

# Bill as Introduced

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HB 1430 - AS INTRODUCED

2010 SESSION

10-2594

08/05

HOUSE BILL            **1430**

AN ACT                relative to the uniform anatomical gift act.

SPONSORS:            Rep. Foose, Merr 1

COMMITTEE:          Health, Human Services and Elderly Affairs

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ANALYSIS

This bill adopts the uniform anatomical gift act.

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Explanation:        Matter added to current law appears in **bold italics**.  
Matter removed from current law appears ~~[in brackets and struck through.]~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Ten*

AN ACT relative to the uniform anatomical gift act.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 Anatomical Gift. RSA 291-A is repealed and reenacted to read as follows:

2 CHATER 291-A

3 UNIFORM ANATOMICAL GIFT ACT

4 291-A:1 Short Title. This chapter may be cited as the Revised Uniform Anatomical Gift Act.

5 291-A:2 Definitions. In this chapter:

6 I. "Adult" means an individual who is at least 18 years of age.

7 II. "Agent" means an individual:

8 (a) Authorized to make health-care decisions on the principal's behalf by a power of  
9 attorney for health care pursuant to RSA 137-J; or

10 (b) Expressly authorized to make an anatomical gift on the principal's behalf by any  
11 other record signed by the principal.

12 III. "Anatomical gift" means a donation of all or part of a human body to take effect after the  
13 donor's death for the purpose of transplantation, therapy, research, or education.

14 IV. "Decedent" means a deceased individual whose body or part is or may be the source of an  
15 anatomical gift. The term includes a stillborn infant and, subject to restrictions imposed by law  
16 other than this chapter, a fetus.

17 V. "Disinterested witness" means a witness other than the spouse, child, parent, sibling,  
18 grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to  
19 make an anatomical gift, or another adult who exhibited special care and concern for the individual.  
20 The term does not include a person to which an anatomical gift could pass under RSA 291-A:11.

21 VI. "Document of gift" means a donor card or other record used to make an anatomical gift.  
22 The term includes a statement or symbol on a driver's license, identification card, or inclusion in a  
23 donor registry.

24 VII. "Donor" means an individual whose body or part is the subject of an anatomical gift.

25 VIII. "Donor registry" means the New Hampshire Donor Registry established pursuant to  
26 RSA 263:41 or any other electronic database developed and maintained by any federally-designated  
27 organ procurement organization that identifies donors and complies with RSA 291-A:20.

28 IX. "Driver's license" means a license or permit issued by the division of motor vehicles to  
29 operate a vehicle, whether or not conditions are attached to the license or permit.

1 X. "Eye bank" means a person that is licensed, accredited, or regulated under federal or  
2 state law to engage in the recovery, screening, testing, processing, storage, or distribution of human  
3 eyes or portions of human eyes.

4 XI. "Guardian" means a person appointed by a court to make decisions regarding the support,  
5 care, education, health, or welfare of an individual. The term does not include a guardian ad litem.

6 XII. "Hospital" means a facility licensed as a hospital under the law of any state or a facility  
7 operated as a hospital by the United States, a state, or a subdivision of a state.

8 XIII. "Identification card" means an identification card issued by the division of motor vehicles.

9 XIV. "Know" means to have actual knowledge.

10 XV. "Minor" means an individual who is under 18 years of age.

11 XVI. "Organ procurement organization" means a person designated by the Secretary of the  
12 United States Department of Health and Human Services as an organ procurement organization.

13 XVII. "Parent" means a parent whose parental rights have not been terminated.

14 XVIII. "Part" means an organ, an eye, or tissue of a human being. The term does not include  
15 the whole body.

16 XIX. "Physician" means an individual authorized to practice medicine or osteopathy under  
17 the law of any state.

18 XX. "Procurement organization" means an eye bank, organ procurement organization, or  
19 tissue bank.

20 XXI. "Prospective donor" means an individual who is dead or near death and has been  
21 determined by a procurement organization to have a part that could be medically suitable for  
22 transplantation, therapy, research, or education. The term does not include an individual who has  
23 made a refusal.

24 XXII. "Reasonably available" means able to be contacted by a procurement organization  
25 without undue effort and willing and able to act in a timely manner consistent with existing medical  
26 criteria necessary for the making of an anatomical gift.

27 XXIII. "Recipient" means an individual into whose body a decedent's part has been or is  
28 intended to be transplanted.

29 XXIV. "Record" means information that is inscribed on a tangible medium or that is stored  
30 in an electronic or other medium and is retrievable in perceivable form.

31 XXV. "Refusal" means a record created under RSA 291-A:7 that expressly states an intent to  
32 bar other persons from making an anatomical gift of an individual's body or part.

33 XXVI. "Sign" means, with the present intent to authenticate or adopt a record:

34 (a) To execute or adopt a tangible symbol; or

35 (b) To attach to or logically associate with the record an electronic symbol, sound, or process.

1 XXVII. "Technician" means an individual determined to be qualified to remove or process  
2 parts by an appropriate organization that is licensed, accredited, or regulated under federal or state  
3 law. The term includes an enucleator.

4 XXVIII. "Tissue" means a portion of the human body other than an organ or an eye. The  
5 term does not include blood unless the blood is donated for the purpose of research or education.

6 XXIX. "Tissue bank" means a person that is licensed, accredited, or regulated under federal or  
7 state law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue.

8 XXX. "Transplant hospital" means a hospital that furnishes organ transplants and other  
9 medical and surgical specialty services required for the care of transplant patients.

10 291-A:3 Applicability. This chapter applies to an anatomical gift or amendment to, revocation  
11 of, or refusal to make an anatomical gift, whenever made.

12 291-A:4 Who May Make Anatomical Gift Before Donor's Death. Subject to RSA 291-A:8, an  
13 anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of  
14 transplantation, therapy, research, or education in the manner provided in RSA 291-A:5 by:

15 I. The donor, if the donor is an adult or if the donor is a minor and is:

16 (a) Emancipated; or

17 (b) Authorized under state law to apply for a driver's license or identification card;

18 II. An agent of the donor, unless the power of attorney for health care or other record  
19 prohibits the agent from making an anatomical gift;

20 III. A parent of the donor, if the donor is an unemancipated minor; or

21 IV. The donor's guardian.

22 291-A:5 Manner of Making Anatomical Gift Before Donor's Death.

23 I. A donor may make an anatomical gift:

24 (a) By authorizing a statement or symbol indicating that the donor has made an  
25 anatomical gift to be imprinted on the donor's driver's license or identification card;

26 (b) In a will;

27 (c) During a terminal illness or injury of the donor, by any form of communication  
28 addressed to at least 2 adults, at least one of whom is a disinterested witness; or

29 (d) As provided in paragraph II.

30 II. A donor or other person authorized to make an anatomical gift under RSA 291-A:4 may  
31 make a gift by a donor card or other record signed by the donor or other person making the gift or by  
32 authorizing that a statement or symbol indicating that the donor has made an anatomical gift be  
33 included on a donor registry. If the donor or other person is physically unable to sign a record, the  
34 record may be signed by another individual at the direction of the donor or other person and shall:

35 (a) Be witnessed by at least 2 adults, at least one of whom is a disinterested witness,  
36 who have signed at the request of the donor or the other person; and

37 (b) State that it has been signed and witnessed as provided in subparagraph (a).

1 III. Revocation, suspension, expiration, or cancellation of a driver's license or identification  
2 card upon which an anatomical gift is indicated does not invalidate the gift.

3 IV. An anatomical gift made by will takes effect upon the donor's death whether or not the  
4 will is probated. Invalidation of the will after the donor's death does not invalidate the gift.

5 291-A:6 Amending or Revoking Anatomical Gift Before Donor's Death.

6 I. Subject to RSA 291-A:8, a donor or other person authorized to make an anatomical gift  
7 under RSA 291-A:4 may amend or revoke an anatomical gift by:

8 (a) A record signed by:

9 (1) The donor;

10 (2) The other person; or

11 (3) Subject to paragraph II, another individual acting at the direction of the donor or  
12 the other person if the donor or other person is physically unable to sign; or

13 (b) A later-executed document of gift that amends or revokes a previous anatomical gift  
14 or portion of an anatomical gift, either expressly or by inconsistency.

15 II. A record signed pursuant to subparagraph I(a)(3) shall:

16 (a) Be witnessed by at least 2 adults, at least one of whom is a disinterested witness,  
17 who have signed at the request of the donor or the other person; and

18 (b) State that it has been signed and witnessed as provided in paragraph I.

19 III. Subject to RSA 291-A:8, a donor or other person authorized to make an anatomical gift  
20 under RSA 291-A:4 may revoke an anatomical gift by the destruction or cancellation of the document  
21 of gift, or the portion of the document of gift used to make the gift, with the intent to revoke the gift.

22 IV. A donor may amend or revoke an anatomical gift that was not made in a will by any  
23 form of communication during a terminal illness or injury addressed to at least 2 adults, at least one  
24 of whom is a disinterested witness.

25 V. A donor who makes an anatomical gift in a will may amend or revoke the gift in the  
26 manner provided for amendment or revocation of wills or as provided in paragraph I.

27 291-A:7 Refusal to Make Anatomical Gift; Effect of Refusal.

28 I. An individual may refuse to make an anatomical gift of the individual's body or part by:

29 (a) A record signed by:

30 (1) The individual; or

31 (2) Subject to paragraph II, another individual acting at the direction of the  
32 individual if the individual is physically unable to sign;

33 (b) The individual's will, whether or not the will is admitted to probate or invalidated  
34 after the individual's death; or

35 (c) Any form of communication made by the individual during the individual's terminal  
36 illness or injury addressed to at least 2 adults, at least one of whom is a disinterested witness.

37 II. A record signed pursuant to subparagraph I(a)(2) shall:

1 (a) Be witnessed by at least 2 adults, at least one of whom is a disinterested witness,  
2 who have signed at the request of the individual; and

3 (b) State that it has been signed and witnessed as provided in subparagraph (a).

4 III. An individual who has made a refusal may amend or revoke the refusal:

5 (a) In the manner provided in paragraph I for making a refusal;

6 (b) By subsequently making an anatomical gift pursuant to RSA 291-A:5 that is  
7 inconsistent with the refusal; or

8 (c) By destroying or canceling the record evidencing the refusal, or the portion of the  
9 record used to make the refusal, with the intent to revoke the refusal.

10 IV. Except as otherwise provided in RSA 291-A:8, VIII, in the absence of an express,  
11 contrary indication by the individual set forth in the refusal, an individual's unrevoked refusal to  
12 make an anatomical gift of the individual's body or part bars all other persons from making an  
13 anatomical gift of the individual's body or part.

14 291-A:8 Preclusive Effect of Anatomical Gift, Amendment, or Revocation.

15 I. Except as otherwise provided in paragraph VII and subject to paragraph VI, in the  
16 absence of an express, contrary indication by the donor, a person other than the donor is barred from  
17 making, amending, or revoking an anatomical gift of a donor's body or part if the donor made an  
18 anatomical gift of the donor's body or part under RSA 291-A:5 or an amendment to an anatomical  
19 gift of the donor's body or part under RSA 291-A:6.

20 II. A donor's revocation of an anatomical gift of the donor's body or part under RSA 291-A:6  
21 is not a refusal and does not bar another person specified in RSA 291-A:4 or RSA 291-A:9 from  
22 making an anatomical gift of the donor's body or part under RSA 291-A:5 or RSA 291-A:10.

23 III. If a person other than the donor makes an unrevoked anatomical gift of the donor's body  
24 or part under RSA 291-A:5 or an amendment to an anatomical gift of the donor's body or part under  
25 RSA 291-A:6, another person may not make, amend, or revoke the gift of the donor's body or part  
26 under RSA 291-A:10.

27 IV. A revocation of an anatomical gift of a donor's body or part under RSA 291-A:6 by a  
28 person other than the donor shall not bar another person from making an anatomical gift of the body  
29 or part under RSA 291-A:5 or RSA 291-A:10.

30 V. In the absence of an express, contrary indication by the donor or other person authorized  
31 to make an anatomical gift under RSA 291-A:4, an anatomical gift of a part is neither a refusal to  
32 give another part nor a limitation on the making of an anatomical gift of another part at a later time  
33 by the donor or another person.

34 VI. In the absence of an express, contrary indication by the donor or other person authorized  
35 to make an anatomical gift under RSA 291-A:4, an anatomical gift of a part for one or more of the  
36 purposes set forth in RSA 291-A:4 is not a limitation on the making of an anatomical gift of the part  
37 for any of the other purposes by the donor or any other person under RSA 291-A:5 or RSA 291-A:10.

1 VII. If a donor who is an unemancipated minor dies, a parent of the donor who is reasonably  
2 available may revoke or amend an anatomical gift of the donor's body or part.

3 VIII. If an unemancipated minor who signed a refusal dies, a parent of the minor who is  
4 reasonably available may revoke the minor's refusal.

5 291-A:9 Who May Make Anatomical Gift of Decedent's Body or Part.

6 I. Subject to paragraphs II and III and unless barred by RSA 291-A:7 or RSA 291-A:8, an  
7 anatomical gift of a decedent's body or part for purpose of transplantation, therapy, research, or  
8 education may be made by any member of the following classes of persons who is reasonably  
9 available, in the order of priority listed:

10 (a) An agent of the decedent at the time of death who could have made an anatomical  
11 gift under RSA 291-A:4, II immediately before the decedent's death;

12 (b) The spouse of the decedent;

13 (c) Adult children of the decedent;

14 (d) Parents of the decedent;

15 (e) Adult siblings of the decedent;

16 (f) Adult grandchildren of the decedent;

17 (g) Grandparents of the decedent;

18 (h) An adult who exhibited special care and concern for the decedent;

19 (i) The persons who were acting as the guardians of the person of the decedent at the  
20 time of death; and

21 (j) Any other person having the authority to dispose of the decedent's body.

22 II. If there is more than one member of a class listed in subparagraphs I(a), (c), (d), (e), (f),  
23 (g), or (i) entitled to make an anatomical gift, an anatomical gift may be made by a member of the  
24 class unless that member or a person to which the gift may pass under RSA 291-A:11 knows of an  
25 objection by another member of the class. If an objection is known, the gift may be made only by a  
26 majority of the members of the class who are reasonably available.

27 III. A person may not make an anatomical gift if, at the time of the decedent's death, a  
28 person in a prior class under paragraph I is reasonably available to make or to object to the making  
29 of an anatomical gift.

30 291-A:10 Manner of Making, Amending, or Revoking Anatomical Gift of Decedent's Body or Part.

31 I. A person authorized to make an anatomical gift under RSA 291-A:9 may make an  
32 anatomical gift by a document of gift signed by the person making the gift or by that person's oral  
33 communication that is electronically recorded or is contemporaneously reduced to a record and  
34 signed by the individual receiving the oral communication.

35 II. Subject to paragraph III, an anatomical gift by a person authorized under RSA 291-A:9  
36 may be amended or revoked orally or in a record by any member of a prior class who is reasonably  
37 available. If more than one member of the prior class is reasonably available, the gift made by a  
38 person authorized under RSA 291-A:9 may be:



1 (a) Amended only if a majority of the reasonably available members agree to the  
2 amending of the gift; or

3 (b) Revoked only if a majority of the reasonably available members agree to the revoking  
4 of the gift or if they are equally divided as to whether to revoke the gift.

5 III. A revocation under paragraph II is effective only if, before an incision has been made to  
6 remove a part from the donor's body or before invasive procedures have begun to prepare the  
7 recipient, the procurement organization, transplant hospital, or physician or technician knows of the  
8 revocation.

9 291-A:11 Persons that May Receive an Anatomical Gift; Purpose of Anatomical Gift.

10 I. An anatomical gift may be made to the following persons named in the document of gift:

11 (a) A hospital; accredited medical school, dental school, college, or university; organ  
12 procurement organization; or other appropriate person, for research or education;

13 (b) Subject to paragraph II, an individual designated by the person making the  
14 anatomical gift if the individual is the recipient of the part; or

15 (c) An eye bank or tissue bank.

16 II. If an anatomical gift to an individual under subparagraph I(b) cannot be transplanted  
17 into the individual, the part passes in accordance with paragraph VII in the absence of an express,  
18 contrary indication by the person making the anatomical gift.

19 III. If an anatomical gift of one or more specific parts or of all parts is made in a document of  
20 gift that does not name a person described in paragraph I but identifies the purpose for which an  
21 anatomical gift may be used, the following rules apply:

22 (a) If the part is an eye and the gift is for the purpose of transplantation or therapy, the  
23 gift passes to the appropriate eye bank.

24 (b) If the part is tissue and the gift is for the purpose of transplantation or therapy, the  
25 gift passes to the appropriate tissue bank.

26 (c) If the part is an organ and the gift is for the purpose of transplantation or therapy,  
27 the gift passes to the appropriate organ procurement organization as custodian of the organ.

28 (d) If the part is an organ, an eye, or tissue and the gift is for the purpose of research or  
29 education, the gift passes to the appropriate procurement organization.

30 IV. For the purpose of paragraph III, if there is more than one purpose of an anatomical gift  
31 set forth in the document of gift but the purposes are not set forth in any priority, the gift must be  
32 used for transplantation or therapy, if suitable for those purposes. If the gift cannot be used for  
33 transplantation or therapy, the gift may be used for research or education.

34 V. If an anatomical gift of one or more specific parts is made in a document of gift that does  
35 not name a person described in paragraph I and does not identify the purpose of the gift, the gift  
36 passes in accordance with paragraph VII and the parts must be used for transplantation or therapy  
37 if suitable and if not suitable for those purposes, may be used for research or education.

1 VI. If a document of gift specifies only a general intent to make an anatomical gift by words  
2 such as "donor," "organ donor," or "body donor," or by a symbol or statement of similar import, the  
3 gift passes in accordance with paragraph VII and the parts shall be used for transplantation or  
4 therapy if suitable and if not suitable for those purposes, may be used for research or education.

5 VII. For purposes of paragraphs II, III, and VI the following rules shall apply:

6 (a) If the part is an eye, the gift passes to the appropriate eye bank.

7 (b) If the part is tissue, the gift passes to the appropriate tissue bank.

8 (c) If the part is an organ, the gift passes to the appropriate organ procurement  
9 organization as custodian of the organ.

10 VIII. An anatomical gift of an organ for transplantation or therapy, other than an  
11 anatomical gift under subparagraph I(b), passes to the organ procurement organization as custodian  
12 of the organ.

13 IX. If an anatomical gift does not pass pursuant to paragraphs I-VIII or the decedent's body  
14 or part is not used for transplantation, therapy, research, or education, custody of the body or part  
15 passes to the person under obligation to dispose of the body or part.

16 X. A person may not accept an anatomical gift if the person knows that the gift was not  
17 effectively made under RSA 291-A:5 or RSA 291-A:10 or if the person knows that the decedent made  
18 a refusal under RSA 291-A:7 that was not revoked. For purposes of the paragraph, if a person knows  
19 that an anatomical gift was made on a document of gift, the person is deemed to know of any  
20 amendment or revocation of the gift or any refusal to make an anatomical gift on the same document  
21 of gift.

22 XI. Except as otherwise provided in subparagraph I(b), nothing in this chapter shall affect  
23 the allocation of organs for transplantation or therapy.

24 291-A:12 Search and Notification.

25 I. The following persons shall make a reasonable search of an individual who the person  
26 reasonably believes is dead or near death for a document of gift or other information identifying the  
27 individual as a donor or as an individual who made a refusal:

28 (a) A law enforcement officer, firefighter, paramedic, or other emergency rescuer finding  
29 the individual; and

30 (b) If no other source of the information is immediately available, a hospital, as soon as  
31 practical after the individual's arrival at the hospital.

32 II. If a document of gift or a refusal to make an anatomical gift is located by the search  
33 required by subparagraph I(a) and the individual or deceased individual to whom it relates is taken  
34 to a hospital, the person responsible for conducting the search shall send the document of gift or  
35 refusal to the hospital.

36 III. A person shall not be subject to criminal or civil liability for failing to discharge the  
37 duties imposed by this section but may be subject to administrative sanctions.

1           291-A:13 Delivery of Document of Gift Not Required; Right to Examine.

2           I. A document of gift need not be delivered during the donor's lifetime to be effective.

3           II. Upon or after an individual's death, a person in possession of a document of gift or a  
4 refusal to make an anatomical gift with respect to the individual shall allow examination and  
5 copying of the document of gift or refusal by a person authorized to make or object to the making of  
6 an anatomical gift with respect to the individual or by a person to which the gift could pass under  
7 RSA 291-A:11.

8           291-A:14 Rights and Duties of Procurement Organization and Others.

9           I. When a hospital refers an individual at or near death to a procurement organization, the  
10 organization shall make a reasonable search of the records of the New Hampshire donor registry and  
11 any other donor registry that it knows exists for the geographical area in which the individual  
12 resides to ascertain whether the individual has made an anatomical gift.

13          II. A procurement organization shall be allowed reasonable access to information in the  
14 records of the department of motor vehicles through the New Hampshire donor registry pursuant to  
15 RSA 291-A:20 to ascertain whether an individual at or near death is a donor.

16          III. When a hospital refers an individual at or near death to a procurement organization, the  
17 organization may conduct any reasonable examination necessary to assess the medical suitability of  
18 a part that is or could be the subject of an anatomical gift for transplantation, therapy, research, or  
19 education from a donor or a prospective donor. During the examination period, measures necessary  
20 to maintain the potential medical suitability of the part may not be withdrawn unless the hospital or  
21 procurement organization knows that the individual expressed a contrary intent.

22          IV. Unless prohibited by law other than this chapter, at any time after a donor's death, the  
23 person to which a part passes under RSA 291-A:11 may conduct any reasonable examination  
24 necessary to assess the medical suitability of the body or part for its intended purpose.

25          V. Unless prohibited by law other than this chapter, an examination under paragraphs III  
26 or IV may include an examination of all medical and dental records of the donor or prospective  
27 donor.

28          VI. Upon the death of a minor who was a donor or had signed a refusal, unless a  
29 procurement organization knows the minor is emancipated, the procurement organization shall  
30 conduct a reasonable search for the parents of the minor and provide the parents with an  
31 opportunity to revoke or amend the anatomical gift or revoke the refusal.

32          VII. Upon referral by a hospital under paragraph I, a procurement organization shall make  
33 a reasonable search for any person listed in RSA 291-A:9 having priority to make an anatomical gift  
34 on behalf of a prospective donor. If a procurement organization receives information that an  
35 anatomical gift to any other person was made, amended, or revoked, it shall promptly advise the  
36 other person of all relevant information.

1 VIII. Subject to RSA 291-A:11 and RSA 291-A:22, the rights of the person to which a part  
2 passes under RSA 291-A:11 are superior to the rights of all others with respect to the part. The  
3 person may accept or reject an anatomical gift in whole or in part. Subject to the terms of the  
4 document of gift and this act, a person that accepts an anatomical gift of an entire body may allow  
5 embalming, burial or cremation, and use of remains in a funeral service. If the gift is of a part, the  
6 person to which the part passes under RSA 291-A:11, upon the death of the donor and before  
7 embalming, burial, or cremation, shall cause the part to be removed without unnecessary mutilation.

8 IX. Neither the physician who attends the decedent at death nor the physician who  
9 determines the time of the decedent's death may participate in the procedures for removing or  
10 transplanting a part from the decedent.

11 X. A physician or technician may remove a donated part from the body of a donor that the  
12 physician or technician is qualified to remove.

13 291-A:15 Coordination of Procurement and Use. Each hospital in this state shall enter into  
14 agreements or affiliations with procurement organizations for coordination of procurement and use  
15 of anatomical gifts.

16 291-A:16 Sale or Purchase of Parts Prohibited.

17 I. Except as otherwise provided in paragraph II, a person that for valuable consideration,  
18 knowingly purchases or sells a part for transplantation or therapy if removal of a part from an  
19 individual is intended to occur after the individual's death commits a felony and, notwithstanding  
20 RSA 651:2, upon conviction shall be subject to a fine not exceeding \$50,000 or imprisonment not  
21 exceeding 5 years, or both.

22 II. A person may charge a reasonable amount for the removal, processing, preservation,  
23 quality control, storage, transportation, implantation, or disposal of a part.

24 291-A:17 Other Prohibited Acts. A person that, in order to obtain a financial gain, intentionally  
25 falsifies, forges, conceals, defaces, or obliterates a document of gift, an amendment or revocation of a  
26 document of gift, or a refusal commits a felony and upon conviction shall be subject to a fine not  
27 exceeding \$50,000 or imprisonment not exceeding 5 years, or both.

28 291-A:18 Immunity.

29 I. A person that acts in accordance with this chapter or with the applicable anatomical gift  
30 law of another state, or attempts in good faith to do so, shall not be liable for the act in a civil action,  
31 criminal prosecution, or administrative proceeding. Acting consistent with a document of gift shall  
32 be prima facie evidence of good faith.

33 II. Neither the person making an anatomical gift nor the donor's estate shall be liable for  
34 any injury or damage that results from the making or use of the gift.

35 III. In determining whether an anatomical gift has been made, amended, or revoked under  
36 this chapter, a person may rely upon representations of an individual listed in RSA 291-A:9, I  
37 relating to the individual's relationship to the donor or prospective donor unless the person knows  
38 that the representation is untrue.

1       291-A:19 Law Governing Validity; Choice of Law as to Execution of Document of Gift;  
2 Presumption of Validity.

3           I. A document of gift is valid if executed in accordance with:

4               (a) This chapter;

5               (b) The laws of the state or country where it was executed; or

6               (c) The laws of the state or country where the person making the anatomical gift was  
7 domiciled, has a place of residence, or was a national at the time the document of gift was executed.

8           II. If a document of gift is valid under this section, the law of this state shall govern the  
9 interpretation of the document of gift.

10          III. A person may presume that a document of gift or amendment of an anatomical gift is  
11 valid unless that person knows that it was not validly executed or was revoked.

12       291-A:20 Donor Registry.

13           I. A donor registry shall:

14               (a) Provide a database that allows an individual who has made an anatomical gift to be  
15 included in the donor registry;

16               (b) Be accessible to a procurement organization to allow it to obtain relevant information  
17 on the donor registry to determine, at or near death of the donor or a prospective donor, whether the  
18 donor or prospective donor has made an anatomical gift; and

19               (c) Be accessible for purposes of subparagraphs (a) and (b) 7 days a week on a 24-hour basis.

20          II. Personally identifiable information on a donor registry about a donor or prospective donor  
21 may not be used or disclosed without the express consent of the donor, prospective donor, or person  
22 that made the anatomical gift for any purpose other than to determine, at or near death of the donor  
23 or prospective donor, whether the donor or prospective donor has made, amended, or revoked an  
24 anatomical gift.

25          III. This section shall not prohibit any person from creating or maintaining a donor registry  
26 that is not established by or under contract with the state. Any such registry shall comply with  
27 paragraphs I and II.

28       291-A:21 Cooperation Between Medical Examiner and Procurement Organization.

29           I. The chief medical examiner shall cooperate with procurement organizations to maximize  
30 the opportunity to recover anatomical gifts for the purpose of transplantation, therapy, research, or  
31 education.

32          II. If a medical examiner receives notice from a procurement organization that an  
33 anatomical gift might be available or was made with respect to a decedent whose body is under the  
34 jurisdiction of the medical examiner and a post-mortem examination is going to be performed, unless  
35 the medical examiner denies recovery in accordance with RSA 291-A:22, the medical examiner or  
36 designee shall conduct a post-mortem examination of the body or the part in a manner and within a  
37 period compatible with its preservation for the purposes of the gift.

1           III. A part may not be removed from the body of a decedent under the jurisdiction of a  
2 medical examiner for transplantation, therapy, research, or education unless the part is the subject  
3 of an anatomical gift. The body of a decedent under the jurisdiction of the medical examiner may not  
4 be delivered to a person for research or education unless the body is the subject of an anatomical gift.  
5 This paragraph does not preclude a medical examiner from performing the medicolegal investigation  
6 upon the body or parts of a decedent under the jurisdiction of the medical examiner.

7           291-A:22 Facilitation of Anatomical Gift From Decedent Whose Body is Under Jurisdiction of  
8 Medical Examiner.

9           I. Upon request of a procurement organization, a medical examiner shall release to the  
10 procurement organization the name, contact information, and available medical and social history of  
11 a decedent whose body is under the jurisdiction of the medical examiner. If the decedent's body or  
12 part is medically suitable for transplantation, therapy, research, or education, the medical examiner  
13 shall release post-mortem examination results to the procurement organization. The procurement  
14 organization may make a subsequent disclosure of the post-mortem examination results or other  
15 information received from the medical examiner only if relevant to transplantation or therapy.

16           II. The medical examiner may conduct a medicolegal examination by reviewing all medical  
17 records, laboratory test results, x-rays, other diagnostic results, and other information that any  
18 person possesses about a donor or prospective donor whose body is under the jurisdiction of the  
19 medical examiner which the medical examiner determines may be relevant to the investigation.

20           III. A person that has any information requested by a medical examiner pursuant to  
21 paragraph II shall provide that information as expeditiously as possible to allow the medical  
22 examiner to conduct the medicolegal investigation within a period compatible with the preservation  
23 of parts for the purpose of transplantation, therapy, research, or education.

24           IV. If an anatomical gift has been or might be made of a part of a decedent whose body is  
25 under the jurisdiction of the medical examiner and a post-mortem examination shall not be required,  
26 or the medical examiner determines that a post-mortem examination is required but that the  
27 recovery of the part that is the subject of an anatomical gift will not interfere with the examination,  
28 the medical examiner and procurement organization shall cooperate in the timely removal of the  
29 part from the decedent for the purpose of transplantation, therapy, research, or education.

30           V. If an anatomical gift of a part from the decedent under the jurisdiction of the medical  
31 examiner has been or might be made, but the medical examiner initially believes that the recovery of  
32 the part could interfere with the post-mortem investigation into the decedent's cause or manner of  
33 death, the medical examiner shall consult with the procurement organization or physician or  
34 technician designated by the procurement organization about the proposed recovery. After  
35 consultation, the medical examiner may allow the recovery.

36           VI. Following the consultation under paragraph V, in the absence of mutually agreed-upon  
37 protocols to resolve conflict between the medical examiner and the procurement organization, if the

1 medical examiner intends to deny recovery, the medical examiner or designee, at the request of the  
2 procurement organization, shall attend the removal procedure for the part before making a final  
3 determination not to allow the procurement organization to recover the part. During the removal  
4 procedure, the medical examiner or designee may allow recovery by the procurement organization to  
5 proceed, or, if the medical examiner or designee reasonably believes that the part may be involved in  
6 determining the decedent's cause or manner of death, deny recovery by the procurement  
7 organization.

8 VII. If the medical examiner or designee denies recovery under paragraph VI, the medical  
9 examiner or designee shall:

10 (a) Explain in a record the specific reasons for not allowing recovery of the part;

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

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

13 VIII. If the medical examiner or designee allows recovery of a part under paragraph IV, V,  
14 or VI, the procurement organization, upon request, shall cause the physician or technician who  
15 removes the part to provide the medical examiner with a record describing the condition of the part,  
16 a biopsy, a photograph, and any other information and observations that would assist in the post-  
17 mortem examination.

18 291-A:23 Honoring an Individual's Decision to Donate. A person's decision to make a donation  
19 of that person's own body, organ, or tissue after death shall be honored. In the absence of a  
20 revocation or amendment, health care providers and procurement organizations shall act in  
21 accordance with the donor's decision and may take appropriate actions to effect the anatomical gift.

22 291-A:24 Uniformity of Application and Construction. In applying and construing this uniform  
23 act, consideration must be given to the need to promote uniformity of the law with respect to its  
24 subject matter among states that enact it.

25 291-A:25 Relation to Electronic Signatures in Global and National Commerce Act. This act  
26 modifies, limits, and supersedes the Electronic Signatures in Global and National Commerce Act, 15  
27 U.S.C. section 7001 et seq., but does not modify, limit, or supersede section 101(a) of that act, 15  
28 U.S.C. section 7001, or authorize electronic delivery of any of the notices described in section 103(b)  
29 of that act, 15 U.S.C. section 7003(b).

30 2 Eye Procurement; Cross Reference Charge. Amend RSA 325:31-a to read as follows:

31 325:31-a Eye Procurement Technician Qualification. No person shall perform eye tissue  
32 removal or processing pursuant to ~~[RSA 291-A:3, IV]~~ RSA 291-A:11 unless such person has  
33 successfully completed a course of training acceptable to a procurement organization as defined in  
34 ~~[RSA 291-A:2, X]~~ RSA 291-A:2, XX. The procurement organization shall have the power to establish  
35 qualifications and terms for the successful completion of the course of training.

36 3 Effective Date. This act shall take effect 60 days after its passage.

# Speakers





# Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1430

**BILL TITLE:** relative to the uniform anatomical gift act.

**DATE:** January 28, 2010

**LOB ROOM:** 205      **Time Public Hearing Called to Order:** 1:08 PM

**Time Adjourned:** 1:37 PM

(please circle if present)

**Committee Members:** Reps. Rosenwald, Donovan, French, Schulze, Tilton, Butcher, Bridgham, E. Merrick, Russell, DiPentima, Miller, Batula, C. McMahon, Pilliod, Emerson, Case, Millham, Wells, Cebrowski and Kotowski.

**Bill Sponsors:** Rep. Foose, Merr 1

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

**Representative Tom Donovan.** He introduced the bill for the prime sponsor Representative Foose.

**\*Nicole Julah, Legislative Counsel for the Uniform Law Commission – supports.** See written testimony. Drafted Uniform Anatomical Gift Act. Nineteen patients die daily waiting. Maine has adopted the act.

**\*Alexandra Glazier & Sean Fitzpatrick, New England Organ Bank – supports.** See written testimony. The majority rules if four members of a family want to donate and the fifth doesn't. The four members make the decision. There are minor changes in this bill. In 2009 19 organ donors led to 56 replacements. 4300 people are waiting in New England for transplants. This bill brings New Hampshire up to the State of Art. The age of the person is workable. The 2008 donor registry is revised. A comparison of the original and updated bills will be submitted. Under 18 years a parent can make a change if child chooses to donate. Parental consent is needed under 18 years.

**Gina Balkus, Dartmouth-Hitchcock – supports.** Dartmouth is the only hospital in New Hampshire doing transplants. The hospital supports this bill. There are 200 in VT and NH waiting for a donor. Kidney and pancreas. Pre and post op care for Lahey Clinic.

Respectfully submitted,

*Rep. Joan Schulze*

Representative Joan Schulze, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1430

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(please circle if present)

Committee Members: Reps. Rosenwald, Donovan, French, Schulze, Tilton, Butcher, Bridgham, E. Merrick, T. Russell, DiPentima, Miller, Batula, C. McMahon, Pilliod, Emerson, Case, Millham, Wells, Cebrowski and Kotowski.

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TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

Rep. Donovan introduced the bill for Rep. Foose

\* Nicole Julal  
Drafted Uniform Anatomical Gifts Act  
~~This would be an update of 9.~~  
19 patients die daily waiting  
Maine has adapted the act

\* Alexandra Harrier + Sean Fitzpatrick  
The ~~majority~~ majority rules if 4 members of a family want to donate and the 5<sup>th</sup> doesn't. The 4 members make the decision. There are minor changes in this bill.  
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in a Balkus - Dartmouth only hospital in N.H. doing transplants

The hospital supports this bill ~~without~~ of

200 in VT + N.H. are waiting for donors

kidney & pancreas

pre & post op care for Lahey clinic

# Testimony



# Uniform Law Commission

NATIONAL CONFERENCE OF COMMISSIONERS ON UNIFORM STATE LAWS

*File HB 1430*  
111 N. Wabash Ave.  
Suite 1010  
Chicago, IL 60602  
(312) 450-6600 tel  
(312) 450-6601 fax  
www.nccusl.org

## **Testimony Offered to the New Hampshire House Health, Human Services and Elderly Affairs Committee Regarding House Bill 1430 – The Revised Uniform Anatomical Gift Act.**

**Testimony Offered by Nicole Julal, Legislative Counsel for the Uniform Law Commission on January 28, 2010.**

### *Opening Remarks*

Thank you for the opportunity to address this Committee regarding the Uniform Anatomical Gift Act (UAGA), presented here today as House Bill 1430 and promulgated by the Uniform Law Commission formerly known as the National Conference of Commissioners on Uniform State Laws. Thank you Representative Foose for sponsoring such an important piece of legislation!

The Uniform Law Commission (ULC) was founded in 1892 and is composed of Commissioners appointed by governors and state legislatures from all fifty states. The purpose of the ULC is to draft uniform laws in areas where uniformity is desirable and practicable. Each uniform act typically takes over two years to draft and is open to public participation.

### *The Uniform Anatomical Gift Act (UAGA)*

The UAGA was first drafted in 1968, amended in 1987 and recently revised in 2006 in light of changes in federal law and regulation and related developments in the field of organ donation. New Hampshire's organ donation statute is an amended version of the 1987 UAGA. **The UAGA (2006) will bring New Hampshire's organ donation statute in step with federal laws and organ donation practices.**

### *Endorsements for the Revised Uniform Anatomical Gift Act (2006)*

The Revised Uniform Anatomical Gift Act (2006) has been endorsed by the American Medical Association, Association for Organ Procurement Organizations, National Kidney Foundation, and Eye Bank Association of America.

### *Why New Hampshire Needs the Revised Uniform Anatomical Gift Act (2006)*

Each year, over 94,000 Americans await life-saving organ transplants and approximately 19 of these patients die every day while still waiting. The statistics on the lack of organs available for donation are staggering. **The Uniform Anatomical Gift Act of 2006, House Bill 1430, is designed to improve New Hampshire's organ donation statute, which may lead to increased organ donations and more lives saved.**

### **Key features of HB 1430 include:**

- HB 1430 provides many new and important definitions. Ex. "Agent", "disinterested witness" and "reasonably available."

- HB 1430 strengthens the concept of “first-person” consent under which no other person can alter the individual’s decision to donate (or not to donate) his or her parts after death.
- HB 1430 provides clearer rules and procedures for the post-death donation decision process.
- HB 1430 provides, as a default rule, that transplantation and therapy are given priority over research or education when priority is not clear.
- HB 1430 makes intentional falsification of a document of gift or refusal a felony, but provides that individuals acting in good faith in accordance with the Act are not liable for their actions in civil, criminal or administrative proceedings.

#### *The Importance of Uniformity*

Uniformity in organ donation laws among states is important because transplantation occurs across state boundaries and requires speed and efficiency if organs are to be successfully transplanted. **It is worth noting that your neighbor Maine also adopted the Uniform Anatomical Gift Act (2006).**

#### *National Efforts*

The national response to the Uniform Anatomical Gift Act (2006) has been very exciting. **So far, thirty-nine (39) states have enacted the Act** and additional 10 will introduce the Act during the 2010 legislative session.

#### *Working with the Stakeholders*

The Uniform Law Commission has been, and continues to be, committed to working with all interested and affected parties. ULC worked with stakeholders during the drafting process, obtaining their input and addressing their concerns. **HB 1430 is supported by the New England Organ Bank as well as other stakeholders.**

**For the above reasons, the Uniform Law Commission respectfully request that you vote in favor of HB 1430. Thank you.**



*File HB1430*

# New England Organ Bank

*One Gateway Center, Suite 202  
Newton, MA 02458*

*24-hour number: 800/446-NEOB  
Office number: 617/244-8000  
Fax number: 617/244-8755*

January 28, 2010

Representative Cindy Rosenwald  
Chairperson  
Health, Human Services & Elderly Affairs  
House of Representatives  
State House  
Concord, NH 03301

Dear Chairperson Rosenwald:

I write in support of the House Bill 1430, AN ACT RELATIVE TO THE UNIFORM ANATOMICAL GIFT ACT.

HB1430 is an important update to New Hampshire's Uniform Anatomical Gift Act (UAGA). Previous versions of the UAGA (1968 and 1987) were adopted by New Hampshire and played a critical role in creating a system that allowed the people of New Hampshire to become organ and tissue donors and in making life-saving transplants available to those in need.

The new version of the UAGA as proposed would bring the state's existing statute up-to-date and would clarify the process by which individuals become donors. Thirty-seven states have adopted this revised UAGA language, including Maine and Rhode Island (it has also been introduced in Vermont and Connecticut).

Some key provisions of the revised UAGA are:

- Prioritizes "durable power of attorney for health care" as the top donation decision maker consistent with the agent's priority as decision maker in other health matters.
- Clarifies the consent process by enabling a "majority of a class" to decide.
- Harmonizes New Hampshire's Anatomical Gift Act with federal law, current technology and medical practice.
- The proposed amendments to the bill maintain the important provisions of existing New Hampshire law that are already working well (i.e. New Hampshire Donor Registry).

New Hampshire already has adopted some of the key provisions of the new UAGA in 2006



Visit our website at [www.neob.org](http://www.neob.org)

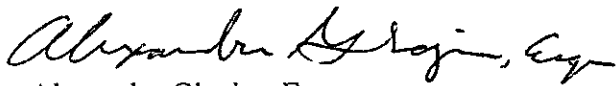
*Accredited by:*  
• Association of Organ Procurement Organizations  
• American Association of Tissue Banks

when it passed legislation creating the New Hampshire Donor Registry through the Division of Motor Vehicles which empowered individuals to make their own donation decision to have the decision respected upon their death.

The suggested amendments to the model law will help continue New Hampshire's efforts to make the act of becoming a donor easier for those who wish to make the decision to Donate Life.

Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Alexandra Glazier, Esq.".

Alexandra Glazier, Esq.  
Vice President & General Counsel

*Follow-up from public hearing*

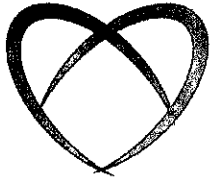
To: Chairwoman Rosenwald  
From: Georgia A. Tuttle, MD  
RE: Response to issues that arose during HB 1160 (Tanning Bill) hearing

UVA = ultraviolet A radiation = the tanning ray  
UVB = ultraviolet B radiation = the sunburn ray

1. The question of whether tanning protects one from sunburn is really irrelevant in the discussion of the effect of UVA on the skin. UVA radiation can still pass through both tanned and racially pigmented skin, damaging the melanocytes that become melanoma skin cancer. A "base tan" is not beneficial in the long-term.
2. Patient who go to tanning booths to get a "base tan" in spite of dermatologist/physician recommendations are still told to use SPF #30-45 sunscreen on vacation to avoid additional UVA damage and sun burning.
3. The statement made by one salon operator about *more melanomas being seen in those who work indoors under artificial light and that those people get their melanomas on non-exposed skin* is incorrect and based on an old study from England. What that study ultimately showed was that those who work in offices were white collar and therefore able to afford Mediterranean vacations where topless and nude sunbathing was the norm. Many of those fair-skinned English men and women subsequently developed melanoma but it was the intense, short-term sun exposure that was to blame. (See pg 3 of Dr. Tuttle's handout, line 1 under section titled, "Cutaneous Malignant Melanoma": "Exposure to large amounts of sunlight that is episodic and relatively infrequent is important in the pathogenesis [cause] of cutaneous malignant melanoma.")
4. The accusation about the "\$400 billion cosmetic industry" conspiracy in relation to sunscreen products and physicians is false. In fact, dermatologists, pediatricians and other physician specialties have been working with the FDA for YEARS to eliminate the current numbering system. The FDA agreed to change the system from a number (i.e. #15, #30, #45...) that describes only UVB protection to a system of "stars" (1-3 stars for UVA protection and 1-3 stars for UVB protection). This system will educate the patient about the need for both UVA & UVB protection and will emphasize, for the first time, the danger and the need to protect the skin from UVA too.
5. The bulbs that are used in tanning beds emit mostly UVA rays, however:
  - a. It is impossible to remove all of the UVB radiation from UVA bulbs. That is why someone who stays in a tanning booth for prolonged periods can still burn. There are reports of fatal burns from exposure in UVA (tanning) beds because of this misunderstanding.
  - b. The amount of UVA radiation emitted from the UVA bulbs is higher and stronger when the bulbs are new and becomes weaker as the bulbs age. The amount of energy a person receives from 7 minutes of exposure with a new bulb IS NOT equal to the amount of energy and damage from 7 minutes of exposure with an older bulb. Physicians who give UVA therapy measure the energy output of their bulbs EVERY DAY and calculate the amount of energy the patient is receiving. This means that the

amount of time the patient is exposed can change even though the patient is getting the same amount of energy exposure with each treatment session. Physicians keep a tally of the amount of energy exposure the patient receives and curtail treatment when certain thresholds are reached.

6. The FDA is currently considering making tanning beds a Class III medical device meaning they present the potential to causes risk or injury (pg 20 of hand out from Dr. Tuttle). If this occurs, tanning beds will no longer be legally available over the internet without a prescription. Patients prescribed home beds are still currently required to have a prescription to purchase these devices.
7. Light therapy devices, like all prescriptions, are never to be shared with other family members or friends. Patients are told this and the majority if not all of the patients for whom I have prescribed a home-treatment device report never allowing their children or spouse to use it.
8. The wavelength of light that treats winter depression is a different wavelength than the UVA (tanning) ray. That kind of light DOES NOT harm the skin and can be combined with a spray-on tan to address the psychological issues raised by tanning proponents.
9. Passage of HB 1160 will help to:
  - a. decrease future health care costs for the country,
  - b. decrease physician income/billing for the diagnostic, therapeutic and screening components of melanoma care,
  - c. increase productivity by decreasing time lost from work,
  - d. improve the quality of our patient's lives and
  - e. eliminate the potential for discrimination now experienced when melanoma patients try to buy life insurance, long-term care insurance or health insurance.



# Uniform Anatomical Gift Act (2006)

## A Summary

Every hour another person dies waiting for an organ transplant. Despite significant technological improvements and numerous publicity campaigns over the past several decades, the substantial shortage for organs, tissues and eyes for life-saving or life-improving transplants continues. This shortage persists despite efforts by the federal government and every state legislature to improve the system. The National Conference of Commissioners on Uniform State Laws (NCCUSL) continues to be a leader in developing the law in the organ transplant arena, and it has promulgated the Uniform Anatomical Gift Act (2006) to further improve the system for allocating organs to transplant recipients.

The original Uniform Anatomical Gift Act was promulgated in 1968, shortly after Dr. Christian Barnard's successful transplant of a heart in November, 1967. It was promptly and uniformly enacted in every jurisdiction. The 1968 UAGA created the power, not yet recognized at common law, to donate organs, eyes and tissue, in an immediate gift to a known donee or to any donee that might need an organ to survive. In 1987, NCCUSL revised the 1968 UAGA to address changes in circumstances and in practice. Only 26 states enacted the 1987 UAGA, resulting in non-uniformity between those states and the states that retained the 1968 version. Subsequent changes in each state over the years have resulted in even less uniformity. In addition, neither the 1968 nor the 1987 UAGA recognizes the system of organ procurement that has developed partly under federal law. The 2006 UAGA is an effort to resolve any perceived inconsistencies thereby adding to the efficiency of the current system.

The scope of the 2006 UAGA is limited to donations from deceased donors as a result of gifts made before or after their deaths. Organ donation is a purely voluntary decision that must be clearly conveyed before an individual's organs are available for transplant.

The current mechanism for donating organs is a document of gift that an individual executes before death. The 2006 Act further simplifies the document of gift and accommodates the forms commonly found on the backs of driver's licenses in the United States. It also strengthens the power of an individual not to donate his or her parts by permitting the individual to sign a refusal that also bars others from making a gift of the individual's parts after the individual's death. Importantly, the 2006 UAGA strengthens prior language barring others from attempting to override an individual's decision to make or refuse to make an anatomical gift.

If an individual does not prepare a document of gift, organs may still be donated by those close to the individual. Another achievement of the 2006 UAGA is that it allows certain individuals to make an anatomical gift for another individual during that individual's lifetime. Health-care agents under a health-care power of attorney and, under certain circumstances, parents or a guardian, have this power. The donor must be incapacitated and the permission

giver has to be the individual in charge of making health-care decisions during the donor's life. Second, the 2006 UAGA adds several new classes of persons to the list of those who may make an anatomical gift for another individual after that individual's death. The adoption of clear rules and procedures, combined with the definition of "reasonably available," provide clarity to the decision-making process. If more than one member of a class is reasonably available, the donation is made only if a majority of members support the donation. Minors, if eligible under other law to apply for a driver's license, are empowered to be a donor. These seemingly minor changes will provide more opportunities for donation than currently exist today.

The 2006 UAGA encourages and establishes standards for donor registries and better enables procurement organizations to gain access to documents of gift in donor registries, medical records, and records of a state motor vehicle department. This access will make it much easier for procurement organizations to quickly determine whether an individual is a donor. And, under Section 8 of the 2006 UAGA, which strengthens the language regarding the finality of a donor's anatomical gift, there is no reason to seek consent from the donor's family because the family has no legal right to revoke the gift. The practice of procurement organizations seeking affirmation even when the donor has clearly made a gift results in unnecessary delays in procuring organs and the occasional reversal of the donor's wishes. One exception is if the donor is a minor and the parents wish to revoke the gift. The 2006 UAGA acknowledges that the decision to donate organs, tissues and eyes is highly personal and deserves respect from the law.

The tension between a health-care directive requesting the withholding or withdrawal of life-support systems and a donor's wish to make an anatomical gift is resolved by permitting, prior to the removal of life-support systems, the administration of measures necessary to ensure the medical suitability of the donor's organs. The 2006 UAGA provides that a general direction in a power of attorney or health-care directive that the patient does not wish to have life prolonged by the administration of life-support systems should not be construed as a refusal to donate.

The 2006 UAGA provides numerous default rules for interpreting a document of gift if it lacks specificity regarding the persons to receive the gift or the purposes of the gift. One important rule, not present in the prior acts, is the prioritization of transplantation or therapy over research or education, when a document of gift sets forth all four purposes but fails to establish a priority.

Another improvement that the 2006 UAGA achieves is the clarification and expansion of rules relating to cooperation and coordination between procurement organizations on the one hand and coroners and medical examiners on the other. Unlike prior law, the 2006 UAGA prohibits coroners and medical examiners from making anatomical gifts except in the rare instance when the coroner or medical examiner is the person with the authority to dispose of the decedent's body. The 2006 UAGA complies with the policy guidelines articulated by the National Association of Medical Examiners.

The 2006 UAGA also addresses widely reported abuses involving the intentional falsification of a document of gift or refusal, to obtain a financial gain by selling a decedent's

parts to a research institution. A person who falsifies a document of gift for such a purpose is guilty of a felony. Alternatively, the 2006 UAGA provides that a person acting in accordance with the act or with the applicable anatomical gift law of another state, or that attempts to do so in good faith, is not liable for his or her actions in a civil action, criminal prosecution or administrative proceeding.

Finally, the last section provides for repeal of the prior UAGA, whether it is the 1968 or 1987 version. Many states, however, have related laws on anatomical gifts that should be retained, such as donor awareness programs, Transplant Councils, and licensing provisions for procurement organizations and health care providers. However, it is highly desirable that the core provisions of the 2006 UAGA be uniform among the states. Little time is available to prepare, transport across state lines, and transplant life-saving organs, let alone to assess and comply with significant variations in state law.

The anatomical gift law of the states is no longer uniform, and diversity of law is an impediment to transplantation. Harmonious law through every state's enactment of the 2006 UAGA will help save and improve lives. It should be enacted in every state as quickly as possible.



# Uniform Anatomical Gift Act (2006)

## Why States Should Adopt the UAGA

The National Conference of Commissioners on Uniform State Laws (“NCCUSL”) promulgated the Uniform Anatomical Gift Act (“UAGA”) originally in 1968, and revised it in 1987.

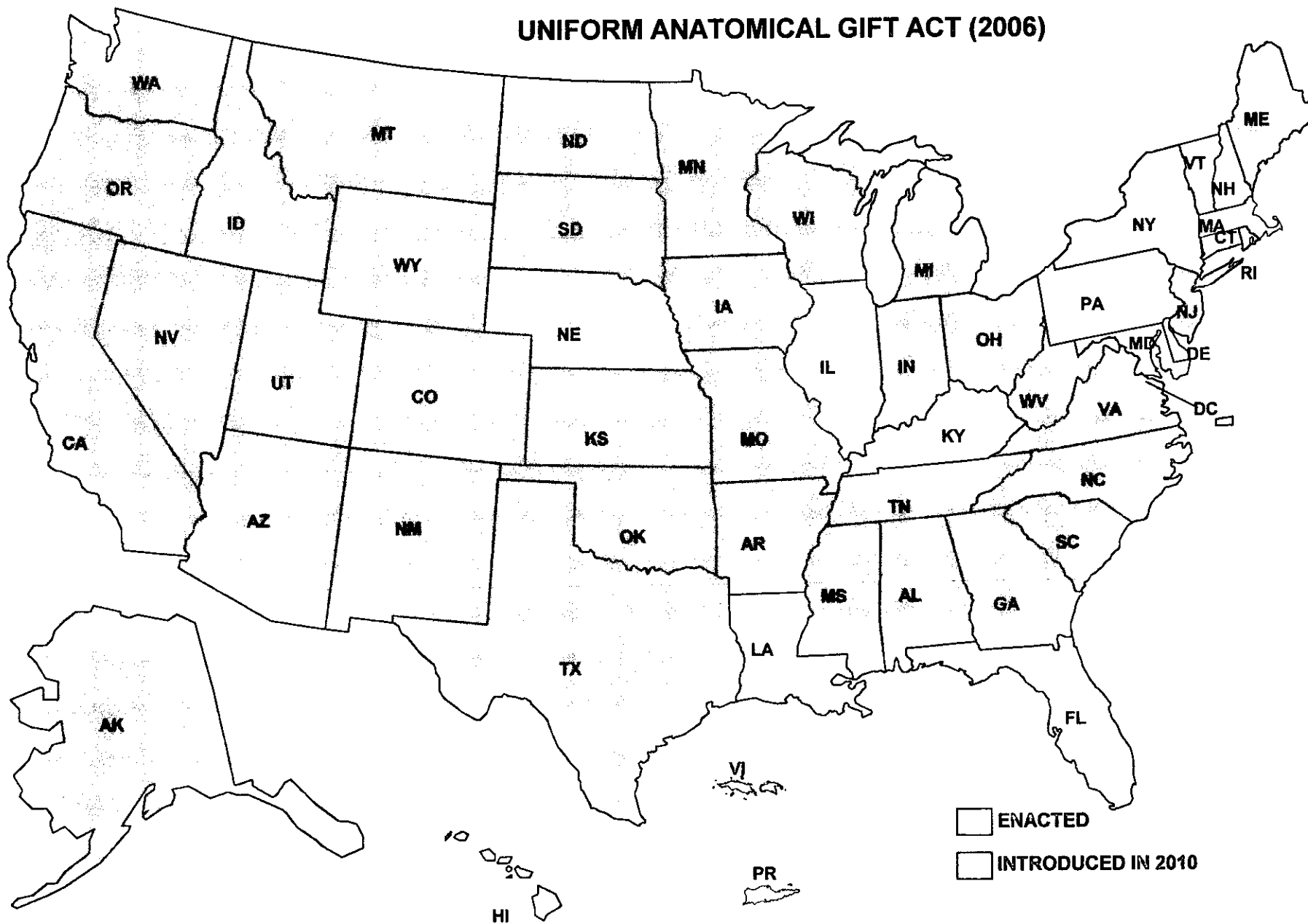
Although one or both of the versions were enacted in every state, the law on anatomical gifts is no longer uniform or harmonious with regard to organ, tissue, and eye donation. There are many reasons why every state should adopt the UAGA (2006) including:

- First person consent (i.e., an individual’s anatomical gift of the individual’s organs, eyes, and tissue, to take effect at death) is substantially strengthened to bar others from amending or revoking a gift (or refusal) made by the donor.
- Absent a first person consent, gifts by family and agents are facilitated if the deceased has not acted to make or refuse to make an anatomical gift by:
  - Expanding those that can act to include a health care agent, grandchildren, and persons exhibiting special care;
  - Easing consent by enabling a majority of a class to decide;
  - Eliminating the need for consent from individuals who are not “reasonably available”; and,
  - Clarifying the manner by which consent may be obtained.
- Specifically authorizes gifts on donor registries and state-issued identification cards.
- Registries are encouraged and standards are provided for their operations. Many states do not yet have donor registries.
- Provides for cooperation and coordination between procurement organizations and medical examiners, particularly with regard to procurement from potential donors under the jurisdiction of the medical examiner.
- Remedies for intentional acts in violation of the Act are provided while retaining immunity for good faith acts under the Act.
- Harmonizes the Uniform Anatomical Gift Act with federal law, current technology and practice, and Advance Medical Directives.

The Uniform Anatomical Gift Act (2006) is strongly supported by many organ, eye, and tissue procurement organizations because it will improve anatomical gift law in the states, thereby encouraging donations that save and improve lives. It should be enacted in every jurisdiction as quickly as possible.



# UNIFORM ANATOMICAL GIFT ACT (2006)



January 12, 2010

## The 2006 Revised Uniform Anatomical Gift Act—A Law to Save Lives

*Sheldon F. Kurtz, JD, University of Iowa College of Law and  
Christina Woodward Strong, JD, Law Offices of Christina Strong, Belle Mead, NJ  
David Gerasimow, Student Research Assistant*

*At its July 2006 Annual Meeting, the National Conference of Commissioners on Uniform State Laws (NCCUSL) approved a Revised Uniform Anatomical Gift Act, a revision that was three years in the making, and involved the active participation of numerous stakeholders, lawyers, judges, physicians, and others. Given the life-saving goals of this effort, NCCUSL hopes to see this act adopted by all state legislatures within the next two years. As Howard J. Swibel, President of NCCUSL, stated: "Rarely do we as virtual legislators have the opportunity to literally save people's lives. This is such an opportunity, and we must seize it in earnest, since thousands are waiting for life-saving organ transplants."*

### THE ORGAN DONATION CRISIS

As of November 2006, over 94,000 Americans were awaiting life-saving organ transplants.<sup>1</sup> Approximately nineteen of these patients die every day while still waiting.<sup>2</sup> No longer merely a tragedy, the growing divide between the number of people awaiting transplants and the number of available organs has become a national health crisis.<sup>3</sup>

The vast majority of organs available for transplant in the United States come from deceased donors ("anatomical donors" or "UAGA donors").<sup>4</sup> Each deceased donor may

give as many as seven solid organs for transplantation,<sup>5</sup> in addition to eyes and numerous tissues (including bone) for treatment of burns, cancers, blindness, spinal injuries, among many other conditions. Thus, for each potential donor lost—whether due to legal ambiguity, system error, inefficiency, family dynamics, or simple delay—it is highly likely that a number of lives will be lost and that at least fifty people will lose the opportunity to benefit from tissue and eye donation. Research indicates that nearly nine in ten Americans support organ donation generally,<sup>6</sup> yet more than 40% of potentially transplantable organs are buried or cremated,<sup>7</sup> by conservative estimates.<sup>8</sup> It is apparent that much of the failure to save lives on this transplant list can be attributed to factors other than the generosity of the American people, which appears to be going strong.<sup>9</sup>

### THE SHORTCOMINGS OF THE UNIFORM ANATOMICAL GIFT ACTS OF 1968 AND 1987

It was against this bleak backdrop that the Association of Organ Procurement Organizations (AOPO) reviewed the anatomical gift laws of fifty-four different jurisdictions,<sup>10</sup> all of which have in place either the original 1968 UAGA or its 1987 revision, often with additional jurisdic-

tion-specific modifications. AOPO is a nonprofit organization that represents all federally designated organ procurement organizations (OPOs).<sup>11</sup> After it had identified numerous problems, discussed below, AOPO approached NCCUSL, the group that had promulgated both versions of the UAGA, to see if it would be willing to work on yet another revision.<sup>12</sup>

NCCUSL has worked for the uniformity of state laws since 1892.<sup>13</sup> It is a nonprofit, unincorporated association comprised of commissions, one from each of the fifty states and also from the District of Columbia, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands. Each jurisdiction determines the method of appointment for its commission, as well as the number of individuals appointed. These individuals, called commissioners, come together as the National Conference to study and review the law of the states and to determine those areas that should be uniform. After identifying such areas, the commissioners propose and draft statutes specifically addressing them.

AOPO found the following problems among the current anatomical gift laws:

- The anatomical gift laws are hardly uniform, even though every jurisdiction had adopted the original

UAGA within two years of its 1968 promulgation by NCCUSL. The 1987 revision was adopted only sporadically, and often only in part.<sup>14</sup> Moreover, many states, such as Texas, New Jersey, California, Iowa, Wisconsin, Michigan, and New York, enacted unique versions, touching upon such diverse issues as donor-card signatures, death-record reviews, medical-examiner cooperation, tax incentives, and drivers' license donor registries. Non-uniformity is exacerbated by the fact that many states' anatomical gift acts fail to resolve choice-of-law and conflicts issues, such as how to deal with a document of gift drafted in a state other than the one in which the donor dies.

- Since the late 1980s, federally designated OPOs have administered the process of assessing and obtaining authorization for anatomical gifts.<sup>15</sup> Under federal law, OPOs also are responsible for assuring that anatomical gifts are properly managed, recovered, and allocated according to the national waiting list maintained by the federally mandated Organ Procurement and Transplantation Network (OPTN). The nonprofit United Network for Organ Sharing (UNOS) currently runs the OPTN under contract with the federal government. The 1968 and 1987 versions of the UAGA fail to address the roles of these entities. In fact, some provisions of existing anatomical gift acts flatly contradict federal law, regulation, or policy. For example, since 1998, the Medicare Conditions of Participation (COPs)<sup>16</sup> have required Medicare-participating hospitals to maintain affiliation agreements with OPOs. Furthermore, the COPs permit only specially trained personnel to approach families with requests for donation. Yet the anatomical gift acts in many states imply that hospitals bear the sole responsibility for interacting with donor families, and many still require hospitals to seek organ donation preferences upon

admission. Some states ameliorated conflicts such as these by drafting amendments reflecting the federal regulatory scheme, either to their anatomical gift act or to their hospital-licensing regulations. In more than a few cases, such amendments were "tacked on" to existing acts, creating internal statutory conflict.<sup>17</sup>

- Increasingly, motor-vehicle licenses and Internet-based donor registries are being used as means to permanently and accessibly record documents of gift. Yet there is no standard definition of a donor registry, and no core requirements for their establishment or function.
- Healthcare agents or proxy holders under a durable healthcare power of attorney are not entitled to authorize post-mortem organ donation under the 1968 and 1987 UAGAs. Multiple decision-makers therefore are potentially involved in end-of-life decisions about treatment, ventilation withdrawal, and post-mortem donation. Moreover, individuals who want a partner or other individual to make post-mortem donation decisions on their behalf cannot effectuate this wish under prior UAGAs.
- The 1987 UAGA explicitly provides that no other person may revoke a document of gift and that the assent of no other person is required for a gift to be valid.<sup>18</sup> This arguably had been the implicit intent of the 1968 UAGA. Yet some OPOs and hospitals fail to follow the existing law, causing AOPO and others to seek stronger and clearer language to further reinforce the legal finality of a document of gift.
- Most importantly, AOPO sought changes to provisions that frequently and unfairly thwart a family's wish to donate. Specifically, under both the 1968 and 1987 UAGAs, a single member of a class may veto an anatomical gift, irrespective of the number of other members in the same class that favor the making of

a gift.<sup>19</sup> Thus, if a decedent has no surviving spouse but has ten children, the "No" vote of one child trumps the "Yes" votes of the remaining nine. The prior UAGAs sanction a failure of majority rule that likely contravenes the decedent's wishes and that, more striking, also leads almost invariably to waiting-list deaths. This imbalance serves neither autonomy, nor altruism, nor the public good.

In light of these problems, NCCUSL decided to go forward with another revision that builds upon the concepts found in earlier versions, but that also includes a number of significant changes addressing the problems noted above. In addition to other improvements, the 2006 Revised Uniform Anatomical Gift Act warrants the careful and serious consideration of every jurisdiction for complete and uniform enactment.

### **THE 2006 REVISED UNIFORM ANATOMICAL GIFT ACT**

The Revised Uniform Anatomical Gift Act of 2006 (2006 UAGA) relates only to the recovery of parts (organs, eyes, and tissues) from deceased donors, although anatomical gifts from living donors are becoming increasingly common.<sup>20</sup> Furthermore, the 2006 UAGA continues to adhere to the so-called "opt-in" system under which no individual is a donor absent an affirmative gift of his or her parts.

Like prior versions, the centerpiece of the 2006 UAGA is the concept of "first-person" consent, under which no other person can alter the individual's decision to donate his or her parts after death. The 1987 UAGA purported to adopt that concept through language making an individual's gift "irrevocable," but, in practice, some procurement organizations reportedly ignored the wishes of a donor if surviving family members objected. While the 2006 UAGA does not use the language of irrevocability, it nonetheless accomplishes that goal

by its strengthened language expressly barring a person from "making, amending, or revoking" an anatomical gift of the donor's parts if the donor made a gift of them.<sup>21</sup> It would be unlawful for a procurement organization to act upon an attempted revocation by surviving family members.

The 2006 UAGA facilitates donation by expanding the list of individuals who may make an anatomical gift on a donor's behalf both during the donor's life and thereafter. For example, it explicitly authorizes a parent of a minor, a guardian of an individual, and, most importantly, an agent acting under a healthcare power of attorney to make an anatomical gift during the life of the child, ward, or principal.<sup>22</sup> Such a gift then bars others from revoking the gift after the child, ward, or principal dies.<sup>23</sup> The 2006 UAGA also authorizes a minor who is eligible to obtain a driver's license or permit to make a gift without parental consent,<sup>24</sup> although a parent of the minor can revoke the gift if the minor dies under the age of 18.<sup>25</sup> The minor can make that gift on any type of document of gift, not only on a driver's license or permit.<sup>26</sup>

The 2006 UAGA also expressly provides for the making of an anatomical gift on a donor registry, in addition to donor cards and driver's licenses.<sup>27</sup> In time, donor registries may become the primary device used to make anatomical gifts. The 2006 UAGA allows the appropriate state agency to establish, or contract for the establishment of, a donor registry.<sup>28</sup> It also sets forth three criteria for a well-designed donor registry: (1) that it allow a donor or other authorized persons to make a gift on the registry by way of statement or symbol, (2) that it be accessible to all procurement organizations to determine whether an individual at or near death has made, amended, or revoked an anatomical gift, and (3)

that it be accessible to donors, authorized persons acting on their behalf, and procurement organizations on a 24/7 basis.<sup>29</sup> Private organizations may create donor registries without a contract from the state, but they must still satisfy the same three criteria.<sup>30</sup>

If a decedent dies without having made an anatomical gift during life, the 2006 UAGA provides that a gift can be made on the decedent's behalf by his or her spouse, adult children, parents, adult siblings, and grandparents.<sup>31</sup> The previous versions of the UAGA also empowered these classes,<sup>32</sup> but the 2006 UAGA expands upon the list by adding the decedent's adult grandchildren,<sup>33</sup> as well as any adult who exhibited special care and concern for the decedent.<sup>34</sup> It also adds the individual who had been acting as the decedent's agent under a healthcare power of attorney at the time of the decedent's death.<sup>35</sup> The 2006 UAGA accords first priority to such an agent.<sup>36</sup> If none of these persons is reasonably available to make an anatomical gift, the gift can be made by the person having the authority to dispose of the decedent's body.<sup>37</sup> This individual could be a coroner or medical examiner, hospital administrator, or government official.

The 2006 UAGA also changes prior law regarding anatomical gifts from classes consisting of multiple members, such as children. Under the 2006 UAGA, any member of a class may make a gift if he or she is unaware of any objections by other members of the class.<sup>38</sup> If an objection is known, then the gift can only be made by a majority of the class members who are reasonably available.<sup>39</sup> If, for example, a decedent has three children, any one of them can make a gift on the decedent's behalf, unless that child knows that one of his or her siblings objects. If such an objection is known, then the

gift can be made only by the majority of those children who are reasonably available. Thus, if all three children are reasonably available and an objection is known, two of them must agree to donate before a gift is made. If only two of them are reasonably available and an objection is known, they must agree, and the gift is made despite the objections of the third child, who is not reasonably available. Class members who are not reasonably available do not get to participate in the decision whether to make an anatomical gift.<sup>40</sup> This was a purposeful choice because a known objection by a person who is not reasonably available may be based upon faulty information about the effects of a gift or other concerns that could have been ameliorated had that person been reasonably available to discuss the matter with the relevant procurement organization.

Anatomical gifts can be made for the purposes of transplantation, therapy, research, or education. Prior law, unlike the 2006 UAGA, made no attempt to prioritize these purposes, either when the donor authorized all four, when the donor authorized some, or when the donor failed to specify any. Also, under the prior UAGAs, it was unclear which purposes a donor intended when he or she manifested his or her intent merely by checking a box marked "organ donor" or by placing a symbol or statement on his or her driver's license. Anecdotal evidence suggests that these donors contemplated only transplantation and therapy, not research or education. Lastly, prior law did not specifically identify the persons to which gifts pass. The 2006 UAGA resolves these issues by setting forth a number of default rules to guide the interpretation of ambiguous documents of gift (*See Table*).<sup>41</sup>

The 2006 UAGA creates a number of rights and duties for procurement organizations,<sup>42</sup> many of which were

Table: Rules Governing the Interpretation of Ambiguous Documents of Gift

<i>Gift of</i>	<i>Purpose</i>	<i>Named donee or custodian</i>	<i>Gift passes to:</i>
Whole body specified or specified part	Research or education	Named hospital, accredited medical school, dental school, college or university	Hospital, accredited medical school, dental school, college or university as named.
Specified part	Transplantation	Named individual who is also the recipient of the gift	Named individual, unless the part specified cannot be transplanted into the named individual, in which case, the specified part passes to the appropriate OPO as custodian, or to the appropriate eye bank or tissue bank.
Specified part	One or more specified purposes, prioritized	None named	<p>Follow the specified priority, changing the purpose if higher purposes are not possible.</p> <p>If the gift is for the purpose of transplantation or therapy, the part passes to the appropriate OPO as custodian, or to the appropriate eye bank or tissue bank.</p> <p>If the gift is for the purpose of research or education, to the appropriate eye bank, tissue bank or organ procurement organization.</p>
Specified part	One or more specified purposes, not prioritized	None named	If multiple purposes, the following priority applies: transplantation or therapy, and then research or education.
Specified part	None specified	None named	The part may be used only for transplantation or therapy, and the part passes to the appropriate OPO as custodian, or to the appropriate eye bank or tissue bank. Then follow the rules for passage of the gift where the purposes are prioritized.
No parts specified	One or more specified purposes, prioritized	None named	<p>Follow the specified priority, changing the purpose if higher purposes are not possible.</p> <p>If the gift is for the purpose of transplantation or therapy, the parts pass to the appropriate OPO as custodian, or to the appropriate eye bank or tissue bank.</p> <p>If the gift is for the purpose of research or education, the parts pass to the appropriate eye bank, tissue bank or organ procurement organization.</p>

Table: Rules Governing the Interpretation of Ambiguous Documents of Gift

<i>Gift of</i>	<i>Purpose</i>	<i>Named donee or custodian</i>	<i>Gift passes to:</i>
No parts specified	One or more specified purposes, not prioritized	None named	If multiple purposes, the following priority applies: transplantation or therapy, and then research or education. Then follow the rules for passage of the parts where the purposes are prioritized.
No parts specified*	None specified	None named	The whole body may not be donated. The part may be used only for transplantation or therapy, and the part passes to the appropriate OPO as custodian, or to the appropriate eye bank or tissue bank.

\*A mere "general intent" to be either a "donor" or "organ donor," either expressly or by symbol.

incorporated in prior versions.<sup>43</sup> But, some additional ones have been added. For example, if a hospitalized patient is referred to a procurement organization to determine whether that patient is a prospective donor, measures necessary to ensure the medical suitability of the patient's parts may not be withdrawn, unless it is known that the patient had expressed a contrary intent.<sup>44</sup> The 2006 UAGA imposes upon procurement organizations the affirmative obligation to conduct a reasonable search for the parents of a minor donor to provide them with an opportunity to revoke the minor's anatomical gift.<sup>45</sup> Similarly, if a prospective donor has not made an anatomical gift, the procurement organization must conduct a reasonable search for any person having priority to make an anatomical gift upon the prospective donor's death.<sup>46</sup>

The 2006 UAGA provides that a document of gift is valid if executed in accordance with the laws of the state in which the gift is made or the laws

of the state where the person making the gift is domiciled, has a place of residence, or is a national.<sup>47</sup> Procurement organizations and other persons can presume individuals who sign a document of gift are who they say they are, unless it has actual knowledge that they are not.<sup>48</sup>

Even if a prospective donor has a declaration or advance healthcare directive instructing the withdrawal or withholding of life-support systems, measures necessary to ensure the medical suitability of organs for transplantation or therapy will not be withdrawn or withheld, unless the declaration or advance healthcare directive expressly so provides.<sup>49</sup> Thus, the 2006 UAGA adjusts the potential tension between the desires of individuals to donate organs, and the desires of individuals not to have their lives unduly prolonged.

Lastly, the 2006 UAGA includes two comprehensive sections relating to the interactions between procurement organizations on the one hand,

and coroners and medical examiners on the other.<sup>50</sup> It eliminates provisions found in the previous versions that allow coroners and medical examiners to donate parts under certain circumstances. These provisions have run into legal difficulties in the courts.<sup>51</sup> Under the 2006 UAGA, coroners and medical examiners cannot make an anatomical gift on the behalf of an individual under their jurisdiction unless the individual, or other authorized persons, such as agents, family members, guardians, and close friends, have made such a gift. However, if the individual did not make a gift, and if other authorized persons did not make a gift because they were not reasonably available, then the coroner or medical examiner has the authority to make the gift. The 2006 UAGA, through a number of rules, also directs procurement organizations and coroners and medical examiner to cooperate in maximizing donation opportunities.

In sum, the 2006 UAGA incorporates a number of important new features

that will increase organ, tissue, and eye donation. It addresses and resolves the shortcomings of its previous versions, while taking into account medical and legal advances that have occurred since the last revision. As the organ donation crisis continues to grow, the 2006 UAGA will play a significant role in any solution, but only if adopted by most, if not all, state legislatures.

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*representation of organ and tissue donation entities. She served as an Observer to the Uniform Anatomical Gift Act Drafting Committee.*

*The authors are grateful for the scholarly assistance of David Gerasimow, a second year law student at the University of Iowa Law School.*

## END NOTES

- <sup>1</sup> United Network for Organ Sharing (UNOS), [www.unos.org](http://www.unos.org) (last visited Nov. 21, 2006).
- <sup>2</sup> U.S. Dep't of Health and Human Servs., Health Resources and Servs. Admin., Healthcare Sys. Bureau, Div. of Transplantation (HHS/HRSA/HSB/DOT), [www.organdonor.gov](http://www.organdonor.gov) (last visited Nov. 21, 2006).
- <sup>3</sup> The difference between the number of individuals on the national waiting list at year end and the number of individuals who annually received organs increased from 22,185 individuals in 1995 to 59,347 in 2004. HHS/HRSA/HSB/DOT, 2005 ANNUAL REPORT OF THE U.S. ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK AND THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS: TRANSPLANT DATA 1995-2004 tbls.1.4 & 1.10 (2005), available at [www.optn.org/data/annualReport.asp](http://www.optn.org/data/annualReport.asp) [hereinafter 2005 OPTN/SRTR ANNUAL REPORT 1995-2004].
- <sup>4</sup> In 2004, about three out of every four transplanted organs came from a deceased donor. *Id.* at tbl.1.7.
- <sup>5</sup> These organs are the heart, lungs, liver, pancreas, two kidneys, and small intestine.
- <sup>6</sup> GALLUP ORG., INC., THE AMERICAN PUBLIC'S ATTITUDES TOWARD ORGAN DONATION AND TRANSPLANTATION: A SURVEY (1993), available at [www.transweb.org/reference/articles/gallup\\_survey/gallup\\_index.html](http://www.transweb.org/reference/articles/gallup_survey/gallup_index.html).
- <sup>7</sup> 2005 OPTN/SRTR ANNUAL REPORT 1995-2004, *supra* note 3, at tbl.II-2 (showing that, in the first four months of 2005, 57.2% of potential donors actually became donors).
- <sup>8</sup> While UNOS states that about 40% of organs go unused, some scholars estimate that number to be closer to
- <sup>9</sup> 60%. See NAT'L ACADEMIES, INST. OF MED., BD. ON HEALTH SCI. POLICY, COMM. ON INCREASING RATES OF ORGAN DONATION, ORGAN DONATION: OPPORTUNITIES FOR ACTION 127 (2006), available at Nat'l Academies Press, [www.nap.edu](http://www.nap.edu) (search for "Organ Donation: Opportunities for Action").
- <sup>10</sup> See GALLUP ORG., INC., *supra* note 6. The same survey showed that 37% and 32% of respondents were "very likely" or "somewhat likely," respectively, to donate their own organs. *Id.*
- <sup>11</sup> AOPO surveyed the following jurisdictions: all fifty states, the District of Columbia, Guam, and the U.S. Virgin Islands.
- <sup>12</sup> See [www.aopo.org](http://www.aopo.org) (last visited Nov. 21, 2006) for more information on AOPO.
- <sup>13</sup> It should be noted that AOPO was not alone in identifying the need for statutory revision. The U.S. Department of Health and Human Services Advisory Committee on Organ Transplantation issued recommendations in May of 2003, which called for an update after recognizing the non-uniformity among the states with regard to the UAGA.
- <sup>14</sup> See [www.nccusl.org](http://www.nccusl.org) (last visited Nov. 21, 2006) for more information on NCCUSL.
- <sup>15</sup> By 2003, it had become difficult to separate those states that had adopted the 1987 changes from those that were non-uniform, due to the variety of amendments in the sixteen years since the 1987 promulgation.
- <sup>16</sup> National Organ Transplant Act of 1984, Pub. L. No. 98-507 (codified at 42 U.S.C. §§ 273-74).
- <sup>17</sup> 42 C.F.R. § 482.45.
- <sup>18</sup> Compare N.Y. PUB. HEALTH LAW art. 43 with N.Y. COMP. CODES R. & REGS. tit. 10, § 405.25.
- <sup>19</sup> UNIF. ANATOMICAL GIFT ACT § 2(h) (1987) [hereinafter 1987 UAGA].
- <sup>20</sup> 1987 UAGA § 3(d), § 6(c).
- <sup>21</sup> Living donations raise distinct issues best left to other law.
- <sup>22</sup> UNIF. ANATOMICAL GIFT ACT § 8 (2006) [hereinafter 2006 UAGA].
- <sup>23</sup> 2006 UAGA §§ 4, 5.
- <sup>24</sup> 2006 UAGA § 8(c).
- <sup>25</sup> 2006 UAGA § 4(1)(b).
- <sup>26</sup> 2006 UAGA § 8(g), (h).
- <sup>27</sup> 2006 UAGA §§ 4(1)(b), 5.
- <sup>28</sup> 2006 UAGA § 5.
- <sup>29</sup> 2006 UAGA § 20(a).
- <sup>30</sup> 2006 UAGA § 20(c).
- <sup>31</sup> 2006 UAGA § 9(a)(2)-(5), (7).
- <sup>32</sup> 1987 UAGA § 3.
- <sup>33</sup> 2006 UAGA § 9(a)(6).
- <sup>34</sup> 2006 UAGA § 9(a)(8).
- <sup>35</sup> 2006 UAGA § 9(a)(1).
- <sup>36</sup> *Id.*
- <sup>37</sup> 2006 UAGA § 9(a)(10).
- <sup>38</sup> 2006 UAGA § 9(b).
- <sup>39</sup> *Id.*
- <sup>40</sup> *Id.*
- <sup>41</sup> 2006 UAGA § 11.
- <sup>42</sup> 2006 UAGA § 14.
- <sup>43</sup> 1969, 1987 UAGA *passim*.
- <sup>44</sup> 2006 UAGA § 14(c).
- <sup>45</sup> 2006 UAGA § 14(f).
- <sup>46</sup> 2006 UAGA § 14(g).
- <sup>47</sup> 2006 UAGA § 19(a).
- <sup>48</sup> 2006 UAGA § 18(c).
- <sup>49</sup> 2006 UAGA § 21(b).
- <sup>50</sup> 2006 UAGA §§ 22, 23.
- <sup>51</sup> See, e.g., *Newman v. Sathyavaglswaran*, 287 F.3d 786 (9th Cir. 2002); *Brotherton v. Cleveland*, 923 F.2d 477 (6th Cir. 1991).

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For Immediate Release:

**AMA ENDORSES NEW UNIFORM ANATOMICAL GIFT ACT DESIGNED TO INCREASE  
AVAILABILITY OF ORGANS FOR TRANSPLANT**

*Revised Act, Drafted by National Conference of Commissioners on Uniform State Laws  
(NCCUSL), Is Now Being Introduced in State Legislatures Across the Country*

January 31, 2007 – The **Uniform Anatomical Gift Act (UAGA)**, a comprehensive revision to previous Acts that is designed to increase the number of organs available for transplant and improve the system for allocating organs to recipients, has been endorsed by the American Medical Association (AMA). The new UAGA has already been introduced in 11 states; more than 25 introductions are expected this year.

The AMA joins the United Network for Organ Sharing, the National Kidney Foundation, the Eye Bank Association of America, the American Association of Tissue Banks, the American Academy of Ophthalmology, the Cornea Society, and the Association of Organ Procurement Organizations in endorsing the new UAGA. The new Act makes it easier to document the desire to donate, particularly as provided on drivers' licenses; specifies an expanded list of persons who may make an anatomical gift on behalf of the deceased, such as agents with healthcare power-of-attorney, adult grandchildren or close friends; more clearly provides for a document of refusal if an individual does not wish to donate; allows for registering gifts on existing donor registries; and encourages the creation of donor registries, whether by states or by other entities.

"The AMA's endorsement is a very important voice added to the chorus of national transplant and medical organizations and state officials clamoring for a clear, up-to-date law on organ transplantation that is consistent from state to state," said Carlyle C. Ring, Jr., Chair of the UAGA Drafting Committee. "NCCUSL will work aggressively with all of these organizations and with each state legislature to make sure this lifesaving legislation becomes the law of the land."

After more than two years of exhaustive study, NCCUSL promulgated the Revised UAGA of 2006 to address serious national discrepancies and shortages surrounding anatomical gifts. About every hour, a patient in the United States dies for lack of an available organ transplant – more than 7,000 patients every year. According to the United Network for Organ Sharing (UNOS), today there are more than 94,000 people on the waiting list for organ transplantation. Despite significant technological improvements, numerous publicity campaigns and efforts by the federal government and the states to improve the system, the substantial shortage of organs, tissues, and eyes for life-saving or life-improving transplants continues.

The original and unprecedented 1968 UAGA, which was adopted in every state, was revised in 1987. However, the 1987 revision was adopted in only 26 states. Consequently, there is significant non-uniformity between the states. Also, over the years, donation practices and federal regulation have changed significantly, so much so that existing legislation is not only inconsistent but outmoded.



NCCUSL has been at the forefront of organ donation law since it drafted the 1968 UAGA, which stipulated that an individual, upon death, could irrevocably donate his or her organs for medical purposes by signing a simple document before witnesses.

The Uniform Anatomical Gift Act has been introduced in Arizona, the District of Columbia, Idaho, Indiana, Kansas, Montana, New Jersey, Utah, the U.S. Virgin Islands, Virginia, and Washington. The complete text of the UAGA, along with other supporting materials, can be found at a new website devoted to this Act: [www.anatomicalgiftact.org](http://www.anatomicalgiftact.org).

#### **About The American Medical Association**

Founded in 1847, the AMA is the largest association of medical doctors in the United States. The AMA advances the interests of physicians, promotes public health, lobbies for legislation favorable to physicians and patients, and raises money for medical education. The AMA also publishes the Journal of the American Medical Association, which has the largest circulation of any weekly medical journal in the world. The AMA Resolution endorsing the UAGA can be found here.

#### **About The National Conference of Commissioners on Uniform State Laws**

The National Conference of Commissioners on Uniform State Laws is now in its 116th year. The organization comprises more than 300 lawyers, judges, and law professors appointed by the states, as well as the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, to draft proposals for uniform and model laws and work toward their enactment in their legislatures. Since its inception in 1892, the group has promulgated more than 200 acts, among them such bulwarks of state statutory law as the Uniform Commercial Code, the Uniform Probate Code, and the Uniform Partnership Act.

**AOPO**  
**Association of**  
**Organ Procurement**  
**Organizations**

July 6, 2006

Carlyle C. Ring, Jr.  
Chair, NCCUSL Drafting Committee  
on Amending the Uniform Anatomical Gift Act  
1401 H Street, NW, Suite 500  
Washington, DC 20005

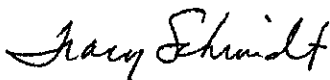
Dear Mr. Ring:

For the past three years, the Association of Organ Procurement Organizations (AOPO) has participated in NCCUSL's review and proposed revision of the Uniform Anatomical Gift Act (UAGA). The passage of an updated UAGA is of utmost importance to the organ and tissue donation community, especially those waiting on the list for life-saving transplants. The current law of 1987 has been out of step with federal law, clinical reality and best practices for many years. These discrepancies lead to confusion, cost and delays, and substantial lack of uniformity between states. It is our belief that the revision prepared by the UAGA Committee, which will be presented to the Commissioners at the Annual Meeting this week will ameliorate these problems, and quite possibly, save lives.

We are very appreciative of the willingness of the Commission to encourage the involvement of stakeholders such as AOPO, the Association of American Tissue Banks (AATB), the Eye Bank Association of America (EBAA), the National Kidney Foundation, and the United Network for Organ Sharing (UNOS), among others. This inclusion, we believe, has helped the Commission to draft a model bill that will be acceptable in all quarters.

NCCUSL has the support of AOPO for the passage of this act, as well as our intent to work with our membership to advance the act's enactment throughout the country. Thank you and your colleagues for your attention to this important measure, and for all your work as NCCUSL Commissioners.

Sincerely,



Tracy C. Schmidt  
President, AOPO

Tracy C. Schmidt, Utah  
*President*  
Thomas D. Mone, California  
*President-Elect*  
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**AMERICAN ACADEMY  
OF OPHTHALMOLOGY**

*The Eye M.D. Association*

December 14, 2006

Commissioner Carlyle C. Ring, Jr.  
Chairman  
Drafting Committee on the Uniform Anatomical Gift Act (2006)  
National Conference of Commissioners on Uniform State Laws  
211 E. Ontario Street, Suite 1300  
Chicago, IL 60611

Suite 700  
1101 Vermont Avenue NW  
Washington, DC 20005-3570

Tel. 202.737.6662  
Fax 202.737.7061  
<http://www.aao.org>

FEDERAL AFFAIRS DEPARTMENT

RE: Revised Uniform Anatomical Gift Act of 2006

Dear Commissioner Ring:

The American Academy of Ophthalmology is pleased to endorse the 2006 Revised Uniform Anatomical Gift Act as promulgated by the National Conference of Commissioners on Uniform State Laws. The Revised Act will greatly enhance the opportunity for the donation and transplantation of precious life giving and life enhancing anatomical gifts. One of these precious gifts, is the gift of sight. The gifting of human eyes can allow another the opportunity to see. It can also provide the opportunity for research into diseases of eye and vision deterioration, resulting in new treatments, rehabilitation, and hope for the future.

Many individuals can be donors of eye and tissue gifts. The need is great and will continue to increase as the population ages and grows. The Revised Act will make it easier to express one's desire to donate and will help ensure that donation wishes are respected wherever the donor may be when death occurs.

Uniformity among the states is critical to ensure that a donor's wishes will be honored to the greatest possible extent. We appeal to state legislatures to undertake a thorough review of their state anatomical gift laws and to include the provisions in the revised model act so that the benefits of the Revised Act are realized.

We thank the Conference for their work in the area. The Academy will work with state-based organizations to get the message of support out to State legislatures.

Sincerely,

Michael X. Repka, M.D.  
Secretary of Federal Affairs



## *American Association of Tissue Banks*

---

July 3, 2006

**TO: National Conference of Commissioners on Uniform State Laws (NCCUSL)**

The American Association of Tissue Banks (AATB) is pleased to add our endorsement to the proposed 2006 revision of the Uniform Anatomical Gift Act (UAGA), and we respectfully request that the NCCUSL do the same.

Every year, the AATB's more than 1,100 individual members and 95 accredited tissue banks recover tissue from more than 25,000 donors and distribute in excess of 1.5 million allografts for transplant. More than a million Americans annually depend on these transplants to relieve their pain, regain their mobility, restore their limbs, and save their lives. In a very real sense, therefore, what you do at this meeting will save and improve the lives of millions of Americans.

For almost two decades, the UAGA has provided the legal framework and the fundamental law for anatomical donation. Over those years, however, donation practices and federal regulation have changed significantly. To make the UAGA consistent with modern-day practices, and to cure discrepancies and lack of uniformity between the states, the UAGA needs to be revised.

At the invitation of the NCCUSL Drafting Committee, the AATB has been privileged to join its fellow donation organizations for the past several years and work with the committee throughout the drafting process. We are extremely appreciative for that opportunity, and we commend NCCUSL and the committee for your consideration and the foresight to ensure a workable draft. As a result, the committee has produced a model bill that will be supported by the donation community, and one that is worthy of your approval for enactment in all the states.

The AATB thanks you for your service as a NCCUSL Commissioner and for your thoughtful consideration of this important legislation. You have the support of the AATB for passage of this act and our commitment to work with you for its enactment in every state.

With best wishes.

Sincerely,



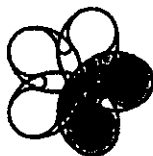
P. Robert Rigney, Jr., Esq.  
Chief Executive Officer

PRRJr/br

---

1320 Old Chain Bridge Road, Suite 450, McLean, VA 22101  
Telephone: 703-827-9582 Fax: 703-356-2198  
E-mail: [aatb@aatb.org](mailto:aatb@aatb.org) Website: [www.aatb.org](http://www.aatb.org)





# National Kidney Foundation

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June 28, 2006

Carlyle C. Ring, Jr., Esq.  
Ober, Kaler, Grimes, Shriver  
1401 H Street, NW  
Suite 500  
Washington, DC 20005-3324

Dear Connie:

I have been pleased to represent the National Kidney Foundation (NKF) as an observer during the four meetings of the drafting committee that is revising the Uniform Anatomical Gift Act (UAGA). The NKF is a voluntary health organization whose 50,000 members, from around the country, include 7,260 transplant candidates and recipients, as well as 10,910 families that have donated the organs of a deceased loved one for transplantation. I appreciated the willingness of the commissioners to consider the views of the observers during their deliberations and will be interested in seeing the new UAGA move toward enactment since it addresses many of the concerns that have been raised in the transplant community.

Sincerely,

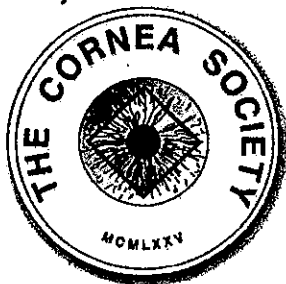
*Dolph Chianchiano*

Dolph Chianchiano, JD, MPA  
Vice President for Health Policy and Research

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# The Cornea Society

Founded 1975

December 13, 2006

Commissioner Carlyle C. Ring, Jr., Chairman  
Drafting Committee on the Uniform Anatomical Gift Act (2006)  
National Conference of Commissioners on Uniform State Laws  
211 E. Ontario Street, Suite 1300  
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Fairfax, VA 22033

info@corneasociety.org  
www.corneasociety.org

703-591-0196  
703-434-3000 Fax

Address Changes Requested

## RE: Revised Uniform Anatomical Gift Act of 2006

Dear Commissioner Ring:

The Cornea Society ([www.corneasociety.org](http://www.corneasociety.org)) is pleased to add our endorsement to the Revised Uniform Anatomical Gift Act of 2006.

The first cornea transplant occurred in 1905, and the first eye bank opened in New York in 1944. The eye bank marked the first organized attempt to facilitate the transfer of tissue from donor to patient. Following this successful model, other eye banks were opened across the United States. Through the years, medical technological innovation has developed procedures which have resulted in the successful transplantation of organs and other tissues.

In 1968, a model Uniform Anatomical Gift Act established the right of Americans to donate eyes, tissues and organs -- life saving and life enhancing anatomical gifts. This model act was adopted by the states and serves as the framework for the gifting process that exists today. The anatomical gifting process has provided precious gifts to millions of Americans over the years allowing the gift of life, restored vision, and physical function that would otherwise have been lost.

The member physicians of this Society have first hand experience in witnessing the invaluable gift of sight restoration resulting from ocular donation. The Cornea Society is the largest Professional Physician Organization solely representing Corneal Surgeons. We also appreciate of the donation of ocular gifts for research into diseases that destroy sight and the opportunity for vision correction and repair.

The Act must be updated to keep pace with medical technological advances and federal and state regulatory changes to continue to provide optimal donation opportunity wherever one resides. This summer, the National Conference of Commissioners on Uniform State Laws promulgated a Revised Uniform Anatomical Gift Act for circulation to each of the fifty states. The Society congratulates you on this initiative and will help support enactment at the state level.

Sincerely,

Michael W. Belin, MD,  
Professor of Ophthalmology – Albany Medical College  
President – Cornea Society



Since 1984 — sharing organs, sharing data, sharing life.

700 North 4th Street, Richmond, VA 23219  
P.O. Box 2484, Richmond, VA 23218  
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Walter Graham, Executive Director

Carlyle C. Ring Jr.  
Chair, RUAGA Drafting Committee

National Conference of Commissioners on  
Uniform State Laws  
211 East Ontario Street  
Suite 1300  
Chicago, IL 60611

Ober, Kaler, Grimes & Shriver  
1401 H. Street, NW, Suite 500  
Washington, DC 20005

December 5, 2006

Dear Mr. Ring,

The United Network for Organ Sharing (UNOS) is a Virginia, non-stock, non-profit, membership corporation that is involved in a number of organ donation and transplantation initiatives. Among these initiatives, UNOS operates the Organ Procurement and Transplantation Network (OPTN) under Federal contract with the Health Resources and Services Administration (HRSA). The OPTN is the unified transplant network established by the National Organ Transplant Act (NOTA) of 1984 to be operated by a private, non-profit organization under federal contract. Presently, over 93,000 people are registered on the national waiting list hoping to receive a life-saving organ.

The OPTN is a unique public-private partnership that links all of the professionals involved in the organ donation and transplantation system. The primary goals of the OPTN are to increase and ensure the effectiveness, efficiency and equity of organ sharing in the national system of organ allocation and increase the supply of donated organs available for transplantation. Improvements to the organ donation consent and recovery process will have a positive and substantial impact on the number of organ transplants performed.

The Association of Organ Procurement Organizations (AOPO) sought support from UNOS and other interested organizations in 2004 to assist in the development of proposed amendments to the Uniform Anatomical Gift Act of 1987 to reflect current donation and transplantation policies and practices. The OPTN/UNOS Organ Availability Committee in conjunction with its Ethics Committee and Organ Procurement Organization (OPO) Committee provided input to the

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Carlyle C. Ring, Jr.  
December 5, 2006  
Page 2

proposed amendments to the UAGA. In addition, UNOS staff attended the UAGA drafting Committee meetings throughout the amendment process.

On March 22, 2006, the OPTN/UNOS Board of Directors unanimously voted in support of the RUAGA which was ultimately approved by NCCUSL in July 2006.

As such, we would like this letter to serve as an endorsement from UNOS of the RUAGA 2006, and thank the commissioners for their service to improve this vital piece of model legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter K. Graham", with a long horizontal flourish extending to the right.

Walter K. Graham

c: Kim Johnson  
Jason Livingston



# Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1430

**BILL TITLE:** relative to the uniform anatomical gift act.

**DATE:** February 9, 2010

**LOB ROOM:** 205

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. S. Butcher

Seconded by Rep. J.Cebrowski

Vote: 18-0 (Please attach record of roll call vote.)

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE: 18-0**

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Joan H. Schulze, Clerk

*Rep. Joan H. Schulze*

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1430

BILL TITLE: relative to the uniform anatomical gift act.

DATE: 2/9/2010

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Butcher

Seconded by Rep. Cebrowske

Vote: 18-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report 18-0 Consent

Respectfully submitted,

Rep. Joan H. Schulze, Clerk

## HEALTH, HUMAN SERVICES &amp; ELDERLY AFFAIRS

Bill #: NB 1430 Title: relative to the uniform anatomical gift act.PH Date: 1/1/10Exec Session Date: 2/9/2010Motion: OTP

Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Rosenwald, Cindy, Chairman	18	
Donovan, Thomas E, V Chairman	1	
French, Barbara C	2	
Schulze, Joan H, Clerk	3	
Tilton, Joy K	4	
Butcher, Suzanne S	5	
Bridgham, Robert G	6	
Merrick, Evalyn S	7	
Russell, Trinka T	—	
DiPentima, Rich T	8	
Miller, Kate W	9	
Batula, Peter L	10	
McMahon, Charles E	11	
Pilliod, James P	12	
Emerson, Susan	13	
Case, Frank G	14	
Millham, Alida I	15	
Wells, Roger G	—	
Cebrowski, John W	16	
Kotowski, Frank R	17	
		18 0
TOTAL VOTE:		
Printed: 1/12/2009		

# Committee Report

**CONSENT CALENDAR**

**February 17, 2010**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on HEALTH, HUMAN SERVICES &  
ELDERLY AFFAIRS to which was referred HB1430,**

**AN ACT relative to the uniform anatomical gift act.**

**Having considered the same, report the same with the  
recommendation that the bill OUGHT TO PASS.**

**Rep. Suzanne S Butcher**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>HEALTH, HUMAN SERVICES &amp; ELDERLY AFFAIRS</b>
Bill Number:	<b>HB1430</b>
Title:	<b>relative to the uniform anatomical gift act.</b>
Date:	<b>February 9, 2010</b>
Consent Calendar:	<b>YES</b>
Recommendation:	<b>OUGHT TO PASS</b>

### STATEMENT OF INTENT

This is an update of New Hampshire's anatomical gifts law, adapted from the model of the national conference of commissioners of uniform state laws, to harmonize with national and regional efforts to facilitate organ donations. It makes small changes, such as making clear the primacy of a health care durable power of attorney, but does not change what is already working well in New Hampshire, such as our donor registry. Over 4,000 people in New England are waiting for an organ. There was no testimony in opposition to this bill.

Vote 18-0.

Rep. Suzanne S Butcher  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

### HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

**HB1430**, relative to the uniform anatomical gift act. **OUGHT TO PASS.**

Rep. Suzanne S Butcher for HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS. This is an update of New Hampshire's anatomical gifts law, adapted from the model of the national conference of commissioners of uniform state laws, to harmonize with national and regional efforts to facilitate organ donations. It makes small changes, such as making clear the primacy of a health care durable power of attorney, but does not change what is already working well in New Hampshire, such as our donor registry. Over 4,000 people in New England are waiting for an organ. There was no testimony in opposition to this bill. **Vote 18-0.**

Original: House Clerk

Cc: Committee Bill File





HB 1430

S. Butcher

OTP

18-0

CC

This is an update of New Hampshire's anatomical gifts law, adapted from the model of the national conference of commissioners of uniform state laws, to harmonize with national and regional efforts to facilitate organ donations. It makes small changes, such as making clear the primacy of a health care durable power of attorney, but does not change what is already working well in New Hampshire, such as our donor registry. Over 4,000 people in New England are waiting for an organ. There was no testimony in opposition to this bill.



**Soulard, Joan**

---

**From:** Suzanne Butcher [suzannebutchernh@yahoo.com]  
**Sent:** Wednesday, February 10, 2010 3:34 PM  
**To:** Soulard, Joan  
**Subject:** Fw: HB1430 blurb

Hi, Joan,

Cindy approved this. I'll bring you the hard copy tomorrow morning.

Suzanne

--- On Wed, 2/10/10, Suzanne Butcher <suzannebutchernh@yahoo.com> wrote:

From: Suzanne Butcher <suzannebutchernh@yahoo.com>  
Subject: HB1430 blurb  
To: "Cindy Rosenwald" <cindy.rosenwald@leg.state.nh.us>  
Date: Wednesday, February 10, 2010, 8:58 AM

This is an update of New Hampshire's anatomical gifts law, adapted from the model of the National Conference of Commissioners of Uniform State Laws, to harmonize with national and regional efforts to facilitate organ donations. It makes small changes, such as making clear the primacy of a health care durable power of attorney, but does not change what is already working well in New Hampshire, such as our donor registry. Over 4,000 people in New England are waiting for an organ. There was no testimony in opposition to this bill.



2/11/2010