

MINUTES
SENATE JUDICIARY & RULES COMMITTEE

DATE: Wednesday, February 22, 2017

TIME: 1:15 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Lodge, Vice Chairman Lee, Senators Davis, Hagedorn, Anthon, Agenbroad, Foreman, Burgoyne, and Nye

ABSENT/ EXCUSED: None

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Lodge** called the meeting of the Senate Judiciary and Rules Committee (Committee) to order at 1:10 p.m.

APPROVAL OF MINUTES: **Senator Burgoyne** moved to approve the Minutes of the February 15, 2017 meeting. **Senator Anthon** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT: **Vote on Gubernatorial Appointment of Shellee Daniels to the State Public Defense Commission.** **Senator Davis** moved to send the Gubernatorial appointment of Shellee Daniels to the State Public Defense Commission to the floor with recommendation that she be confirmed by the Senate. **Senator Anthon** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Chairman Lodge passed the gavel to Vice Chairman Lee in order to present **RS 25328**.

RS 25328 **Regarding Justice Reinvestment.** **Chairman Lodge** presented **RS 25328** reporting that it is legislation brought by a committee that met over December through February for improvements to the Justice Reinvestment Initiative (JRI).

MOTION: **Senator Davis** moved to send **RS 25328** to print. **Senator Hagedorn** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Vice Chairman Lee passed the gavel back to Chairman Lodge.

RS 25308C1 **Regarding businesses selling alcohol.** **Senator Davis** informed the Committee there was threatened litigation last year regarding Idaho Code restrictions on alcohol consumption at a movie theater. Shortly after the Legislature amended the statute, a new lawsuit was filed over a different section of the law. The federal court rendered an adverse decision against the State of Idaho, and this bill repeals the entire problematic section and inserts language patterned after other laws which have been successfully defended in other states. The Attorney General has confidence these provisions will withstand a legal challenge.

MOTION: **Senator Hagedorn** moved to send **RS 25308C1** to print. **Senator Anthon** seconded the motion.

DISCUSSION: **Senator Nye** asked for back-up information to support the intent language in the first section. **Senator Davis** answered he will provide it at the Committee hearing on the bill. **Senator Nye** further requested case authority to support the proposed changes.

Senator Burgoyne stated he has many questions and concerns along the lines of what Senator Nye expressed, but he will support the motion to print. **Senator Davis** commented he will encourage the Deputy Attorneys General who drafted the bill to reach out to Senators Burgoyne and Nye to answer some of their questions.

The motion carried by **voice vote**.

S 1090

Regarding quality of life. Robert Aldridge introduced himself on behalf of the Quality of Life Coalition and said this is one of the most important bills he has presented in the 29 to 30 years he has appeared before the Legislature because it deals with fundamental human rights. He has shared the bill with numerous stakeholders and has heard no opposition.

Mr. Aldridge explained the term "developmental disabilities." Many developmental disabilities do not impair the mental capacity of the person, but the person is often considered mentally impaired due to physical issues. He gave several examples, including a woman with cerebral palsy who is very intelligent but has difficulty saying words. The woman has been constantly treated as if she was incapable and was told she could not make decisions, or else her decisions were ignored. **Mr. Aldridge** said he ruptured his Achille's tendon and was in a wheelchair with a full leg cast. When people talked to him, he noticed they spoke very slowly and loudly as if he could not understand. **Mr. Aldridge** commented he started an organization in the 1970's to help people with disabilities earn a living in the community. A school principal told Mr. Aldridge he didn't want "those kind of people around my kids" when referring to persons with Down's Syndrome.

Mr. Aldridge informed the Committee **S 1090** addresses situations when people with developmental disabilities are not allowed to make their own medical decisions and instead are required to have a guardian. Guardianships and conservatorships are a great deprivation of rights. Page 1 of the bill includes language that a person who is developmentally disabled and not under a guardianship is capable of making his or her own decisions. On page 9 a new section is added to specify a competent patient or surrogate decision maker may withhold or withdraw treatment unless the patient is under a guardianship.

Mr. Aldridge stated the bill incorporates the "Baby Doe" regulations relating to withholding or withdrawing care from a person under guardianship. The regulations appear in IDAPA 16.06.05.004.10 but were never incorporated into the statute. Unless certain tests are met, a guardian appointed for a developmentally disabled person does not have the authority to refuse or withhold consent for any medically necessary treatment when the effect would seriously endanger the life or health and well-being of the person. Any attempt to do so may be grounds to remove the guardian, and if the medical provider cannot receive proper consent then the provider must provide the care. This results in great protection to people with developmental disabilities.

Mr. Aldridge advised Section 8 on page 8 sets forth the three circumstances when medical care can be withdrawn or withheld and clarifies that nutrition and hydration cannot be withheld. This would bring Idaho Code into compliance with existing federal and State guardianship and withdrawal of treatment requirements.

Mr. Aldridge said the changes on pages 1 and 2 of the bill expand the method for revoking or suspending an advance directive. In addition, a provider is entitled to rely on an advance directive if the provider does not know the directive was suspended or revoked. The existing prohibition against euthanasia, mercy killing, and assisted suicide is unchanged. The general presumption is someone wants to be resuscitated by cardiopulmonary resuscitation (CPR), and exceptions in the statute were out of date. **S 1090** updates these exceptions to modernize terminology relating to advance directives, adds provisions relating to unconditional and conditional wishes not to be resuscitated, and allows for a "do not resuscitate" order by a doctor.

Mr. Aldridge mentioned the bill adds a definition of Licensed Independent Practitioner (LIP), and the term "person with a developmental disability" was replaced with the word "respondent" in several places to indicate the person is under a guardianship.

Senator Davis asked for clarification on the language on page 8 at the end of line 12 that "if the health care provider cannot obtain a valid consent for medically necessary treatment from the guardian, health care provider, or caregiver, shall provide the medically necessary treatment." **Mr. Aldridge** explained that sentence is subject to the beginning sentence which provides "except as provided in subsection 8." If those conditions are not met and the guardian still refuses to allow treatment to be given or withdrawn, then the medical provider must provide the treatment because removing a guardian takes time, and often these are emergency situations.

Senator Davis stated he initially thought the change was intended for situations when the guardian could not be found and asked if it means if the guardian says no, then the provider has an affirmative duty to go forward if subpart 8 applies.

Mr. Aldridge answered that is correct.

Senator Anthon asked whether the current law allows a person with a developmental disability who is not under a guardianship or conservatorship to make decisions about his or her own health care. **Mr. Aldridge** answered the bill was drafted because of the different approaches taken by the two hospitals in town. One facility allowed the person to make his own decisions if the person was found to have mental capacity. However, the other facility did not allow a person with a developmental disability diagnosis to make decisions if the person did not have a guardian. **Senator Anthon** stated as a matter of law, the person has every right to do so. **Mr. Aldridge** replied that is true as a matter of law, but if the medical provider won't go along with it, the person must spend time and money going to court to defend that right.

Senator Anthon inquired why there is a difference in the three circumstances for withholding treatment in subsection 8 on page 8. One circumstance requires two LIPs to certify there is a chronic or irreversible comatose condition, while the other two circumstances require only one LIP to make the determination. **Mr. Aldridge** stated this language is taken verbatim from the Baby Doe regulations as originally written in federal law. The Baby Doe regulations were developed because of the need to protect people with developmental disabilities and should have been included in the original statute.

Vice Chairman Lee has heard concerns about someone speaking on behalf of a patient saying this is what the person wants, but the health care provider doesn't feel it was clear. She referred to page 2, line 21 of the bill and asked how the language "by any other action that clearly manifests" would allay the concerns of health care providers or keep someone from having to go to court. **Mr. Aldridge** responded this section refers to suspension of an advance directive by the maker, not through a surrogate. Current law states the suspension must be in writing or by oral expression, but there are times when a mentally cognizant patient is unable to speak or write but could still answer yes or no by shaking of the head or make some other indication such as spelling it out on a letter board. The health care provider can ensure it is a clear indication. This situation arises constantly, often in emergency room settings.

Senator Nye stated he did not see a definition of surrogate decision maker in the Idaho Code. **Mr. Aldridge** replied there is a large part of the Idaho Code that does not appear in the bill, and the term is clearly and extensively defined in Title 39. **Senator Nye** referred to page 8, line 17 and asked if a guardian may consent to withhold treatment even before the patient goes to a hospital or doctor. **Mr. Aldridge** responded the section only covers situations when there is a guardian in place, because that is the only time the Baby Doe regulations apply. Consent is normally given only to a medical provider, and there is no advance consent. The first person on the list who can give consent is a guardian. It is rare for a guardian not to be available in these situations, and many guardians are the parents of a developmentally disabled person.

Senator Nye asked for clarification of line 17 on page 8 that says a guardian appointed under this chapter may consent to withholding or withdrawal of treatment. **Mr. Aldridge** said it can be done subject to the "ifs," despite the language in subsection 7 saying a guardian cannot consent. **Senator Nye** commented someone might read the language to mean a guardian could choose to let the patient die at home without medical treatment. **Mr. Aldridge** answered that would be a severe violation of guardian duties and it would be grounds for removal as guardian. Also, the developmentally disabled community often intervenes if a guardian is not correctly providing care. **Senator Nye** asked if the language is interpreted differently than it is written. **Mr. Aldridge** replied the bill provides a guardian can only give consent to withhold or withdraw treatment "if," and the "ifs" are the Baby Doe regulations. If a guardian refuses to take a person to the doctor when medically necessary, that would be at minimum a civil violation and perhaps a criminal violation. **Senator Nye** inquired if the paragraph would apply to a situation when the patient asked the guardian to let him die. **Mr. Aldridge** answered if there is a guardian, it means the person does not have the clear ability to make good medical decisions. The guardian must carry out the known wishes of the person, as set forth in the guardianship statutes, and must look at all the factors and consult with the medical providers to see whether or not the Baby Doe regulations apply. If a person says he wishes to die, the guardian must decide how those wishes are carried out. However, the guardian would not have authority to withdraw nutrition or hydration.

Senator Burgoyne said he is confused by the language on page 8 that provides the guardian is to carry out the known wishes of the ward. He described a situation when a person makes his wishes known at the time he is competent by signing an advance directive, but many years pass, the directive has not been updated, and the person is now incompetent. He asked if there is some explanation of "known consent" to provide guidance to decision makers. **Mr. Aldridge** answered this title does not apply to a person who is not developmentally disabled. **Senator Burgoyne** declared people with developmental disabilities may be exactly the same as a non-disabled person in terms of cognition and may over time slip into another state when they need a guardian. **Mr. Aldridge** responded in that case, the standard rules would apply as specified in detail in the Medical Consent and Natural Death Act. The latest authentic expression does not have to be in the form of a living will or other legal document but can be made by statements, oral expressions, or another writing by the person that didn't meet the formal requirements.

Senator Burgoyne asked how a person's statements could still be effective if the person has a guardian. **Mr. Aldridge** said competency and incapacity are not like walking off a cliff where a person either is or isn't competent. People can, at different times of the day, have different layers of capacity or it may depend on medications or stress. He often makes house calls at clients' homes because for some clients, going to an attorney's office creates heightened stress and the person loses capacity. The guardian may have a ward who is totally unable to help or assist, or the ward might be able to take an active part in decisions. In the future, there may be more limited guardianships where the ward still has the ability to have input. The guardian should follow the factors set forth in § 39-4503 to determine if the person still has the ability to provide input in decisions.

Senator Burgoyne inquired what controls in the case of a developmentally disabled person who executes a living will or durable power of attorney at age 40 and lives to age 70 and is no longer competent: the decisions of the guardian; the 30-year old advance directive; or the analysis just provided. **Mr. Aldridge** answered it is the analysis, and these are complicated situations. It is important to keep advance directives current in order to carry out the person's latest wishes.

TESTIMONY:

Ginger Wardhaugh introduced herself to the Committee to speak in support of **S 1090** because of negative experiences under the current law with end of life care for her developmentally disabled brother, for whom she served as a guardian (see attachment 1).

Vice Chairman Lee offered her condolences and asked if Ms. Wardhaugh had not been there with her brother, could the health care provider have been able to understand her brother's wishes. **Ms. Wardhaugh** answered her situation was much different because her brother was never able to make an advance directive. As a guardian, she did not want her brother to suffer, and absent the guardianship, a health care provider would have had different guidance on the decision. **Vice Chairman Lee** stated she wants to make sure any statute change properly balances the concerns of the health care providers and the patients. She asked what this law change would have meant to Ms. Wardhaugh if she as the guardian requested treatment to end, but the health care provider felt the patient would have a different request. **Ms. Wardhaugh** replied she is comfortable with the three circumstances outlined in the bill. Her brother would have fallen under all three qualifiers and she is confident no physician would ever take the guardian's wishes for comfort care without those qualifiers.

TESTIMONY:

Tracy Warren introduced herself to the Committee on behalf of the Idaho Council on Developmental Disabilities (Council) to speak in support of **S 1090**. The Council is concerned about situations where medical professionals demand a guardian make decisions for a developmentally disabled person when a court has not determined guardianship is necessary (see attachment 2). **Ms. Warren** referred to her friend Kristyn Herbert who has cerebral palsy and has difficulty speaking. Ms. Herbert could not be present at the meeting but provided written comments (see attachment 3). Ms. Herbert has encountered many situations when medical providers assume Ms. Herbert is incapable of making her own decisions. **Ms. Warren** said this bill addresses many of those concerns and provides guidance to medical professionals who work with developmentally disabled persons to ensure their voices are heard.

Ms. Warren informed the Committee her son has a developmental disability, but she and her husband have chosen not to be her son's guardians because they want him to retain all of his legal rights. In an emergency situation where he was very stressed, her son might refuse all medical treatment due to his fear of needles. **Ms. Warren** stated she and her husband would provide support for their son but would want the medical professionals to work with him to help him understand the consequences of not having medical treatment. Medical providers automatically make assumptions when they don't take the time to help a person understand, especially a developmentally disabled person without a guardian.

Senator Davis stated he agrees with the policy but wants to make sure the words of the bill match the policy and requested Mr. Aldridge return to the podium to respond to a question. **Senator Davis** commented it does not seem that subsections 7 and 8 match and the language seems circular. **Mr. Aldridge** explained subsection 7 refers to the inability of the guardian to withdraw or withhold certain types of medically necessary treatment unless the tests of subsection 8 are met. Subsection 8 contains the exceptions when treatment can be withheld, and subsection 8 incorporates the Baby Doe regulations. The two sections must be read together.

Senator Davis commented the bill makes sense when it is explained, but he finds the language of the two sections to be circular. **Mr. Aldridge** responded the language was derived after three years of stakeholder work, including medical organizations, patient representatives, and their respective legal counsel. The legal practitioners felt this language adequately gave the necessary guidance to the medical providers and has been thoroughly reviewed over a three-year time period. The bill was sent to a minimum of 15 outside entities who further circulated the bill, and all reviewers felt the language was clear and fulfilled the necessary requirements. This is a specialized area of law, and sometimes verbiage is used that doesn't make sense to the average person.

Senator Davis said he has a constitutional duty to write bills using the English language so a person doesn't have to be an expert. He supports the policy of the bill, but it shouldn't be necessary to diagram a sentence to make it understood.

Mr. Aldridge said it is common when dealing with intestate succession or tax areas to use words or phrases because they are terms of art. For example, he often uses terminology in wills and trusts that most people would not understand, and some language is very arcane. The language of the bill and many alternatives were reviewed by hospitals, people in the developmental disability community, and legal practitioners in the development disability field. The bill as written will properly instruct the medical providers and guardians, and he asked that it be used as written. If a problem arises, it can be cured in the future, but he doesn't anticipate any problems.

Senator Burgoyne mentioned it is important for the developmental disability community to have language that makes sense to them, but ultimately it has to be understood by the judges. The entire stakeholder group can think it means one thing, and a magistrate judge can say he doesn't read it that way. **Mr. Aldridge** replied the intent of the bill is to avoid going to court but rather to have something the medical and developmental disability communities all understand. A judge will be involved only if there is a major disagreement on a term of the law. These situations are as distressing for the medical providers who feel required to provide futile treatment as for the families who are extremely upset. These conflicts use valuable resources and cost the State money. Sometimes a judge must be educated in a specialized area of law. Unfortunately, the bill can't be written in a way that meets the needs of the highly specialized community, and that is easily understandable by someone with no experience in the area.

Senator Nye referred to line 20 on page 8 and asked if a guardian would have discretion to withhold oxygen from a patient. **Mr. Aldridge** replied in addition to treatment, the MCNDA provides in all cases, comfort care must be provided, including oxygen and pain medication. Nutrition and hydration are not deemed to be comfort care.

Senator Hagedorn stated from a non-legal perspective, he can't understand the language, and he sees it as an endless loop between subsections 7 and 8. Not all physicians have legal counsel handy to have the statutes explained. **Mr. Aldridge** responded this bill pertains only to people with developmental disabilities. If a person has a child with a developmental disability, that person would not be trying to understand this language as a layman. The developmentally disabled community provides tremendous support, and someone would have had a lot of education and knowledge. Further, these are end of life situations. The default course of action is to provide treatment, but in certain limited circumstances, withdrawal of treatment is allowed. **Mr. Aldridge** commented that an intubation process is a serious procedure that creates pain and terror in a patient. These are not light decisions, and many end-of-life treatments are futile and inhumane.

Senator Hagedorn mentioned if he had a loved one he would want to know everything he possibly could to understand his options, but he can't follow the bill. He is not here as a lawyer but as a layman representing people in his district who could be in this situation. **Mr. Aldridge** answered he has come before the Committee numerous times on tax issues, and there has never been a tax bill written that can be understood by a normal human being. Language is written to satisfy the Internal Revenue Service and the State Tax Commission in a way that tax attorneys and certified public accountants can understand. This bill is similar in that it can't be written in plain language because professionals in the field would not know how to interpret it.

Senator Agenbroad stated today there is a statute interpreted in different ways by two institutions, and he asked how the revised statute would be interpreted by the two institutions. **Mr. Aldridge** replied both of the major institutions have been part of the committee that developed the bill, are in full support of it, and are currently preparing changes in internal procedures to match the new language. If a decision is not abundantly clear, a doctor will consult the ethics committee, and the ethics committee will review and provide guidance to the doctor or even obtain a second internal opinion. Many doctors who used to be in private practice now operate under one of the major hospitals because of the access to legal and other advice. This language is clear to the medical community, patients, and families, and they believe the bill will keep them out of battles in almost all cases.

Senator Burgoyne said he supports the policy of the legislation and wonders what the court system might think of this language if they saw it. He does not hear anyone say they understand what the language means. While there is a lot of language in tax laws that is not well understood, there are few tax emergencies, and people with developmental disabilities end up in emergency rooms. Language can be understood by the lawyers on the work group who agree on the language, but if a judge or a lawyer in a facility in another part of the state interprets the language in a different way, problems can arise.

Senator Davis commented he takes Mr. Aldridge's word that the language is verbatim from federal regulations. However, he is not prepared to send the bill to the floor with a do pass recommendation and will instead make a motion to send the bill to the amending order to try making it plainer.

MOTION: **Senator Davis** moved to send **S 1090** to the floor with a recommendation it be sent to the Fourteenth Order for possible amendment. **Senator Burgoyne** seconded the motion.

DISCUSSION: **Senator Anthon** stated he appreciates the concerns mentioned, and he would have supported a do pass motion. This is an important bill because it recognizes there is no life that does not have value. Regardless of the existence of a developmental disability, if a court has not determined a guardian is needed, the medical provider should be listening to the patient, and that is apparently not happening in medical offices and hospitals. Even when a developmentally disabled person needs a guardianship, it should be the least restrictive possible to allow the most decision making power for the patient. He wants the bill to succeed and will support the motion.

The motion carried by **voice vote**.

Mr. Aldridge commented he did send the bill to the courts for review and incorporated the comments he received.

S 1083 **Regarding emergency communications officers.** **Michael Kane** introduced himself to the Committee on behalf of the Idaho Sheriffs Association. **Mr. Kane** said he has previously spoken to every Committee member about the bill and has subject matter experts prepared to testify and answer questions. All of law enforcement, the fire chiefs, the entire Emergency Communications Commission, and three State agency directors request that the Peace Officer's Standards and Training (POST) Council be authorized to set up certification and training standards for dispatchers.

MOTION: **Senator Foreman** moved to send **S 1083** to the floor with a **do pass** recommendation. **Senator Burgoyne** seconded the motion.

DISCUSSION: **Vice Chairman Lee** commented she likes the idea of required certification, the number of hours, and online availability, but asked why the State should require this training and take away local discretion. **Mr. Kane** replied this is not a situation where the State has asked for the change; rather, law enforcement has requested it. The Legislature has made sure that standardized training for any law enforcement entity goes through the POST Council, which is comprised of many different law enforcement entities. The POST Council will standardize the training and it can be done more cheaply and provided to all dispatchers. Lawsuits are being filed against dispatchers, and mandated standardized training will make it easier to protect the dispatcher and the Sheriff or Chief who employs the dispatcher. Further, it is the least expensive approach.

Senator Foreman commented he supports the bill and the training must be mandated at the State level. Dispatchers literally can determine who lives and who dies, and the mandate is absolutely needed.

The motion carried by **voice vote**.

S 1091

Regarding limited liability companies. **Mike Brassey** introduced himself on behalf of the Uniform Law Commission. **Mr. Brassey** explained the bill corrects a typographical error in Idaho Code § 30-25-701 made when Idaho's business statutes were recodified in 2015. The bill strikes duplicate language that was missed in proofreading at that time.

MOTION:

Senator Nye moved to send **S 1091** to the floor with a **do pass** recommendation. **Senator Davis** seconded the motion. The motion carried by **voice vote**.

S 1092

Regarding renewal of judgments. **Senator Davis** explained the bill contains a style correction for language consistency between two portions of Idaho Code.

MOTION:

Senator Burgoyne moved to send **S 1092** to the floor with a **do pass** recommendation. **Vice Chairman Lee** seconded the motion. The motion carried by **voice vote**.

H 97

Regarding attorney's fees. **Representative Luker** introduced himself to the Committee to present **H 97**. **Rep. Luker** stated the bill clarifies attorney's fees language as a result of a recent Idaho Supreme Court decision.

Rep. Luker provided the history of Idaho Code § 12-121 enacted in 1976 that provides a judge may award reasonable attorney fees to the prevailing party. An award of fees was left to the judge's discretion and this created uncertainty. Thereafter, Rule 54(e) of the Idaho Rules of Civil Procedure (IRCP) put sideboards on the discretion and said attorney fees could be awarded when a claim was brought or defended frivolously, unreasonably, or without foundation. This has been the standard over the course of the last 38 years, and it created certainty for attorneys and their clients. However, the Supreme Court's 3-2 decision in the case of *Hoffer v. Shappard* rescinded Rule 54(e). The legal community is overwhelmingly in favor of returning to the old rule that was in place for 38 years. **H 97** reinstates the previous rule, removes old intent language that was used by the court in *Hoffer*, and contains an emergency clause to make the change effective March 1.

MOTION:

Senator Davis moved to send **H 97** to the floor with a **do pass** recommendation. **Senator Nye** seconded the motion.

DISCUSSION:

Senator Davis commented the language in Idaho Code § 12-121 is taken from Rule 54(e) IRCP. New Rules of Civil Procedure will be effective July 1, 2017 and the new Rule 54 does not contain the same language. The State Constitution gives the Supreme Court the right to set their own rules; however, the principles of Rule 54(e) are accepted by most practitioners. **Senator Davis** said he feels comfortable with the historic standard and agrees with adding the language to § 12-121.

Senator Burgoyne commented many people who bring lawsuits are of modest means, and the ability to recover attorneys' fees is limited. There are other statutes that specifically allow the prevailing party to recover fees and costs from the other side, such as commercial disputes which have been interpreted fairly broadly. He has counseled clients over the years about the realities of bringing a suit in which they might end up paying not only his fee but the other side's fee. Certainty is important, and the consensus is to stay with the 38 years of case-made law and judges rulings and not litigate a new standard over the next 10 to 20 years. The current standard may not be perfect, but it is better than good enough, and many decisions in litigation need to have certainty behind them.

There being no more discussion, the motion carried by **voice vote**.

ADJOURNMENT: There being no further business at this time, **Chairman Lodge** adjourned the meeting at 3:00 p.m.

Senator Lodge
Chair

Carol Cornwall
Secretary

Jeanne Jackson-Heim
Assistant Secretary