow nurse practitioners to medically certify deaths.

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**HUMAN SERVICES COMMITTEE**

**TESTIMONY RELATED TO SB 1481**

Chairperson Lee and members of the Human Services Committee, my name is Dr. Constance Kalanek, Executive Director of the North Dakota Board of Nursing.

On behalf of the board, I wish to offer testimony in support of HB 1481 relating to the proposed revisions to the NDCC subsection 4 & 6 of section 23-02.1-19 and subsection 3 & 5 of section 23-02.1-20, relating to the signing of death certificates by a nurse practitioner.

The North Dakota Board of Nursing comes before you today because we believe in establishing good public policy that is consistent with our mission set forth by this legislature. In fact, it is interesting to note that 26 years ago, in 1977, the North Dakota Legislature was very visionary when it enacted legislation that recognized the performance of additional acts to be performed by registered nurses practicing in expanded roles and gave the board of nursing the power to set standards for nurses practicing in specialized roles.

When you passed the legislation in 1977 you affirmed that advanced practice was within the scope of nursing practice. Since 1980, nurse practitioners have proven that they are competent providers of health care.

The Board of Nursing believes that the ability to pronounce a person dead is not a practice exclusive to medicine. Instead, is an "overlapping" or shared scope of practice between nursing and medicine. So it makes sense for the practitioner that is in charge of the patient's care during this time be able to complete the necessary medical certification. Nurse practitioners are certainly qualified to make this determination.

I have had nurse practitioners tell me that physicians have requested them to sign the death certificate because they were uncomfortable signing an official document for a person that they were not involved with as a provider of health care. This legislation makes good sense.

The effect of HB 1481 will assist the practitioners in this very rural state provide a necessary service. The Board recommends a do pass on this legislation.

Thank you for the opportunity to present testimony. I am now open to questions.

Testimony on HB 1481  
Senate Human Services Committee  
March 12, 2003

Chairperson Lee and members of the Senate Human Services Committee, thank you for the opportunity to testify on HB 1481 -pertaining to a possible amendment to the North Dakota Century Code, relating to the signing of death certificates by a nurse practitioner. My name is Brian Twete; I am a certified family nurse practitioner who works at the Cooperstown Medical Center and at Northwood Deaconess Health Center. I am here to testify in support of HB 1481 for several reasons.

First of all I would like to thank Representatives Severson, Devlin, and Froseth for introducing and supporting this legislation. This legislation is important to me personally, along with the board of nursing and families of the deceased.

The reasons I believe that HB 1481 needs to be passed are that with the existing Century Code only physicians and coroners are allowed to sign a death certificate which is too restrictive. Nurse practitioners are a vital role of the health care delivery system in North Dakota although are excluded from the current legislation. We provide health care throughout the life span of many individuals and need to be able to sign off on the death certification. An example of why this is necessary is when we have established patients who expire and have not been seen by a physician in several months or even a year. It is unfair for the physician to have to review and record the cause of death when the case is unknown to them. This is especially true when locum coverage is provided at several of the rural clinics and hospitals of North Dakota when they have never seen the deceased patient. Even more unfair is when the coroner needs to sign off on a certificate when no past medical history is known to them in the temporary absence of a physician when this information is known by the nurse practitioner who currently is not entitled to sign off.

In some cases untimely delays occur because of the necessary review of medical records by physicians unfamiliar with specific records. Completion of the form within the fifteen day time line can be difficult in these cases or the accuracy of the forms can be suspect when this occurs. There is no financial or reimbursement issues pertaining to this amendment to the existing Century Code as this is a form in which there is no reimbursement granted for completion. This form is only for statistical data for the state. Estate planning can be delayed unnecessarily in cases as such also. Family members also have commented on the fact that physicians (usually locum) who their loved one have never seen, signs off on the certificate in cases currently.

The surrounding states including Minnesota, South Dakota, and Montana all have legislation that is currently purposed in HB 1481.

Thank you for the opportunity to present testimony in support of HB 1481. I would ask for a "do pass" in the chambers of the senate as already done by the house. At this time I would be open to any questions that you may have.

Brian C. Twete, FNP-C  
Cooperstown Medical Center  
Cooperstown, ND 58245  
(701) 797-2128

*Richard Costa*  
Operator's Signature

*10/16/03*  
Date