

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 1536

AN ACT

To amend chapter 404, RSMo, by adding thereto ten new sections relating to the appointment of a designated health care decision-maker.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 404, RSMo, is amended by adding thereto ten new sections, to be known as sections 404.1100, 404.1101, 404.1102, 404.1103, 404.1104, 404.1105, 404.1106, 404.1107, 404.1109, and 404.1110, to read as follows:

404.1100. Sections 404.1100 to 404.1110 shall be known and may be cited as the "Designated Health Care Decision-Maker Act".

404.1101. As used in sections 404.1100 to 404.1110, the following terms mean:

(1) "Artificially supplied nutrition and hydration", any medical procedure whereby nutrition or hydration is supplied through a tube inserted into a person's nose, mouth, stomach, or intestines, or nutrients or fluids are administered into a person's bloodstream or provided subcutaneously;

(2) "Best interests":

(a) Promoting the incapacitated person's right to enjoy the highest attainable standard of health for that person;

(b) Advocating that the person who is incapacitated receive the same range, quality, and standard of health care, care, and comfort as is provided to a similarly situated individual who is not incapacitated; and

(c) Advocating against the discriminatory denial of health care, care, or comfort, or food or fluids solely on the basis that the person who is incapacitated is considered an individual with a disability;

(3) "Designated health care decision-maker", the person designated to make health care decisions for a patient under section 404.1104, not including a person acting as a guardian or an agent under a durable power of attorney for health care or any other person legally authorized to consent for the patient under any other law to make health care decisions for an incapacitated patient;

(4) "Disability" or "disabled", the same meaning as the term "disability" is defined in 42 U.S.C. Section 12102, the Americans with Disabilities Act of 1990, as amended, except the term "this chapter" in that definition shall be deemed to refer to sections 404.1100 to 404.1110;

(5) "Health care", a procedure to diagnose or treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin, and includes:

(a) Assisted living services, or intermediate or skilled nursing care provided in a facility licensed under chapter 198;

(b) Services for the rehabilitation or treatment of injured, disabled, or sick persons; or

(c) Making arrangements for placement in or transfer to or from a health care facility or health care provider that provides such forms of care;

(6) "Health care facility", any hospital, hospice, inpatient facility, nursing facility, skilled nursing facility, residential care facility, intermediate care facility, dialysis treatment facility, assisted living facility, or home health or hospice agency; any entity that provides home or community-based health care services; or

any other facility that provides or contracts to provide health care, and that is licensed, certified, or otherwise authorized or permitted by law to provide health care. The term "health care facility" shall not include facilities, including psychiatric hospitals, operated by the department of mental health and facilities licensed, certified, or otherwise regulated under chapters 630 to 633;

(7) "Health care provider", any individual who provides health care to persons and who is licensed, certified, registered, or otherwise authorized or permitted by law to provide health care;

(8) "Incapacitated", a person who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to meet essential requirements for food, clothing, shelter, safety, or other care such that serious physical injury, illness, or disease is likely to occur;

(9) "Patient", any adult person or any person otherwise authorized to make health care decisions for himself or herself under Missouri law;

(10) "Physician", a treating, attending, or consulting physician licensed to practice medicine under chapter 334;

(11) "Reasonable medical judgment", a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the health care possibilities with respect to the medical conditions involved.

404.1102. The determination that a patient is incapacitated shall be made as set forth in section 404.825. A health care provider or health care facility may rely on the exercise of good faith and in accordance with reasonable medical judgment upon the health care decisions

made for a patient by a designated health care decision-maker selected in accordance with sections 404.1103 and 404.1104, provided that two licensed physicians determine, after reasonable inquiry and in accordance with reasonable medical judgment, that such patient is incapacitated.

404.1103. Upon a determination that a patient is incapacitated, the physician, or the physician's designee acting at the direction of the physician, shall make reasonable efforts to inform potential designated health care decision-makers set forth in section 404.1104 of whom the physician or the physician's designee is aware, of the need to appoint a designated health care decision-maker. Reasonable efforts include, without limitation, identifying potential designated health care decision-makers as set forth in subsection 1 of section 404.1104, a guardian with medical decision-making authority appointed in accordance with chapter 475, an attorney in fact appointed in a durable power of attorney for health care in accordance with sections 404.800 to 404.865, the juvenile court under section 211.031, or any other known person who has the legal authority to make health care decisions, by examining the patient's personal effects and medical records. If a family member, attorney in fact for health care, or guardian with health care decision-making authority is identified, a documented attempt to contact that person by telephone, with all known telephone numbers and other contact information used, shall be made within twenty-four hours after a determination of incapacity is made as provided in section 404.1102.

404.1104. 1. If a patient is incapacitated under the circumstances described in section 404.1102 and is unable to provide consent regarding his or her own health care, and does not have a legally appointed guardian or an agent under

a health care durable power of attorney, is not under the jurisdiction of the juvenile court, or does not have any other person who has legal authority to consent for the patient, decisions concerning the patient's health care may be made by the following competent persons in the following order of priority, with the exception of persons excluded under subsection 4 of this section:

(1) The spouse of the patient, unless the spouse and patient are separated under one of the following:

(a) A current dissolution of marriage or separation action;

(b) A signed written property or marital settlement agreement; or

(c) A permanent order of separate maintenance or support or a permanent order approving a property or marital settlement agreement between the parties;

(2) An adult child of the patient;

(3) A parent of the patient;

(4) An adult sibling of the patient;

(5) A grandparent or adult grandchild of the patient;

(6) A niece or nephew or the next nearest other relative of the patient, by consanguinity or affinity;

(7) A person who is a member of the same community of persons as the patient who is bound by vows to a religious life, who conducts or assists in the conducting of religious services, and who actually and regularly engages in religious, benevolent, charitable, or educational ministry, or the performance of health care services;

(8) Any nonrelative who can demonstrate that he or she has a close personal relationship with the patient and is familiar with the patient's personal values; or

(9) Any other person designated by the unanimous mutual agreement of the persons listed above who is involved in the patient's care.

2. If a person who is a member of the classes listed in subsection 1 of this section, regardless of priority, or a health care provider or a health care facility involved in the care of the patient, disagrees on whether certain health care should be provided to or withheld or withdrawn from a patient, any such person, provider, or facility, or any other person interested in the welfare of the patient may petition the probate court for an order for the appointment of a temporary or permanent guardian in accordance with subsection 8 of this section to act in the best interest of the patient.

3. A person who is a member of the classes listed in subsection 1 of this section shall not be denied priority under this section based solely upon that person's support for, or direction to provide, withhold, or withdraw health care to the patient, subject to the rights of other classes of potential designated health care decision-makers, a health care provider, or a health care facility to petition the probate court for an order for the appointment of a temporary or permanent guardian under subsection 8 of this section to act in the best interests of the patient.

4. Priority under this section shall not be knowingly given to persons in any of the following circumstances:

(1) If a report of abuse or neglect of the patient has been made pursuant to section 192.2475, 198.070, 208.912, 210.115, 565.188, or 630.163, or any other mandatory reporting statutes, and if the health care provider knows of such a report of abuse or neglect, then unless the report has been determined to be unsubstantiated or unfounded, or a determination of abuse was finally reversed after

administrative or judicial review, the person reported as the alleged perpetrator of the abuse or neglect shall not be given priority or authority to make health care decisions pursuant to subsection 1 of this section, provided that such a report shall not be based on the person's support for, or direction to provide, health care to the patient;

(2) If the patient's physician or the physician's designee reasonably determines, after making a diligent effort to contact the designated health care decision-maker using known telephone numbers and other contact information and receiving no response, that such person is not reasonably available to make medical decisions as needed or is not willing to make health care decisions for the patient; or

(3) If a probate court in a proceeding under subsection 8 of this section finds that the involvement of the person in decisions concerning the patient's health care is contrary to instructions that the patient had unambiguously, and without subsequent contradiction or change, expressed before he or she became incapacitated. Such a statement to the patient's physician or other health care provider contemporaneously recorded in the patient's medical record and signed by the patient's physician or other health care provider shall be deemed such an instruction, subject to the ability of a party to a proceeding under subsection 8 of this section to dispute its accuracy, weight, or interpretation.

5. (1) The designated health care decision-maker shall make reasonable efforts to obtain information regarding the patient's health care preferences from health care providers, family, friends, or others who may have credible information.

(2) The designated health care decision-maker, and the probate court in any proceeding under subsection 8 of this section, shall always make health care decisions in the patient's best interests, and if the patient's religious and moral beliefs and health care preferences are known and not inconsistent with the patient's best interests, in accordance with those beliefs and preferences.

6. This section does not authorize the provision or withholding of health care services that the patient has unambiguously, without subsequent contradiction or change of instruction, expressed to the patient's physician or other health care provider that he or she would or would not want at a time when such patient had capacity. Such a statement to the patient's physician or other health care provider, contemporaneously recorded in the patient's medical record and signed by the patient's physician or other health care provider, shall be deemed such evidence, subject to the ability of a party to a proceeding under subsection 8 of this section to dispute its accuracy, weight, or interpretation.

7. A designated health care decision-maker shall be deemed a personal representative for the purposes of access to and disclosure of private medical information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. Section 1320d and 45 CFR 160-164.

8. Nothing in sections 404.1100 to 404.1110 shall preclude any person interested in the welfare of a patient including, but not limited to, a designated health care decision-maker, a member of the classes listed in subsection 1 of this section regardless of priority, or a health care provider or health care facility involved in the care of the patient, from petitioning the probate court for the appointment of a temporary or permanent guardian for the

patient including expedited adjudication as provided in chapter 475.

9. Pending the final outcome of proceedings initiated under subsection 8 of this section, the designated health care decision-maker, health care provider, or health care facility shall not withhold or withdraw, or direct the withholding or withdrawal of, health care, nutrition, or hydration whose withholding or withdrawal, in reasonable medical judgment, would result in or hasten the death of the patient, would jeopardize the health or limb of the patient, or would result in disfigurement or impairment of the patient's faculties.

404.1105. 1. No designated health care decision-maker may, with the intent of hastening or causing the death of the patient, authorize the withdrawal or withholding of nutrition or hydration supplied through either natural or artificial means. A designated health care decision-maker may authorize the withdrawal or withholding of artificially supplied nutrition and hydration only if the physician and a second licensed physician certify in the patient's medical record based on reasonable medical judgment that:

(1) Artificially supplied nutrition or hydration are not necessary for comfort, care, or the relief of pain and would serve only to prolong artificially the dying process and where death will occur within a short period of time whether or not such artificially supplied nutrition or hydration is withheld or withdrawn; or

(2) Artificially supplied nutrition or hydration cannot be physiologically assimilated or tolerated by the patient.

2. When tolerated by the patient and adequate to supply the patient's need for nutrition or hydration, natural feeding shall be the preferred method.

3. The provisions of this section shall not apply to subdivision (3) of section 459.010.

404.1106. If any of the individuals specified in section 404.1104, the designated health care decision-maker, or the physician believes the patient is no longer incapacitated, the patient's physician shall reexamine the patient and determine in accordance with reasonable medical judgment whether the patient is no longer incapacitated, shall certify the decision and the basis therefor in the patient's medical record, and shall notify the patient, the designated health care decision-maker, and the person who initiated the redetermination of capacity. Rights of the designated health care decision-maker shall end upon the physician's certification that the patient is no longer incapacitated.

404.1107. No health care provider or health care facility that makes good faith and reasonable attempts to identify, locate, and communicate with potential designated health care decision-makers in accordance with sections 404.1100 to 404.1110 shall be subject to civil or criminal liability or regulatory sanction for the effort to identify, locate, and communicate with such potential designated health care decision-makers.

404.1109. No designated health care decision-maker shall withhold or withdraw health care from a pregnant patient, consistent with existing law, as set forth in section 459.025.

404.1110. Nothing in sections 404.1100 to 404.1110 is intended to:

(1) Be construed as condoning, authorizing, or approving euthanasia or mercy killing; or

(2) Be construed as permitting any affirmative or deliberate act to end a person's life, except to permit natural death as provided by sections 404.1100 to 404.1110.