

Senate Study Bill 1126

Bill Text

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1 1 Section 1. NEW SECTION. 144D.1 SHORT TITLE.
1 2 This chapter may be cited as the "Resuscitation Status
1 3 Orders Act".
1 4 Sec. 2. NEW SECTION. 144D.2 DEFINITIONS.
1 5 As used in this chapter, unless the context otherwise
1 6 requires:
1 7 1. "Adult" means an individual eighteen years of age or
1 8 older.
1 9 2. "Attending physician" means a physician selected by, or
1 10 assigned to, a patient who has primary responsibility for the
1 11 treatment and care of the patient.
1 12 3. "Attorney in fact" means an individual who is
1 13 designated by a durable power of attorney for health care
1 14 pursuant to chapter 144B to make health care decisions for a
1 15 patient if the patient is unable, in the judgment of the
1 16 attending physician, to make health care decisions.
1 17 4. "Department" means the Iowa department of public
1 18 health.
1 19 5. "Durable power of attorney for health care" means a
1 20 document authorizing an attorney in fact to make health care
1 21 decisions for a patient if the patient is unable, in the
1 22 judgment of the attending physician, to make health care
1 23 decisions.
1 24 6. "Emergency medical care provider" or "EMS provider"
1 25 means an individual trained to provide emergency and
1 26 nonemergency medical care at the first-responder, EMT-basic,
1 27 EMT-intermediate, or EMT-paramedic level, or other
1 28 certification levels adopted by rule by the department, who
1 29 has been issued a certificate by the department.
1 30 7. "Emergency medical services" or "EMS" means an
1 31 integrated medical care delivery system to provide emergency
1 32 and nonemergency medical care at the scene or during out-of-
1 33 hospital patient transportation in an ambulance.
1 34 8. "Health care facility" means health care facility as
1 35 defined in section 135C.1.
2 1 9. "Health care provider" means a person who is licensed,
2 2 certified, or otherwise authorized or permitted by the law of
2 3 this state to administer health care in the ordinary course of
2 4 business or in the practice of a profession. "Health care
2 5 provider" includes an EMS provider who provides emergency
2 6 medical services.
2 7 10. "Hospice program" means hospice program as defined in
2 8 section 135J.1.
2 9 11. "Life-sustaining intervention" means any medical
2 10 procedure, treatment, or intervention which utilizes
2 11 mechanical or artificial means to sustain, restore, or
2 12 supplant a spontaneous vital function, including but not
2 13 limited to, chest compressions, defibrillation, endotracheal
2 14 intubation, emergency drugs intended to stimulate cardiac
2 15 function or to otherwise sustain life, and other interventions
2 16 defined by rule of the department.
2 17 12. "Permanent unconsciousness" means a medical condition
2 18 characterized by loss of consciousness that has been diagnosed
2 19 in accordance with currently accepted medical standards and
2 20 from which, to a reasonable degree of medical certainty, there
2 21 can be no recovery.

2 22 13. "Physician" means a person licensed to practice
2 23 medicine and surgery, osteopathy, or osteopathic medicine and
2 24 surgery in this state.

2 25 14. "Resuscitation status order" means a physician's
2 26 written order issued with the consent of the patient or the
2 27 patient's authorized representative and consistent with this
2 28 chapter that directs the withholding or withdrawal of life-
2 29 sustaining interventions when the patient is in a health care
2 30 facility, hospice program, at home, or is otherwise outside a
2 31 hospital. Resuscitation status orders include affirmative
2 32 obligations to provide appropriate comfort care and pain
2 33 relief.

2 34 15. "Terminal condition" means an incurable or
2 35 irreversible condition that, without the administration of
3 1 life-sustaining intervention will, in the opinion of the
3 2 attending physician, result in death within a relatively short
3 3 period of time.

3 4 Sec. 3. NEW SECTION. 144D.3 RESUSCITATION STATUS ORDERS
3 5 SCOPE AND LIMITATION.

3 6 1. An attending physician may issue a resuscitation status
3 7 order under this chapter for an adult patient who is in a
3 8 terminal condition or a state of permanent unconsciousness.

3 9 2. A resuscitation status order may direct that life-
3 10 sustaining interventions shall be withheld or withdrawn.

3 11 3. A resuscitation status order shall not be interpreted
3 12 to limit or pertain to professional obligations to provide
3 13 comfort care and pain relief. Health care providers shall
3 14 continue to provide appropriate comfort care and pain relief
3 15 to a patient under a resuscitation status order.

3 16 4. A resuscitation status order shall be valid
3 17 indefinitely from the date of issuance, unless the order
3 18 includes an expiration date or has been revoked.

3 19 5. A health care provider may honor a resuscitation status
3 20 order for a person in need of emergency medical services due
3 21 to a sudden accident or injury resulting from a motor vehicle
3 22 collision, fire, mass casualty, or other cause of sudden
3 23 accident or injury which is outside the scope of the patient's
3 24 usual care and treatment.

3 25 Sec. 4. NEW SECTION. 144D.4 RESUSCITATION STATUS ORDERS
3 26 AUTHORIZATION.

3 27 1. A resuscitation status order may be issued with the
3 28 consent of a competent, adult patient.

3 29 2. A resuscitation status order may be issued for a
3 30 patient who is comatose, incompetent, or otherwise incapable
3 31 of making the patient's own health care decisions with the
3 32 consent of any of the following individuals, in the following
3 33 order of priority, if no individual in a prior class is
3 34 reasonably available, willing, and competent to act:

3 35 a. The attorney in fact designated to make treatment
4 1 decisions for the patient pursuant to a durable power of
4 2 attorney for health care.

4 3 b. The guardian of the patient, if a guardian has been
4 4 appointed.

4 5 c. The patient's spouse.

4 6 d. An adult child of the patient, or, if the patient has
4 7 more than one adult child, a majority of the adult children
4 8 who are reasonably available.

4 9 e. A parent of the patient, or the parents of the patient
4 10 if both are reasonably available.

4 11 f. An adult sibling of the patient.

4 12 3. An individual authorized to consent on the patient's
4 13 behalf shall be guided by the express or implied intentions of
4 14 the patient, including, but not limited to, the patient's
4 15 advance directive, if any, and the patient's previously
4 16 expressed statements and values.

4 17 4. This chapter does not authorize a resuscitation status
4 18 order without the consent of the patient or an individual

4 19 authorized to act on the patient's behalf. However, this
4 20 chapter shall not be interpreted to restrict the existing
4 21 ability of a physician to exercise independent medical
4 22 judgment and issue medical orders for the patient.

4 23 5. This chapter shall not be interpreted to limit or
4 24 pertain to a health care provider's rights and duties under
4 25 circumstances not governed by this chapter.

4 26 6. Resuscitation status orders are valid only if signed by
4 27 a physician in accordance with the requirements of this
4 28 chapter, and shall be based upon communication between the
4 29 attending physician and the patient, if capable, or an
4 30 individual authorized to act on the patient's behalf.

4 31 Sec. 5. NEW SECTION. 144D.5 RESUSCITATION STATUS ORDERS
4 32 IMPLEMENTATION.

4 33 1. The department, in collaboration with the Iowa medical
4 34 society and other interested parties, shall prescribe uniform
4 35 resuscitation status order forms. The uniform forms shall be
5 1 used statewide.

5 2 2. The resuscitation status order form shall include the
5 3 name of the patient, the name of the individual authorized to
5 4 act on the patient's behalf, if applicable, the physician's
5 5 signature, the date signed, a clear statement of the nature
5 6 and scope of the order, and other information as necessary to
5 7 provide clear and reliable instructions to health care
5 8 providers and families.

5 9 3. The attending physician shall document the patient's
5 10 resuscitation status order, include a copy of the order in the
5 11 patient's medical record, and provide a copy of the order to
5 12 the patient or an individual authorized to act on the
5 13 patient's behalf.

5 14 4. If uncertainty regarding the validity of a
5 15 resuscitation status order exists, a health care provider
5 16 shall provide necessary and appropriate life-sustaining
5 17 intervention.

5 18 5. The personal wishes of family members or other
5 19 individuals not authorized pursuant to section 144D.4 to act
5 20 on the patient's behalf shall not supersede the patient's
5 21 wishes as expressed in a valid resuscitation status order.

5 22 6. When following a patient's resuscitation status order,
5 23 a health care provider shall continue to provide appropriate
5 24 comfort care and pain relief.

5 25 7. Health care providers shall document compliance or
5 26 noncompliance with a resuscitation status order, and the
5 27 reasons for not complying with an order, including evidence
5 28 that the order has been revoked.

5 29 Sec. 6. NEW SECTION. 144D.6 PATIENT IDENTIFIERS.

5 30 The department, in collaboration with the Iowa medical
5 31 society and other interested parties, shall prescribe uniform
5 32 identifiers and a mechanism for timely verification. The
5 33 uniform identifiers and mechanism for timely verification
5 34 shall be used statewide.

5 35 Sec. 7. NEW SECTION. 144D.7 REVOCATION.

6 1 1. A patient may revoke a resuscitation status order by
6 2 any means that evidences an intent to revoke the order,
6 3 regardless of the patient's mental or physical condition.

6 4 2. The attorney in fact or an individual authorized by
6 5 this chapter to act on the patient's behalf, who consents to a
6 6 resuscitation status order for a patient who is comatose,
6 7 incompetent, or otherwise incapable of making the patient's
6 8 own health care decisions, may revoke a resuscitation status
6 9 order by any means that evidences an intent to revoke the
6 10 order.

6 11 3. A revocation is only effective as to a health care
6 12 provider upon actual communication of the revocation to that
6 13 health care provider. To be effective, a revocation must be
6 14 communicated to the health care provider by the patient, an
6 15 individual authorized by this chapter to revoke a

6 16 resuscitation status order, or by another individual to whom
6 17 the revocation has been communicated by the patient or an
6 18 individual authorized by this chapter to revoke the order.

6 19 Sec. 8. NEW SECTION. 144D.8 IMMUNITIES.

6 20 1. A health care provider acting pursuant to a valid
6 21 resuscitation status order is presumed to be acting in good
6 22 faith and in the best interest of the patient, absent clear
6 23 and convincing evidence to the contrary.

6 24 2. A health care provider who acts in good faith to comply
6 25 with this chapter is immune from civil and criminal liability
6 26 and from professional disciplinary action for those acts of
6 27 compliance.

6 28 3. An individual authorized by this chapter to consent to
6 29 or revoke a resuscitation status order for a patient who is
6 30 comatose, incompetent, or otherwise incapable of making the
6 31 patient's own health care decisions, who acts in good faith to
6 32 honor the patient's wishes in compliance with this chapter, is
6 33 immune from civil and criminal liability for those acts of
6 34 compliance.

6 35 Sec. 9. NEW SECTION. 144D.9 ORDERS FROM OTHER STATES.

7 1 A health care provider may honor a resuscitation status
7 2 order or out-of-hospital do-not-resuscitate order executed in
7 3 another state or jurisdiction in compliance with the law of
7 4 that state or jurisdiction, to the extent that the order is
7 5 consistent with the laws of this state.

7 6 Sec. 10. NEW SECTION. 144D.10 RULES AND IMPLEMENTATION.

7 7 1. The department, in cooperation with the department of
7 8 inspections and appeals, shall adopt rules pursuant to chapter
7 9 17A to administer this chapter.

7 10 2. The rules adopted may direct health care facilities to
7 11 adopt policies as necessary to honor a patient's resuscitation
7 12 status order, including a policy that a health care provider
7 13 is not required to call an EMS provider or to transfer the
7 14 patient to a hospital when contrary to the wishes of the
7 15 patient or an individual authorized to act on the patient's
7 16 behalf.

7 17 3. The department, in cooperation with the department of
7 18 inspections and appeals, shall monitor and evaluate the
7 19 implementation and effectiveness of this chapter. The
7 20 department shall submit a report regarding the evaluation,
7 21 including any recommendations for changes, to the general
7 22 assembly no later than July 1, 2006.

7 23 Sec. 11. NEW SECTION. 144D.11 PENALTIES.

7 24 1. A person who willfully conceals, withholds, cancels,
7 25 destroys, alters, defaces, or obliterates a resuscitation
7 26 status order without the patient's consent, or who falsifies
7 27 or forges a revocation of an order for resuscitation status of
7 28 another, is guilty of a serious misdemeanor.

7 29 2. A person who falsifies or forges a resuscitation status
7 30 order, or willfully conceals or withholds personal knowledge
7 31 of or delivery of a revocation with the intent to cause
7 32 withholding or withdrawal of life-sustaining interventions, is
7 33 guilty of a serious misdemeanor.

7 34 Sec. 12. NEW SECTION. 144D.12 GENERAL PROVISIONS.

7 35 1. A death resulting from the withholding or withdrawal of
8 1 life-sustaining interventions pursuant to a resuscitation
8 2 status order and in accordance with this chapter, does not,
8 3 for any purpose, constitute a suicide or homicide.

8 4 2. A resuscitation status order shall not affect in any
8 5 manner the sale, procurement, or issuance of any policy of
8 6 health or life insurance, and shall not be deemed to modify
8 7 the terms of an existing policy of health or life insurance.
8 8 A policy of health or life insurance is not legally impaired
8 9 or invalidated in any manner by the withholding or withdrawal
8 10 of life-sustaining interventions pursuant to a resuscitation
8 11 status order and this chapter, notwithstanding any terms of
8 12 the policy to the contrary.

8 13 3. A physician, health care provider, hospital, health
8 14 care service plan, insurer issuing disability insurance, self-
8 15 insured employee welfare benefit plan, or nonprofit hospital
8 16 plan, or any other entity subject to the insurance laws of the
8 17 state providing a plan of health insurance, federal benefits,
8 18 or health services shall not require any person to execute or
8 19 consent to a resuscitation status order as a condition of
8 20 being insured for, or receiving health care insurance benefits
8 21 services.

8 22 4. This chapter does not create a presumption concerning
8 23 the intention of a patient who does not have a resuscitation
8 24 status order, and does not create any presumption concerning
8 25 resuscitation status orders in a hospital.

8 26 5. This chapter shall not be interpreted to affect the
8 27 right of a competent patient or an individual authorized to
8 28 make decisions on a patient's behalf to make decisions
8 29 regarding use of life-sustaining interventions, or to impair
8 30 or supersede any right or responsibility that any person has
8 31 to effect the withholding or withdrawal of medical care in any
8 32 lawful manner. In that respect, the provisions of this
8 33 chapter are cumulative.

8 34 6. This chapter shall not be construed to condone,
8 35 authorize, or approve mercy killing or euthanasia, or to
9 1 permit any affirmative or deliberate act or omission to end
9 2 life other than to permit the natural process of dying.

9 3 Sec. 13. APPLICATION TO EXISTING ORDERS. A resuscitation
9 4 status order, an out-of-hospital do-not-resuscitate order, or
9 5 a similar order executed prior to July 1, 2001, is valid and
9 6 shall be honored in accordance with the then-applicable
9 7 provisions of law.

9 8 EXPLANATION

9 9 This bill establishes Code chapter 144D, the "Resuscitation
9 10 Status Orders Act". The bill provides definitions including
9 11 the definition of a "resuscitation status order" which is a
9 12 physician's written order issued with the consent of the
9 13 patient or the patient's authorized representative that
9 14 directs the withholding or withdrawal or life-sustaining
9 15 interventions when the patient is outside a hospital.

9 16 The bill establishes the scope and limitations of a
9 17 resuscitation status order, specifies who may consent to the
9 18 establishment of an order, directs the Iowa department of
9 19 public health to prescribe the form of the order, the
9 20 information to be included in an order, uniform identifiers,
9 21 and a mechanism for timely verification of an order, and to
9 22 adopt rules necessary to implement the chapter.

9 23 The bill specifies provisions for revocation of a
9 24 resuscitation status order, provides immunity for persons
9 25 acting in good faith compliance with the chapter, provides for
9 26 the honoring of an order executed in another state, provides
9 27 penalties for violations of the chapter, and provides general
9 28 provisions relating to the orders.

9 29 The bill also provides that existing resuscitation status
9 30 orders or similar orders existing prior to July 1, 2001, are
9 31 valid and are to be honored in accordance with the laws that
9 32 were applicable at that time.

9 33 LSB 2053SC 79

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