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By the Committee on Elder Affairs & Long-Term Care and Representatives Argenziano, Heyman, Sobel, Reddick, Fiorentino, Bilirakis, Littlefield, Kosmas, Bitner, Jacobs and Levine

A bill to be entitled An act relating to end-of-life care; providing legislative findings; authorizing the Secretary of Health to develop and implement demonstration projects; requiring reports; requesting the Chancellor of the State University System to convene a working group; amending ss. 395.1041, 400.142, 400.4255, 400.487, 400.6095, and 400.621, F.S.; authorizing personnel of hospital emergency services, long-term care facilities, assisted living facilities, home health agencies, hospices, and adult family-care homes to withhold or withdraw cardiopulmonary resuscitation pursuant to an order not to resuscitate; providing for rules; providing certain protection from prosecution and liability; amending s. 401.45, F.S.; revising authority of emergency medical technicians and paramedics to withhold or withdraw resuscitation or life-prolonging techniques; directing the Department of Health to develop a standardized do-not-resuscitate identification system; authorizing a fee; providing for rules; amending ss. 455.604, 458.319, and 459.008, F.S.; providing that courses on end-of-life care will fulfill certain education requirements; amending s. 732.912, F.S.; revising provisions relating to who may make anatomical gifts; amending ss. 732.914 and 732.917, F.S.; correcting cross references;

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amending s. 732.922, F.S.; conforming provisions relating to duty of certain hospital administrators; amending s. 765.101, F.S.; revising definitions; amending s. 765.102, F.S.; revising legislative intent relating to advance directives; amending s. 765.103, F.S.; providing for effect of existing advance directives; amending s. 765.104, F.S.; providing for amendment of an advance directive or designation of a surrogate; amending s. 765.107, F.S.; providing nonapplicability to certain persons; amending s. 765.110, F.S.; prohibiting certain actions by a health care facility or provider with respect to a patient's advance directive; increasing a penalty; requiring that advance directives become part of patients' medical records; providing for rules; amending s. 765.204, F.S.; revising provisions relating to evaluation of a patient's capacity to make health care decisions; amending s. 765.205, F.S.; revising responsibilities of the surrogate; amending s. 765.301, F.S.; correcting a cross reference; amending s. 765.302, F.S.; revising procedure for making a living will; amending s. 765.303, F.S.; revising suggested form of a living will; amending s. 765.304, F.S.; revising procedure for implementing a living will; amending s. 765.305, F.S.; revising procedure in the absence of a living will; amending s. 765.306, F.S.; revising provisions relating to

determination of the patient's condition; renumbering and amending s. 765.308, F.S.; providing for transfer of a patient under certain circumstances; renumbering and amending s. 765.310, F.S.; providing penalties for falsification, forgery, or willful concealment, cancellation, or destruction of an advance directive, or a revocation or amendment thereof; amending s. 765.401, F.S.; revising provisions relating to decisions by a proxy; creating s. 765.404, F.S.; providing conditions for withholding or withdrawing life-prolonging procedures for certain persons in a persistent vegetative state; directing the Department of Elderly Affairs to convene a workgroup to develop model advance directive forms; repealing s. 3(6) of ch. 98-327, Laws of Florida, relating to repeal of the Panel for the Study of End-of-Life Care; continuing the panel until a specified date; providing an appropriation; providing effective dates.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. End-of-life care.--

(1)(a) The Legislature finds that Florida, as the fourth most populous state, is highly diverse with regard to race, ethnicity, urban and rural locales, religious practices, and cultural traditions. Florida has the largest percentage of elderly residents, the third largest incidence of AIDS, and

 the fourth highest death rates from heart disease and chronic obstructive pulmonary disease in the nation.

- (b) The Legislature finds that the Panel for the Study of End-of-Life Care has recommended policies that will assure the citizens of this state the highest quality of compassionate, competent, and adequate end-of-life care.
- (c) The Legislature finds that all persons should have access to effective pain management and palliative care; that adequate management of pain and other distressing symptoms at the end-of-life should be available; and that all settings that care for seriously ill patients should address the emotional and spiritual needs of such patients. The Legislature finds that education of physicians and other health care providers is necessary to assure that patients in pain are assessed regularly and that their pain is treated aggressively without fear of undue regulatory or legal action.
- (d) The Legislature finds that an individual's experience of death and dying, and preferences about end-of-life care, are rooted in ethnic and cultural values and beliefs. The Legislature finds that social, health, and education practitioners must be trained to understand work within different cultural parameters.
- (e) The Legislature finds that to provide better pain management, health care providers are to be encouraged to add the assessment of pain as a "fifth vital sign." Further, the Legislature intends that in accordance with standard and accepted medical and ethical principles, the use of pharmacological substances with the intent of alleviating or eliminating pain and other discomfort is encouraged. Such use should not be regarded as legally blameworthy, even if

 appropriate pain control occurs during, and so precedes the outcome of, the dying process.

- (f) The Legislature finds that the State Supreme Court has declared that, based on the constitutional right to privacy, competent adults can express their wishes to receive, refuse, withhold, or withdraw any medical treatment and that right continues even when a person becomes incapacitated.
- (2) The Secretary of Health is authorized to develop and implement up to two demonstration projects to evaluate strategies recommended by the Panel for the Study of End-of-Life Care. The Department of Health is authorized to accept for that purpose any special grant of money, services, property, gifts, or donations from any organization, medical school, or Federal Government agency, and to apply for grants to support the demonstration projects. The secretary shall report to the President of the Senate, the Speaker of the House of Representatives, and the majority and minority leaders and relevant substantive committees of both chambers, on the demonstration projects, no later than January 30 of each year.
- (3) The Chancellor of the State University System is requested to convene a working group composed of one representative from each of the Boards of Medicine,

 Osteopathic Medicine, Nursing, Pharmacy, Nursing Home

 Administrators, and Social Work, and the chairs of the four medical schools' curriculum committees, to review available curricula for end-of-life care and make recommendations through the respective boards for content and materials to be incorporated into the basic curriculum of each medical school, school of social work, and allied health discipline.

1 Section 2. Paragraph (1) is added to subsection (3) of section 395.1041, Florida Statutes, 1998 Supplement, to read: 2 3 395.1041 Access to emergency services and care.--4 (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF 5 FACILITY OR HEALTH CARE PERSONNEL. --6 (1) Hospital emergency services personnel may withhold 7 or withdraw cardiopulmonary resuscitation if presented with an 8 order not to resuscitate executed pursuant to s. 401.45. 9 Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to have 10 11 engaged in negligent or unprofessional conduct, for 12 withholding or withdrawing cardiopulmonary resuscitation 13 pursuant to such an order. 14 Section 3. Subsection (3) is added to section 400.142, Florida Statutes, to read: 15 16 400.142 Emergency medication kits; orders not to 17 resuscitate.--(3) Facility staff may withhold or withdraw 18 cardiopulmonary resuscitation if presented with an order not 19 20 to resuscitate executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such 21 22 orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to 23 have engaged in negligent or unprofessional conduct, for 24 25 withholding or withdrawing cardiopulmonary resuscitation 26 pursuant to such an order and rules adopted by the agency. 27 Section 4. Subsection (3) is added to section 28 400.4255, Florida Statutes, to read: 29 400.4255 Use of licensed personnel; emergency care.--(3) Facility staff may withhold or withdraw 30 cardiopulmonary resuscitation if presented with an order not

to resuscitate executed pursuant to s. 401.45. The department 1 2 shall adopt rules providing for the implementation of such 3 orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to 4 5 have engaged in negligent or unprofessional conduct, for 6 withholding or withdrawing cardiopulmonary resuscitation 7 pursuant to such an order and rules adopted by the department. 8 Section 5. Subsection (7) is added to section 400.487, 9 Florida Statutes, to read: 10 400.487 Patient assessment; establishment and review 11 of plan of care; provision of services; orders not to 12 resuscitate.--13 (7) Home health agency personnel may withhold or 14 withdraw cardiopulmonary resuscitation if presented with an 15 order not to resuscitate executed pursuant to s. 401.45. The 16 agency shall adopt rules providing for the implementation of 17 such orders. Home health personnel and agencies shall not be subject to criminal prosecution or civil liability, nor be 18 19 considered to have engaged in negligent or unprofessional 20 conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by 21 22 the agency. Section 6. Subsection (8) of section 400.6095, Florida 23 Statutes, is renumbered as subsection (9), and a new 24 25 subsection (8) is added to said section to read: 26 400.6095 Patient admission; assessment; plan of care; 27 discharge; orders not to resuscitate; death .--28 (8) The hospice care team may withhold or withdraw 29 cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The department 30

shall adopt rules providing for the implementation of such

orders. Hospice staff shall not be subject to criminal 1 2 prosecution or civil liability, nor be considered to have 3 engaged in negligent or unprofessional conduct, for 4 withholding or withdrawing cardiopulmonary resuscitation 5 pursuant to such an order and rules adopted by the department. 6 Section 7. Subsection (3) of section 400.621, Florida 7 Statutes, 1998 Supplement, is renumbered as subsection (4), 8 and a new subsection (3) is added to said section to read: 9 400.621 Rules and standards relating to adult 10 family-care homes.--11 (3) The department shall adopt rules providing for the 12 implementation of orders not to resuscitate. The provider may 13 withhold or withdraw cardiopulmonary resuscitation if 14 presented with an order not to resuscitate executed pursuant 15 to s. 401.45. The provider shall not be subject to criminal 16 prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for 17 withholding or withdrawing cardiopulmonary resuscitation 18 19 pursuant to such an order and rules adopted by the department. 20 Section 8. Subsection (3) of section 401.45, Florida 21 Statutes, is amended and subsection (5) is added to said 22 section, to read: 23 401.45 Denial of emergency treatment; civil 24 liability.--25 (3)(a) Resuscitation or life-prolonging techniques may 26 be withheld or withdrawn from a patient by an emergency 27 medical technician or paramedic if evidence of an order not to 28 resuscitate by the patient's physician is presented to the 29 emergency medical technician or paramedic in a manner provided by rule of the department. 30 31

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- (b) Any licensee, physician, medical director, or emergency medical technician or paramedic who acts under the direction of a medical director is not subject to criminal prosecution or civil liability, and has not engaged in negligent or unprofessional conduct, as a result of the withholding or withdrawal of resuscitation or life-prolonging techniques from a patient pursuant to this subsection and rules adopted by the department.
- The department, in consultation with the Department of Elderly Affairs and the Agency for Health Care Administration, shall develop a standardized do-not-resuscitate identification system with devices that signify, when carried or worn, that the possessor is a patient for whom a physician has issued an order not to administer cardiopulmonary resuscitation. The department may charge a reasonable fee to cover the cost of producing and distributing such identification devices. Use of such devices shall be voluntary.
- (4) Any licensee or emergency medical technician or paramedic who in good faith provides emergency medical care or treatment within the scope of their employment and pursuant to oral or written instructions of a medical director shall be deemed to be providing emergency medical care or treatment for the purposes of s. 768.13(2)(b).
- (5) The department shall adopt and enforce all rules necessary to implement this section.
- Section 9. Subsection (9) is added to section 455.604, Florida Statutes, 1998 Supplement, to read:
- 455.604 Requirement for instruction for certain licensees on human immunodeficiency virus and acquired immune 31 deficiency syndrome. --

1 (9) In lieu of completing a course as required in 2 subsection (1), the licensee may complete a course in 3 end-of-life care and palliative health care, so long as the 4 licensee completed an approved AIDS/HIV course in the 5 immediately preceding biennium. 6 Section 10. Subsection (4) is added to section 7 458.319, Florida Statutes, 1998 Supplement, to read: 8 458.319 Renewal of license.--9 (4) Notwithstanding the provisions of s. 455.604, a physician may complete continuing education on end-of-life 10 11 care and palliative health care in lieu of continuing 12 education in AIDS/HIV, if that physician has completed the 13 AIDS/HIV continuing education in the immediately preceding 14 biennium. 15 Section 11. Subsection (5) is added to section 16 459.008, Florida Statutes, 1998 Supplement, to read: 459.008 Renewal of licenses and certificates.--17 (5) Notwithstanding the provisions of s. 455.604, an 18 19 osteopathic physician may complete continuing education on 20 end-of-life and palliative health care in lieu of continuing education in AIDS/HIV, if that physician has completed the 21 22 AIDS/HIV continuing education in the immediately preceding 23 biennium. 24 Section 12. Section 732.912, Florida Statutes, 1998 25 Supplement, is amended to read: 26 732.912 Persons who may make an anatomical gift.--27 (1) Any person who may make a will may give all or 28 part of his or her body for any purpose specified in s. 29 732.910, the gift to take effect upon death. An anatomical

gift made by an adult donor and not revoked by the donor as

provided in s. 732.916 is irrevocable and does not require the consent or concurrence of any person after the donor's death.

- (2) If the decedent has not executed an agreement concerning an anatomical gift, including signing an organ and tissue donor card, expressing his or her wish to donate in a living will or advance directive, or signifying his or her intent to donate on his or her driver's license or in some other written form has indicated his or her wish to make an anatomical gift, a member of one of the classes of persons listed below, in the order of priority stated and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member of the same or a prior class, the surrogate designated by the decedent pursuant to part II of chapter 765 may give all or any part of the decedent's body for any purpose specified in s. 732.910.÷
- (3) If the decedent has not executed an agreement concerning an anatomical gift or designated a surrogate pursuant to part II of chapter 765 to make an anatomical gift pursuant to the conditions of subsection (2), a member of one of the classes of persons listed below, in the order of priority stated and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member of the same or a prior class, may give all or any part of the decedent's body for any purpose specified in s. 732.910:
 - (a) The spouse of the decedent;
 - (b) An adult son or daughter of the decedent;
 - (c) Either parent of the decedent;
 - (d) An adult brother or sister of the decedent;
 - (e) A grandparent of the decedent;

- (f) A guardian of the person of the decedent at the time of his or her death; or
- (g) A representative ad litem who shall be appointed by a court of competent jurisdiction forthwith upon a petition heard ex parte filed by any person, which representative ad litem shall ascertain that no person of higher priority exists who objects to the gift of all or any part of the decedent's body and that no evidence exists of the decedent's having made a communication expressing a desire that his or her body or body parts not be donated upon death;

but no gift shall be made by the spouse if any adult son or daughter objects, and provided that those of higher priority, if they are reasonably available, have been contacted and made aware of the proposed gift, and further provided that a reasonable search is made to show that there would have been no objection on religious grounds by the decedent.

(4)(3) If the donee has actual notice of contrary indications by the decedent or, in the case of a spouse making the gift, an objection of an adult son or daughter or actual notice that a gift by a member of a class is opposed by a member of the same or a prior class, the donee shall not accept the gift.

(5)(4) The person authorized by subsection(3)(2)may make the gift after the decedent's death or immediately before the decedent's death.

 $\underline{(6)}$ (5) A gift of all or part of a body authorizes any examination necessary to assure medical acceptability of the gift for the purposes intended.

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(7) (6) Once the gift has been made, the rights of the donee are paramount to the rights of others, except as provided by s. 732.917.

Section 13. Subsection (5) of section 732.914, Florida Statutes, 1998 Supplement, is amended to read:

732.914 Manner of executing anatomical gifts .--

(5) Any gift by a member of a class designated in s. 732.912(3) (2) must be made by a document signed by that person or made by that person's witnessed telephonic discussion, telegraphic message, or other recorded message.

Section 14. Subsection (3) of section 732.917, Florida Statutes, is amended to read:

732.917 Rights and duties at death.--

(3) The organ procurement organization, tissue bank, or eye bank, or hospital medical professionals under the direction thereof, may perform any and all tests to evaluate the deceased as a potential donor and any invasive procedures on the deceased body in order to preserve the potential donor's organs. These procedures do not include the surgical removal of an organ or penetrating any body cavity, specifically for the purpose of donation, until a properly executed donor card or document is located or, if a properly executed donor card or document cannot be located, a person specified in s. 732.912(3)(2) has been located, has been notified of the death, and has granted legal permission for the donation.

Section 15. Subsection (2) of section 732.922, Florida Statutes, 1998 Supplement, is amended to read:

732.922 Duty of certain hospital administrators; liability of hospital administrators, organ procurement 31 organizations, eye banks, and tissue banks.--

- Where, based on accepted medical standards, a hospital patient is a suitable candidate for organ or tissue donation, the hospital administrator or the hospital administrator's designee shall, at or near the time of death, access the organ and tissue donor registry created by s. 732.915(4) to ascertain the existence of a donor card or document executed by the decedent. In the absence of a donor card, organ donation sticker or organ donation imprint on a driver's license, or other properly executed document, the hospital administrator or designee shall request:
- (a) The patient's health care surrogate, as permitted in s. 732.912(2); or
- (b) If the patient does not have a surrogate, or the surrogate is not reasonably available, any of the persons specified in s. 732.912, in the order and manner of priority stated in s. 732.912,

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> to consent to the gift of all or any part of the decedent's body for any purpose specified in this part. Except as provided in s. 732.912, in the absence of actual notice of opposition, consent need only be obtained from the person or persons in the highest priority class reasonably available.

Section 16. Section 765.101, Florida Statutes, is amended to read:

765.101 Definitions. -- As used in this chapter:

"Advance directive" means a witnessed written document or oral statement in which instructions are given by a principal or in which the principal's desires are expressed concerning any aspect of the principal's health care, and includes, but is not limited to, the designation of a health 31 care surrogate, a living will, or an anatomical gift made

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pursuant to part X of chapter 732 orders not to resuscitate issued pursuant to s. 401.45.

- "Attending physician" means the primary physician who has responsibility for the treatment and care of the patient.
- "Close personal friend" means any person 18 years (3) of age or older who has exhibited special care and concern for the patient, and who presents an affidavit to the health care facility or to the attending or treating physician stating that he or she is a friend of the patient; is willing and able to become involved in the patient's health care; and has maintained such regular contact with the patient so as to be familiar with the patient's activities, health, and religious or moral beliefs.
 - (4) "Health care decision" means:
- (a) Informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures.
- (b) The decision to apply for private, public, government, or veterans' benefits to defray the cost of health care.
- The right of access to all records of the principal reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits.
- (d) The decision to make an anatomical gift pursuant to part X of chapter 732.
- (5) "Health care facility" means a hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in this state, or any facility subject 31 to part I of chapter 394.

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- "Health care provider" or "provider" means any person licensed, certified, or otherwise authorized by law to administer health care in the ordinary course of business or practice of a profession.
- (7) "Incapacity" or "incompetent" means the patient is physically or mentally unable to communicate a willful and knowing health care decision. For the purposes of making an anatomical gift, the term also includes a patient who is deceased.
- "Informed consent" means consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the treatment or procedure and the medically acceptable alternatives, including the substantial risks and hazards inherent in the proposed treatment or alternative procedures, and to make a knowing health care decision without coercion or undue influence.
- (9) "Life-prolonging procedure" means any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function. which:
- (a) Utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function; and
- (b) When applied to a patient in a terminal condition, serves only to prolong the process of dying.

The term"life-prolonging procedure"does not include the administration of medication or performance of medical procedure, when such medication or procedure is deemed 31 | necessary to provide comfort care or to alleviate pain.

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- (10) "Living will" or "declaration" means:(a) A witnessed document in writing, voluntarily
- executed by the principal in accordance with s. 765.302; or
- (b) A witnessed oral statement made by the principal expressing the principal's instructions concerning life-prolonging procedures.
- (11) "Persistent vegetative state" means a permanent and irreversible condition of unconsciousness in which there is:
- (a) The absence of voluntary action or cognitive behavior of any kind.
- (b) An inability to communicate or interact purposefully with the environment.
- (12)(11) "Physician" means a person licensed pursuant to chapter 458 or chapter 459.
- $\underline{(13)}\overline{(12)}$ "Principal" means a competent adult executing an advance directive and on whose behalf health care decisions are to be made.
- (14)(13) "Proxy" means a competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to s. 765.401 to make health care decisions for such individual.
- (15)(14) "Surrogate" means any competent adult expressly designated by a principal to make health care decisions on behalf of the principal upon the principal's incapacity.
 - (15) "Terminal condition" means:
- (a) A condition caused by injury, disease, or illness
 from which there is no reasonable probability of recovery and
 which, without treatment, can be expected to cause death; or

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1 (b) A persistent vegetative state characterized by a 2 permanent and irreversible condition of unconsciousness in 3 which there is:

1. The absence of voluntary action or cognitive behavior of any kind; and

2. An inability to communicate or interact purposefully with the environment.

(16) "Treating physician" means the physician who has treated or is treating the patient for any condition directly related to the condition resulting in the patient's incapacity.

Section 17. Subsection (3) of section 765.102, Florida Statutes, is amended to read:

765.102 Legislative findings and intent.--

(3) The Legislature recognizes further finds that for some the administration of life-prolonging medical procedures may result in the artificial prolongation of life for a person with a terminal condition may secure for him or her only a precarious and burdensome existence, while providing nothing medically necessary or beneficial to the patient. In order to ensure that the rights and intentions of a person with such a condition may be respected even after he or she is no longer able to participate actively in decisions concerning himself or herself, and to encourage communication among such patient, his or her family, and his or her physician, the Legislature declares that the laws of this state recognize the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures, or to designate another to make the treatment decision for him or her in the event that such 31 person should become incapacitated and unable to personally

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direct his or her medical care be found to be incompetent and suffering from a terminal condition.

Section 18. Section 765.103, Florida Statutes, is amended to read:

765.103 Existing advance directives. -- Any advance directive made prior to the effective date of this act April 10, 1992, shall be given effect as executed, as provided in this chapter provided such directive was legally effective when written.

Section 19. Subsections (1) and (3) of section 765.104, Florida Statutes, are amended to read:

765.104 Amendment or revocation.--

- (1) An advance directive or designation of a surrogate may be amended or revoked at any time by a competent principal:
 - (a) By means of a signed, dated writing;
- (b) By means of the physical cancellation or destruction of the advance directive by the principal or by another in the principal's presence and at the principal's direction;
- (c) By means of an oral expression of intent to amend or revoke; or
- (d) By means of a subsequently executed advance directive that is materially different from a previously executed advance directive.
- (3) Any such amendment or revocation will be effective when it is communicated to the surrogate, health care provider, or health care facility. No civil or criminal liability shall be imposed upon any person for a failure to act upon an amendment or $\frac{1}{2}$ revocation unless that person has 31 actual knowledge of such amendment or revocation.

Section 20. Section 765.107, Florida Statutes, is amended to read:

765.107 Construction.--

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- (1) This chapter shall not be construed to repeal by implication any provision of s. 766.103, the Florida Medical Consent Law. For all purposes, the Florida Medical Consent Law shall be considered an alternative to provisions of this section.
- (2) Procedures provided in this chapter permitting the withholding or withdrawal of life-prolonging procedures do not apply to a person who never had capacity to designate a health care surrogate or execute a living will.

Section 21. Section 765.110, Florida Statutes, is amended to read:

765.110 Health care facilities and providers; discipline. --

- (1) A health care facility, pursuant to Pub. L. No. 101-508, ss. 4206 and 4751, shall provide to each patient written information concerning the individual's rights concerning advance directives and the health care facility's policies respecting the implementation of such rights, and shall document in the patient's medical records whether or not the individual has executed an advance directive.
- (2) A health care provider or health care facility may not require a patient to execute an advance directive or to execute a new advance directive using the facility's or provider's forms. The patient's advance directives shall travel with the patient as part of the patient's medical record.
- (3) A health care provider or health care facility 31 | shall be subject to professional discipline and revocation of

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license or certification, and a fine of not more than\$1,000 2 \$500 per incident, or both, if the health care provider or health care facility, as a condition of treatment or admission, requires an individual to execute or waive an advance directive.

(4) (4) (3) The Department of Elderly Affairs for hospices and, in consultation with the Department of Elderly Affairs, the Department of Health for health care providers, and Rehabilitative Services and the Agency for Health Care Administration for hospitals, nursing homes, home health agencies, and health maintenance organizations, and the Department of Children and Family Services for facilities subject to part I of chapter 394 shall adopt rules to implement the provisions of the section.

Section 22. Subsection (2) of section 765.204, Florida Statutes, is amended to read:

765.204 Capacity of principal; procedure.--

(2) If a principal's capacity to make health care decisions for herself or himself or provide informed consent is in question, the attending physician shall evaluate the principal's capacity. If the attending physician concludes that the principal lacks such capacity, another physician shall also evaluate the principal's capacity. If the second physician agrees that the principal lacks the capacity to make health care decisions or provide informed consent, the health care facility shall enter both physician's evaluations in the principal's clinical record and, if the principal has designated a health care surrogate, shall notify such surrogate in writing that her or his authority under the instrument has commenced.

 Section 23. Subsection (2) of section 765.205, Florida Statutes, is amended to read:

765.205 Responsibility of the surrogate.--

(2) The surrogate may authorize the release of information and clinical records to appropriate persons to ensure the continuity of the principal's health care and may authorize the transfer and admission, discharge, or transfer of the principal to or from a health care facility or other facility or program licensed under chapter 400.

Section 24. Section 765.301, Florida Statutes, is amended to read:

765.301 Short title.--Sections $\underline{765.302-765.309}$ $\underline{765.302-765.310}$ may be cited as the "Life-Prolonging Procedure Act of Florida."

Section 25. Subsection (1) of section 765.302, Florida Statutes, is amended to read:

765.302 Procedure for making a living will; notice to physician.--

(1) Any competent adult may, at any time, make a living will or written declaration directing the providing, withholding, or withdrawal of life-prolonging procedures in the event such person suffers from a terminal condition. A living will must be signed by the principal in the presence of two subscribing witnesses, one of whom is neither a spouse nor a blood relative of the principal. If the principal is physically unable to sign the living will, one of the witnesses must subscribe the principal's signature in the principal's presence and at the principal's direction.

Section 26. Subsection (1) of section 765.303, Florida Statutes, is amended to read:

765.303 Suggested form of a living will.--

1 (1) A living will may, BUT NEED NOT, be in the 2 following form: 3 Living Will 4 Declaration made this day of, 19 I, 5, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances 6 7 set forth below, and I do hereby declare that, if at any time 8 I am both mentally and physically incapacitated 9 10 and I have a terminal condition(initial to require this 11 as a condition for your living will) 12 13 and if my attending or treating physician and another 14 consulting physician have determined that there is no reasonable medical probability of my recovery from such 15 16 condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures 17 would serve only to prolong artificially the process of dying, 18 19 and that I be permitted to die naturally with only the 20 administration of medication or the performance of any medical 21 procedure deemed necessary to provide me with comfort care or 22 to alleviate pain. It is my intention that this declaration be honored by 23 my family and physician as the final expression of my legal 24 25 right to refuse medical or surgical treatment and to accept 26 the consequences for such refusal. In the event that I have been determined to be unable 27 28 to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging 29 procedures, I wish to designate, as my surrogate to carry out 30

31 the provisions of this declaration:

1	
2	Name:
3	Address:
4	Zip Code:
5	Phone:
6	I understand the full import of this declaration, and I
7	am emotionally and mentally competent to make this
8	declaration.
9	Additional Instructions (optional):
10	
11	
12	
13	(Signed)
14	Witness
15	Address
16	Phone
17	Witness
18	Address
19	Phone
20	
21	Section 27. Subsection (2) of section 765.304, Florida
22	Statutes, is amended to read:
23	765.304 Procedure for living will
24	(2) Before proceeding in accordance with the
25	principal's living will, it must be determined that:
26	(a) The principal does not have a reasonable
27	probability of recovering <u>capacity</u> competency so that the
28	right could be exercised directly by the principal.
29	(b) The principal's physical condition is terminal.
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(b)(c) Any limitations or conditions expressed orally or in a written declaration have been carefully considered and satisfied.

Section 28. Section 765.305, Florida Statutes, is amended to read:

765.305 Procedure in absence of a living will.--

- (1) In the absence of a living will executed pursuant to s. 765.303, the decision to withhold or withdraw life-prolonging procedures from a patient may be made by a health care surrogate designated by the patient pursuant to part II unless the designation limits the surrogate's authority to consent to the withholding or withdrawal of life-prolonging procedures.
- (2) Before exercising the incompetent patient's right to forego treatment, the surrogate must be satisfied that +
- (a) The patient does not have a reasonable probability of recovering capacity competency so that the right could be exercised by the patient.
- (b) The patient is both mentally and physically incapacitated with no reasonable medical probability of recovery or the patient's physical condition is terminal.

Section 29. Section 765.306, Florida Statutes, is amended to read:

765.306 Determination of patient condition.--In determining whether the patient has a terminal condition or may recover mental and physical capacity, or whether a medical condition or limitation referred to in an advance directive exists, the patient's attending or treating physician and at least one other consulting physician must separately examine the patient. The findings of each such examination must be 31 documented in the patient's medical record and signed by each

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examining physician before life-prolonging procedures may be withheld or withdrawn.

Section 30. Section 765.308, Florida Statutes, is renumbered as section 765.1105, Florida Statutes, and amended to read:

765.1105 765.308 Transfer of a patient.--

- (1) A health care provider or facility that refuses to comply with a patient's advance directive the declaration of a patient, or the treatment decision of his or her surrogate, shall make reasonable efforts to transfer the patient to another health care provider or facility that will comply with the directive declaration or treatment decision. This chapter does not require a health care provider or facility to commit any act which is contrary to the provider's or facility's moral or ethical beliefs concerning life-prolonging procedures, if the patient:
 - (a) Is not in an emergency condition; and
- (b) Has received written information upon admission informing the patient of the policies of the health care provider or facility regarding such moral or ethical beliefs.
- (2) A health care provider or facility that is unwilling to carry out the wishes of the patient or the treatment decision of his or her surrogate because of moral or ethical beliefs must within 7 days either:
- (a) Transfer the patient to another health care provider or facility. The health care provider or facility shall pay the costs for transporting the patient to another health care provider or facility; or
- (b) If the patient has not been transferred, carry out the wishes of the patient or the patient's surrogate, unless 31 the provisions of s. 765.105 apply.

Section 31. Section 765.310, Florida Statutes, is renumbered as section 765.1115, Florida Statutes, and amended to read:

765.1115 765.310 Falsification, forgery, or willful concealment, cancellation, or destruction of <u>directive</u> declaration or revocation <u>or amendment</u>; penalties.--

- (1) Any person who willfully conceals, cancels, defaces, obliterates, or damages an advance directive a living will without the principal's consent or who falsifies or forges the revocation or amendment of an advance directive a revocation of a living will of another, and who thereby causes life-prolonging procedures to be utilized in contravention of the previously expressed intent of the principal, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- directive living will of another or who willfully conceals or withholds personal knowledge of the revocation of an advance directive a declaration, with the intent to cause a withholding or withdrawal of life-prolonging procedures contrary to the wishes of the principal, and who thereby because of such act directly causes life-prolonging procedures to be withheld or withdrawn and death to be hastened, commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 32. Subsection (3) of section 765.401, Florida Statutes, is amended to read:

765.401 The proxy.--

(3) Before exercising the incapacitated patient's rights to select or decline health care, the proxy must comply with the pertinent provisions applicable to surrogates under

this chapter, except that a proxy's decision to withhold or withdraw life-prolonging procedures must either:

- (a) Be supported by a written declaration; or
- (b) If there is no written declaration, the patient must be terminally ill or in a persistent vegetative state, and the proxy's decision must be supported by clear and convincing evidence that the decision would have been the one the patient would have chosen had the patient been competent.

Section 33. Section 765.404, Florida Statutes, is created to read:

765.404 Persistent vegetative state.--For persons in a persistent vegetative state who have no advance directive and for whom there is no evidence indicating what the person would have wanted under such conditions, and who have no family or friends available or willing to serve as a proxy to make health care decisions for them, life-prolonging procedures may be withheld or withdrawn under the following conditions:

- (1) The person has a judicially appointed guardian representing his or her best interest with authority to consent to medical treatment; and
- (2) The guardian, in consultation with the person's attending physician and the medical ethics committee of the facility where the patient is located, concludes that the condition is permanent and that there is no reasonable hope for recovery. If there is no medical ethics committee at the facility, the facility must have an arrangement with the medical ethics committee of another facility or with a community-based ethics committee approved by the Florida Bio-ethics Network. The ethics committee shall review the case with the guardian, in consultation with the person's attending physician, to determine whether the condition is permanent and

there is no reasonable hope for recovery. The individual 1 2 committee members and the facility associated with an ethics 3 committee shall not be held liable in any civil action related to the performance of any duties required in this subsection. 4 5 Section 34. The Department of Elderly Affairs shall 6 convene a workgroup composed of health care professionals, 7 health facilities, attorneys, consumers, clergy, academic 8 institutions, and other interested parties to develop model 9 advance directive forms. The department shall make the forms available to the public. The department may reconvene the 10 11 workgroup as necessary to modify and update such forms. 12 Section 35. Effective July 1, 1999: 13 (1) Subsection (6) of section 3 of chapter 98-327, 14 Laws of Florida, is repealed and the Panel for the Study of 15 End-of-Life Care created by said section is continued until 16 January 31, 2000. 17 (2) To support the work of the panel, the sum of \$100,000 is appropriated from the General Revenue Fund to the Pepper Institute on Aging and Public Policy at Florida State 19 20 University. (3) The panel shall submit its final report to the 21 22 Legislature no later than January 31, 2000. Section 35. Except as otherwise provide herein, this 23 24 act shall take effect October 1, 1999. 25 26 27 28 29 30

HOUSE SUMMARY

> Provides legislative findings regarding end-of-life care. Provides for demonstration projects under the Secretary of Health and a working group to review certain curricula. Authorizes emergency medical technicians, paramedics, and personnel of hospital emergency services, long-term care facilities, assisted living facilities, home health agencies, hospices, and adult family-care homes to withhold or withdraw cardiopulmonary resuscitation pursuant to an order not to resuscitate. Provides protection from criminal prosecution, civil liability, and charges of negligent or unprofessional conduct for such action. Directs the Department of Health conduct for such action. Directs the Department of Health to develop a standardized do-not-resuscitate identification system, and authorizes a fee therefor. Revises provisions relating to anatomical gifts of advance directives, health care surrogates and proxies, and living wills. Increases a penalty for health care facilities or providers that require patients to execute advance directives. Requires advance directives to become part of patients' medical records. Provides penalties for cancellation, or destruction of an advance directive, rather than a living will. Provides conditions for withholding or withdrawing life-prolonging procedures for persons in a persistent vegetative state when there is no advance directive or health care proxy. Directs the Department of Elderly Affairs to convene a workgroup to Department of Elderly Affairs to convene a workgroup to develop model advance directive forms. Continues the Panel for the Study of End-of-Life Care until January 31, 2000, and provides an appropriation therefor. See bill for details.