

**House File 708 - Introduced**

HOUSE FILE 708  
BY BERGAN

**A BILL FOR**

1 An Act relating to health care decisions related to palliative  
2 care, hospice programs, life-sustaining procedures, and  
3 out-of-hospital do-not-resuscitate orders.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. Section 135J.1, Code 2025, is amended by adding  
2 the following new subsections:

3 NEW SUBSECTION. 1A. "*Attorney in fact*" means an individual  
4 who is designated by a durable power of attorney for health care  
5 as an agent to make health care decisions on behalf of a patient  
6 and has consented to act in that capacity.

7 NEW SUBSECTION. 1B. "*Close adult friend*" means a friend of  
8 the patient to whom all of the following apply:

9 a. The individual is at least eighteen years of age.

10 b. The individual has shown special care and concern for the  
11 patient.

12 c. The individual maintains regular contact with the patient  
13 and is familiar with the patient's health, activities, and  
14 beliefs.

15 d. The individual has signed an affidavit with the patient's  
16 attending physician that states that the close adult friend is  
17 willing and able to be involved in the patient's care.

18 NEW SUBSECTION. 3A. "*Durable power of attorney for health*  
19 *care*" means a document authorizing an attorney in fact to make  
20 health care decisions for the patient if the patient is unable,  
21 in the judgment of the patient's attending physician or attending  
22 physician assistant, to make health care decisions.

23 NEW SUBSECTION. 8A. "*Serious illness*" means a health  
24 condition that carries a high risk of mortality and either  
25 negatively impacts a person's daily functioning or quality of  
26 life, or excessively strains the person's caregivers.

27 NEW SUBSECTION. 8B. "*Terminal condition*" means the same as  
28 defined in section 144A.2.

29 Sec. 2. Section 135J.1, subsections 4, 6, 8, and 9, Code  
30 2025, are amended to read as follows:

31 4. "*Hospice patient*" ~~or "patient"~~ means a person diagnosed  
32 ~~terminally ill person with a terminal illness by an attending~~  
33 physician, with an anticipated life expectancy of six months or  
34 less, as certified by the attending physician, who, alone or  
35 in conjunction with a unit of care ~~as defined in subsection~~

1 9, has voluntarily requested and received admission into the a  
2 hospice program. If the patient is unable to request admission,  
3 a family member may voluntarily request and receive admission on  
4 the patient's behalf.

5 6. "Hospice program" means a centrally coordinated program of  
6 home and inpatient care provided directly or through an agreement  
7 under the direction of an identifiable hospice administration  
8 providing palliative care directed at symptom management and  
9 supportive medical and other health services to terminally ill  
10 hospice patients and their families. A licensed hospice program  
11 shall utilize a medically directed interdisciplinary team and  
12 provide care to meet the physical, emotional, social, spiritual,  
13 and other special needs which are experienced during the final  
14 stages of illness, dying, and bereavement. Hospice care shall be  
15 available twenty-four hours a day, seven days a week.

16 8. "Palliative care" means specialized medical care directed  
17 at managing symptoms experienced by the hospice patient, as well  
18 as addressing related needs of the patient and family as they  
19 experience the stress of the dying process a patient diagnosed  
20 by an attending physician with a serious illness. Palliative  
21 care is provided by a trained team of health care providers who  
22 work together with a patient's health care providers to provide  
23 support through stress and symptom management based on the needs  
24 of the patient, not the patient's prognosis. The intent of  
25 palliative care is to enhance the quality of life for the hospice  
26 patient and family unit, and is not treatment directed at cure  
27 of the terminal illness. Palliative care is appropriate for a  
28 patient at any age and at any stage of a serious illness and can  
29 be utilized with curative treatment for the serious illness.

30 9. "Unit of care" means the a hospice patient and the hospice  
31 patient's family within a hospice program.

32 Sec. 3. Section 135J.3, subsections 3, 4, and 5, Code 2025,  
33 are amended to read as follows:

34 3. A mechanism that assures the rights of the patient and  
35 family unit of care.

1 4. ~~Palliative Symptom management~~ care provided to a hospice  
2 ~~patient and family~~ unit of care under the direction of an  
3 attending physician.

4 5. An interdisciplinary team which develops, implements, and  
5 evaluates the hospice plan of care for the ~~patient and family~~  
6 unit of care.

7 Sec. 4. NEW SECTION. **135J.3A Patient incapable of making a**  
8 **treatment decision.**

9 A patient who has a terminal condition, and who is comatose,  
10 incompetent, or otherwise physically or mentally incapable of  
11 communication, and who has not expressed their desire for  
12 palliative care or a hospice program, may be placed in a hospice  
13 program by any of the following individuals, who shall be guided  
14 by the express or implied intentions of the patient, in the  
15 following order of priority if no individual in the previous  
16 priority is reasonably available, willing, and competent to make  
17 the decision.

18 1. The attorney in fact of a durable power of attorney for  
19 health care executed by the patient pursuant to chapter 144B.

20 2. The guardian of the patient appointed pursuant to chapter  
21 633.

22 3. The patient's spouse.

23 4. An adult child or stepchild of the patient or, if the  
24 patient has more than one adult child or stepchild, the decision  
25 agreed to by a majority of the adult children and stepchildren  
26 who are reasonably available for consultation with the patient's  
27 attending physician.

28 5. A parent or stepparent of the patient, or if the  
29 patient has more than one parent or stepparent, the decision  
30 agreed to by a majority of the parents and stepparents who  
31 are reasonably available for consultation with the patient's  
32 attending physician.

33 6. An adult sibling or stepsibling of the patient, or if the  
34 patient has more than one sibling or stepsibling, the decision  
35 agreed to by a majority of the adult siblings and stepsiblings

1 who are reasonably available for consultation with the patient's  
2 attending physician.

3 7. The decision agreed to by a majority of the patient's  
4 relatives, including but not limited to grandchildren,  
5 grandparents, aunts, uncles, nieces, and nephews, who are  
6 reasonably available for consultation with the patient's  
7 attending physician.

8 8. A close adult friend.

9 Sec. 5. Section 144A.2, Code 2025, is amended by adding the  
10 following new subsections:

11 NEW SUBSECTION. 3A. "*Attorney in fact*" means an individual  
12 who is designated by a durable power of attorney for health care  
13 as an agent to make health care decisions on behalf of a patient  
14 and has consented to act in that capacity.

15 NEW SUBSECTION. 3B. "*Close adult friend*" means a friend of  
16 the patient to whom all of the following apply:

17 a. The individual is at least eighteen years of age.

18 b. The individual has shown special care and concern for the  
19 patient.

20 c. The individual maintains regular contact with the patient  
21 and is familiar with the patient's health, activities, and  
22 beliefs.

23 d. The individual has signed an affidavit with the patient's  
24 attending physician that states that the close adult friend is  
25 willing and able to be involved in the patient's care.

26 NEW SUBSECTION. 5A. "*Durable power of attorney for health*  
27 *care*" means a document authorizing an attorney in fact to make  
28 health care decisions for the patient if the patient is unable,  
29 in the judgment of the patient's attending physician or attending  
30 physician assistant, to make health care decisions.

31 Sec. 6. Section 144A.7, subsections 1 and 2, Code 2025, are  
32 amended to read as follows:

33 1. Life-sustaining procedures may be withheld or withdrawn  
34 from a patient who is in a terminal condition, and who  
35 is comatose, incompetent, or otherwise physically or mentally

1 incapable of communication, and who has not made a declaration  
2 in accordance with ~~this chapter~~ section 144A.3 if there is  
3 consultation and written agreement for the withholding or the  
4 withdrawal of life-sustaining procedures between the attending  
5 physician and any of the following individuals, who shall be  
6 guided by the express or implied intentions of the patient, in  
7 the following order of priority if no individual in a ~~prior~~  
8 class the previous priority is reasonably available, willing, and  
9 competent to ~~act~~ make a decision.

10 a. The attorney in fact designated to make ~~treatment~~  
11 decisions for the patient should such person be diagnosed as  
12 suffering from a terminal condition, if the designation is in  
13 writing and complies with chapter 144B.

14 b. The guardian ~~of the person of the patient if one has~~  
15 been appointed, provided pursuant to chapter 633, or the guardian  
16 of the patient who has obtained court approval is obtained in  
17 accordance with section 232D.401, subsection 4, paragraph "a", or  
18 section 633.635, subsection 3, paragraph "b", subparagraph (1).  
19 This paragraph does not require the appointment of a guardian in  
20 order for a ~~treatment~~ decision to be made under this section.

21 c. The patient's spouse.

22 d. An adult child or stepchild of the patient or, if the  
23 patient has more than one adult child or stepchild, the decision  
24 agreed to by a majority of the adult children and stepchildren  
25 who are reasonably available for consultation with the patient's  
26 attending physician.

27 e. A parent or stepparent of the patient, or ~~parents~~ if  
28 both the patient has more than one parent or stepparent, the  
29 decision agreed to by a majority of the parents and stepparents  
30 who are reasonably available for consultation with the patient's  
31 attending physician.

32 f. An adult sibling or stepsibling of the patient or, if  
33 the patient has more than one adult sibling or stepsibling,  
34 the decision agreed to by a majority of the adult siblings and  
35 stepsiblings who are reasonably available for consultation with

1 the patient's attending physician.

2 g. The decision agreed to by a majority of the patient's  
3 relatives, including but not limited to grandchildren,  
4 grandparents, aunts, uncles, nieces, and nephews, who are  
5 reasonably available for consultation with the patient's  
6 attending physician.

7 h. A close adult friend.

8 2. When a decision is made pursuant to this section to  
9 withhold or withdraw life-sustaining procedures, there shall  
10 be a witness present at the time of the consultation with  
11 the patient's attending physician when ~~that~~ the decision is  
12 made. The witness shall be an adult who is not related to the  
13 patient by blood, marriage, or adoption within the third degree  
14 of consanguinity and who is not an attending physician or an  
15 employee of an attending physician involved in the patient's  
16 care.

17 Sec. 7. NEW SECTION. 144A.7B Procedure in absence of  
18 **out-of-hospital do-not-resuscitate order.**

19 1. Resuscitation may be withheld or withdrawn from a patient  
20 who has a terminal illness, and who is comatose, incompetent,  
21 or otherwise physically or mentally incapable of communication,  
22 and who has not executed an out-of-hospital do-not-resuscitate  
23 order, if there is consultation and written agreement for the  
24 withholding or the withdrawal of resuscitation between the  
25 attending physician and any of the following individuals, who  
26 shall be guided by the express or implied intentions of the  
27 patient, in the following order of priority if no individual  
28 in the previous priority is reasonably available, willing, and  
29 competent to make a decision.

30 a. The attorney in fact of a durable power of attorney for  
31 health care executed by the patient pursuant to chapter 144B.

32 b. The guardian of the patient appointed pursuant to chapter  
33 633.

34 c. The patient's spouse.

35 d. An adult child or stepchild of the patient or, if the

1 patient has more than one adult child or stepchild, the decision  
2 agreed to by a majority of the adult children and stepchildren  
3 who are reasonably available for consultation with the patient's  
4 attending physician.

5 e. A parent or stepparent of the patient, or if the  
6 patient has more than one parent or stepparent, the decision  
7 agreed to by a majority of the parents and stepparents who  
8 are reasonably available for consultation with the patient's  
9 attending physician.

10 f. An adult sibling or stepsibling of the patient, or if  
11 the patient has more than one adult sibling or stepsibling,  
12 the decision agreed to by a majority of the adult siblings and  
13 stepsiblings who are reasonably available for consultation with  
14 the patient's attending physician.

15 g. The decision agreed to by a majority of the relatives,  
16 including but not limited to grandchildren, grandparents, aunts,  
17 uncles, nieces, and nephews, who are reasonably available for  
18 consultation with the patient's attending physician.

19 h. A close adult friend.

20 2. When a decision is made pursuant to this section to  
21 withhold or withdraw resuscitation, a witness shall be present  
22 at the time of the consultation with the patient's attending  
23 physician when the decision is made. The witness shall be an  
24 adult who is not related to the patient by blood, marriage, or  
25 adoption within the third degree of consanguinity and who is not  
26 the attending physician or an employee of the attending physician  
27 involved in the patient's care.

28 Sec. 8. Section 144C.2, subsection 16, Code 2025, is amended  
29 to read as follows:

30 16. "*Licensed hospice program*" means a licensed hospice  
31 program as ~~defined~~ described in section 135J.1.

32 Sec. 9. Section 633.635, Code 2025, is amended by adding the  
33 following new subsection:

34 NEW SUBSECTION. 6. Notwithstanding subsection 2 or 3, a  
35 guardian may make a decision for a protected person pursuant to

1 sections 135J.3A, 144A.7, and 144A.7B without court approval.

2

EXPLANATION

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The inclusion of this explanation does not constitute agreement with

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the explanation's substance by the members of the general assembly.

5

This bill relates to health care decisions related to  
6 palliative care, hospice programs, life-sustaining procedures,  
7 and out-of-hospital do-not-resuscitate orders.

8

Current law requires a hospice program to provide palliative  
9 care in order to be eligible for a license. The bill removes  
10 this requirement and requires a hospice program to provide care  
11 directed at symptom management to be eligible to receive a  
12 license.

13 Under the bill, if a patient who has a terminal condition,  
14 and is comatose, incompetent, or incapable of communication, and  
15 has not expressed their desire regarding palliative care or a  
16 hospice program, certain individuals in order of priority have  
17 the authority to make the decision to place the patient in a  
18 hospice program. The individuals who have the authority to  
19 make such a decision include an attorney in fact, a guardian,  
20 the patient's spouse, an adult child or stepchild, a parent or  
21 stepparent, adult sibling or adult stepsibling, a relative of the  
22 patient, and a close adult friend. The bill defines close adult  
23 friend. An individual making a decision for such a patient shall  
24 be guided by the express or implied intention of the patient in  
25 making the decision.

26 Current law provides that certain individuals in order of  
27 priority, including an attorney in fact, a guardian, the  
28 patient's spouse, an adult child, a parent, and an adult sibling,  
29 have the authority to withhold or withdraw life-sustaining  
30 procedures from a patient who has a terminal condition, and  
31 who is comatose, incompetent, or incapable of communication, and  
32 who has not made a declaration for life-sustaining procedures.  
33 The bill broadens these categories to include stepchildren,  
34 stepparents, and stepsiblings, relatives of the patient, and  
35 a close adult friend of the patient. The bill provides

1 restrictions on who may act as a witness to the consultation when  
2 the decision is made with the patient's attending physician.

3 The bill provides that resuscitation may be withheld or  
4 withdrawn from a patient who has a terminal condition, and  
5 who is comatose, incompetent, or incapable of communication,  
6 and who has not executed an out-of-hospital do-not-resuscitate  
7 order if there is consultation and written agreement between  
8 the patient's attending physician and certain individuals, in  
9 order of priority, making the decision. The individuals who are  
10 authorized to make such a decision include an attorney in fact,  
11 a guardian, the patient's spouse, an adult child or stepchild,  
12 a parent or stepparent, adult sibling or adult stepsibling, a  
13 relative of the patient, and a close adult friend. An individual  
14 making a health care decision for such a patient shall be guided  
15 by the express or implied intention of the patient in making  
16 the decision. A witness, as specified in the bill, shall be  
17 present at the time of consultation with the patient's attending  
18 physician when a decision is made to withdraw or withhold  
19 resuscitation.

20 Current law requires a guardian to obtain court approval  
21 before the guardian may consent to the withholding or withdrawal  
22 of life-sustaining procedures for a protected person. The bill  
23 makes an exception to this requirement and allows a guardian  
24 to make a decision for the protected person relating to hospice  
25 care, life-sustaining procedures, and resuscitation without court  
26 approval in circumstances detailed in the bill.