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A bill to be entitled An act relating to end-of-life care; amending s. 381.026, F.S., relating to the Florida Patient's Bill of Rights and Responsibilities; revising the term "health care facility"; modifying liability restrictions; including pain management and palliative care within these medical services for which a patient has a right to request, inquire about, or refuse as treatment; creating the right to medical treatment for pain management; expanding applicability of responsibility for distributing the statement of rights and responsibilities to patients; revising the statement of patient rights and responsibilities to include reference to pain management and palliative care; amending s. 395.1041, F.S.; specifying conditions under which hospital personnel may withhold resuscitation; amending s. 401.45, F.S.; relating to emergency treatment, requiring use of official form for valid do-not-resuscitate order; specifying required signatures; specifying authorized substitute signatures; amending s. 445.597, F.S., relating to licensure renewal requirements for certain health care professionals; providing for substitution of continuing education programs or courses on end-of-life care and palliative health care for any authorized domestic violence continuing education program or course

1 taken within a specified period; amending s. 765.102, F.S., relating to legislative findings 2 3 and intent; adding legislative intent to allow a person to plan for future incapacity by 4 5 executing a document; encouraging health care 6 professionals to rapidly increase their 7 understanding of end-of-life and palliative health care; requiring a statewide, culturally 8 sensitive educational campaign on end-of-life 9 10 care for the general public; amending s. 11 765.203, F.S.; revising the suggested form for designating a health care surrogate to include 12 13 reference to anatomical-gift declarations; amending s. 765.204, F.S.; providing a 14 procedure for determining a principal's 15 capacity; revising provisions; providing 16 17 cross-references; amending s. 765.205, F.S.; providing responsibilities of a health care 18 19 surrogate with respect to medical records of 20 the principal; amending s. 765.303, F.S.; revising the suggested form for a living will; 21 changing the prerequisite circumstances that 22 activate the terms of a living will; amending 23 24 s. 765.305, F.S.; providing a procedure for 25 withholding or withdrawing medical treatment in the absence of a living will; changing the 26 27 prerequisite circumstances on which a health 28 care surrogate must rely before authorizing 29 withholding or withdrawing of medical treatment for another person; amending s. 765.306, F.S., 30 31 relating to determination of patient condition;

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changing the factors that must be evaluated for determining whether a living will may take 3 effect; deleting the requirement for a consulting physician to separately examine the patient; amending s. 765.401, F.S.; providing a proxy to make health care decisions on behalf of a patient; deleting the alternative requirements that a proxy act in accordance with a written declaration or that the patient 10 has certain specified medical conditions before 11 a proxy may consent to withholding or withdrawing life-prolonging procedures; 12 13 creating the End-of-Life Care Workgroup; providing membership of the workgroup; 14 requiring a report; providing an effective 15 date. 16 17 18 Be It Enacted by the Legislature of the State of Florida: 19 20 Section 1. Section 381.026, Florida Statutes, is 21 amended to read: 22 381.026 Florida Patient's Bill of Rights and 23 Responsibilities .--24 (1) SHORT TITLE. -- This section may be cited as the "Florida Patient's Bill of Rights and Responsibilities." 25 26 (2) DEFINITIONS. -- As used in this section and s. 27 381.0261, the term: 28 (a) "Department" means the Department of Health. 29 "Health care facility" means a facility licensed (b) 30 under chapter 395 or part II or part VI of chapter 400.

1 2 under chapter 458, an osteopathic physician licensed under 3 chapter 459, or a podiatric physician licensed under chapter 461. 4

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"Responsible provider" means a health care provider who is primarily responsible for patient care in a health care facility or provider's office.

"Health care provider" means a physician licensed

PURPOSE. -- It is the purpose of this section to promote the interests and well-being of the patients of health care providers and health care facilities and to promote better communication between the patient and the health care provider. It is the intent of the Legislature that health care providers understand their responsibility to give their patients a general understanding of the procedures to be performed on them and to provide information pertaining to their health care so that they may make decisions in an informed manner after considering the information relating to their condition, the available treatment alternatives, and substantial risks and hazards inherent in the treatments. It is the intent of the Legislature that patients have a general understanding of their responsibilities toward health care providers and health care facilities. It is the intent of the Legislature that the provision of such information to a patient eliminate potential misunderstandings between patients and health care providers. It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment. This section shall not be used for any purpose in any civil or

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administrative action and neither expands nor limits any rights or remedies provided under any other law.

- (4) RIGHTS OF PATIENTS.--Each health care facility or provider shall observe the following standards:
  - (a) Individual dignity. --
- The individual dignity of a patient must be respected at all times and upon all occasions.
- 2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.
- 3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services, including pain management or palliative care, to the patient. health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.
- A patient in a health care facility has the right to retain and use personal clothing or possessions as space 31 permits, unless for him or her to do so would infringe upon

 the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

## (b) Information.--

- 1. A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.
- 2. A patient in a health care facility has the right to know what patient support services are available in the facility.
- 3. A patient has the right to be given by his or her health care provider information concerning diagnosis; planned course of treatment, including pain management and palliative care; alternatives; risks; and prognosis, unless it is medically inadvisable or impossible to give this information to the patient, in which case the information must be given to the patient's guardian or a person designated as the patient's representative. A patient has the right to refuse this information.
- 4. A patient has the right to refuse any treatment, including pain management or palliative care, based on information required by this paragraph, except as otherwise provided by law. The responsible provider shall document any such refusal.
- 5. A patient in a health care facility has the right to know what facility rules and regulations apply to patient conduct.

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- 6. A patient has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.
- 7. A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.
  - (c) Financial information and disclosure. --
- 1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.
- 2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.
- 3. A health care provider or a health care facility shall, upon request, furnish a patient, prior to provision of medical services, a reasonable estimate of charges for such services. Such reasonable estimate shall not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

- 4. A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.
  - (d) Access to health care.--
- 1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- 2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.
- 3. A patient has the right to medical treatment for pain management.
- (e) Experimental research.--In addition to the provisions of s. 766.103, a patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.
- (f) Patient's knowledge of rights and responsibilities.--In receiving health care, patients have the right to know what their rights and responsibilities are.
- (5) RESPONSIBILITIES OF PATIENTS.--Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each

patient shall observe the responsibilities described in the following summary.

(6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care provider who treats a patient in an office, or any health care facility licensed under chapter 395 which that provides emergency services and care or outpatient services and care to a patient, any health care provider who or admits and treats a patient, or a facility or setting regulated under part II or part VI of chapter 400 shall adopt and make available to the patient, in writing, a statement of the rights and responsibilities of patients, including:

## SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

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A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis; planned course of treatment, including pain management and palliative care; alternatives; risks; and prognosis.

A patient has the right to refuse any treatment, including pain management or palliative care, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to 31 provide treatment.

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1 A patient has the right to know if medical treatment is 2 for purposes of experimental research and to give his or her 3 consent or refusal to participate in such experimental 4 research. 5

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action, including pain management or palliative care, and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled 31 as promptly as possible.

1 A patient is responsible for following health care 2 facility rules and regulations affecting patient care and 3 conduct. Section 2. Paragraph (1) of subsection (3) of section 4 5 395.1041, Florida Statutes, is amended to read: 6 395.1041 Access to emergency services and care.--7 (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF 8 FACILITY OR HEALTH CARE PERSONNEL. --9 (1) Hospital emergency services personnel may withhold 10 or withdraw cardiopulmonary resuscitation if presented with an 11 order not to resuscitate executed pursuant to s. 401.45. Facility staff and facilities shall not be subject to criminal 12 prosecution or civil liability, nor be considered to have 13 engaged in negligent or unprofessional conduct, for 14 15 withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order. 16 17 Section 3. Paragraph (a) of subsection (3) of section 401.45, Florida Statutes, is amended to read: 18 19 401.45 Denial of emergency treatment; civil 20 liability.--21 (3)(a) Resuscitation may be withheld or withdrawn from a patient by an emergency medical technician or paramedic if 22 evidence of an order not to resuscitate by the patient's 23 24 physician is presented to the emergency medical technician or 25 paramedic. An order not to resuscitate, to be valid, must be on the form adopted by rule of the department. The form must 26 27 be signed by the patient's physician and by the patient or, if 28 the patient is incapable of giving informed consent, the 29 patient's health care surrogate or proxy, as provided under 30 chapter 765; a court-appointed guardian, as provided under

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30 31 chapter 744; or a person acting pursuant to a durable power of attorney, as provided under chapter 709.

Section 4. Section 455.597, Florida Statutes, is amended to read:

455.597 Requirement for instruction on domestic violence.--

- (1)(a) The appropriate board shall require each person licensed or certified under chapter 458, chapter 459, chapter 464, chapter 466, chapter 467, chapter 490, or chapter 491 to complete a 1-hour continuing education course, approved by the board, on domestic violence, as defined in s. 741.28, as part of biennial relicensure or recertification. The course shall consist of information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.
- (b) Each such licensee or certificateholder shall submit confirmation of having completed such course, on a form provided by the board, when submitting fees for each biennial renewal.
- (c) The board may approve additional equivalent courses that may be used to satisfy the requirements of paragraph (a). Each licensing board that requires a licensee to complete an educational course pursuant to this subsection

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may include the hour required for completion of the course in the total hours of continuing education required by law for such profession unless the continuing education requirements for such profession consist of fewer than 30 hours biennially.

- (d) Any person holding two or more licenses subject to the provisions of this subsection shall be permitted to show proof of having taken one board-approved course on domestic violence, for purposes of relicensure or recertification for additional licenses.
- (e) Failure to comply with the requirements of this subsection shall constitute grounds for disciplinary action under each respective practice act and under s. 455.624(1)(k). In addition to discipline by the board, the licensee shall be required to complete such course.
- (2) The board shall also require, as a condition of granting a license under any chapter specified in paragraph (1)(a), that each applicant for initial licensure under the appropriate chapter complete an educational course acceptable to the board on domestic violence which is substantially equivalent to the course required in subsection (1). An applicant who has not taken such course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed 6 months to complete such requirement.
- (3) In lieu of completing a course as required in subsection (1), a licensee or certificeholder may complete a course in end-of-life care and palliative health care, if the licensee or certificateholder has completed an approved domestic violence course in the immediately preceding biennium.
- (4) (4) Each board may adopt rules to carry out the 31 provisions of this section.

1 (5) (4) Each board shall report to the President of the 2 3 4 5

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Senate, the Speaker of the House of Representatives, and the chairs of the appropriate substantive committees of the Legislature by March 1 of each year as to the implementation of and compliance with the requirements of this section.

Section 5. Section 765.102, Florida Statutes, is amended to read:

765.102 Legislative findings and intent.--

- (1) The Legislature finds that every competent adult has the fundamental right of self-determination regarding decisions pertaining to his or her own health, including the right to choose or refuse medical treatment. This right is subject to certain interests of society, such as the protection of human life and the preservation of ethical standards in the medical profession.
- (2) To ensure that such right is not lost or diminished by virtue of later physical or mental incapacity, the Legislature intends that a procedure be established to allow a person to plan for incapacity by executing a document or designating another person to direct the course of his or her medical treatment upon his or her incapacity. Such procedure should be less expensive and less restrictive than guardianship and permit a previously incapacitated person to exercise his or her full right to make health care decisions as soon as the capacity to make such decisions has been regained.
- (3) The Legislature recognizes that for some the administration of life-prolonging medical procedures may result in only a precarious and burdensome existence. In order to ensure that the rights and intentions of a person may be 31 respected even after he or she is no longer able to

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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 person should become incapacitated and unable to personally direct his or her medical care.

- (4) The Legislature recognizes the need for all health care professionals to rapidly increase their understanding of end-of-life and palliative health care. Therefore, the Legislature encourages the professional regulatory boards to adopt appropriate standards and guidelines regarding end-of-life care and pain management and encourages educational institutions established to train health care professionals and allied health professionals to implement curricula to train such professionals to provide end-of-life care, including pain management and palliative care.
- The Department of Elderly Affairs, the Agency for Health Care Administration, and the Department of Health shall jointly create a campaign on end-of-life care for purposes of educating the public. This campaign should include culturally sensitive programs to improve understanding of end-of-life care issues in minority communities.

Section 6. Section 765.203, Florida Statutes, is amended to read:

765.203 Suggested form of designation. -- A written designation of a health care surrogate executed pursuant to 31 this chapter may, but need not be, in the following form:

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2	DESIGNATION OF HEALTH CARE SURROGATE
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4	Name:(Last)(First)(Middle Initial)
5	In the event that I have been determined to be
6	incapacitated to provide informed consent for medical
7	treatment and surgical and diagnostic procedures, I wish to
8	designate as my surrogate for health care decisions:
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10	Name:
11	Address:
12	Zip Code:
13	Phone:
14	If my surrogate is unwilling or unable to perform his
15	or her duties, I wish to designate as my alternate surrogate:
16	Name:
17	Address:
18	Zip Code:
19	Phone:
20	I fully understand that this designation will permit my
21	designee to make health care decisions, except for anatomical
22	gifts, when I have executed an anatomical-gift declaration
23	pursuant to law, and to provide, withhold, or withdraw consent
24	on my behalf; to apply for public benefits to defray the cost
25	of health care; and to authorize my admission to or transfer
26	from a health care facility.
27	Additional instructions (optional):
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1	I further affirm that this designation is not being
2	made as a condition of treatment or admission to a health care
3	facility. I will notify and send a copy of this document to
4	the following persons other than my surrogate, so they may
5	know who my surrogate is.
6	Name:
7	Name:
8	
9	
10	Signed:
11	Date:
12	Witnesses: 1
13	2
14	Section 7. Subsection (2) of section 765.204, Florida
15	Statutes, is amended to read:
16	765.204 Capacity of principal; procedure
17	(2) If a principal's capacity to make health care
18	decisions for herself or himself or provide informed consent
19	is in question, the attending physician shall evaluate the
20	principal's capacity and, if the physician concludes that the
21	principal lacks capacity, enter that evaluation in the
22	principal's medical record. If the attending physician has a
23	question as to whether the principal lacks capacity, another
24	physician shall also evaluate the principal's capacity, and.
25	if the second physician agrees that the principal lacks the
26	capacity to make health care decisions or provide informed
27	consent, the health care facility shall enter both physician's
28	evaluations in the principal's medical clinical record.and,
29	If the principal has designated a health care surrogate, the
30	facility shall notify such surrogate in writing that her or
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 his authority under the instrument has commenced, as provided in s. 765.205 or chapter 709.

Section 8. Section 765.205, Florida Statutes, is amended to read:

765.205 Responsibility of the surrogate.--

- (1) The surrogate, in accordance with the principal's instructions, unless such authority has been expressly limited by the principal, shall:
- (a) Have authority to act for the principal and to make all health care decisions for the principal during the principal's incapacity, in accordance with the principal's instructions, unless such authority has been expressly limited by the principal.
- (b) Consult expeditiously with appropriate health care providers to provide informed consent, and make only health care decisions for the principal which he or she believes the principal would have made under the circumstances if the principal were capable of making such decisions.
- (c) Provide written consent using an appropriate form whenever consent is required, including a physician's order not to resuscitate.
- (d) Be provided access to the appropriate  $\underline{\text{medical}}$  clinical records of the principal.
- (e) Apply for public benefits, such as Medicare and Medicaid, for the principal and have access to information regarding the principal's income and assets and banking and financial records to the extent required to make application. A health care provider or facility may not, however, make such application a condition of continued care if the principal, if capable, would have refused to apply.

1	(2) The surrogate may authorize the release of
2	information and medical clinical records to appropriate
3	persons to ensure the continuity of the principal's health
4	care and may authorize the admission, discharge, or transfer
5	of the principal to or from a health care facility or other
6	facility or program licensed under chapter 400.
7	(3) If, after the appointment of a surrogate, a court
8	appoints a guardian, the surrogate shall continue to make
9	health care decisions for the principal, unless the court has
10	modified or revoked the authority of the surrogate pursuant to
11	s. 744.3115. The surrogate may be directed by the court to
12	report the principal's health care status to the guardian.
13	Section 9. Section 765.303, Florida Statutes, is
14	amended to read:
15	(Substantial rewording of section. See
16	s. 765.303, F.S., for present text.)
17	765.303 Suggested form of a living will
18	(1) A living will may, BUT NEED NOT, be in the
19	following form:
20	Living Will
21	Declaration made this day of,(year),
22	I, willfully and voluntarily make known my desire
23	that my dying not be artificially prolonged under the
24	circumstances set forth below.
25	
26	PROCEDURE FOR MY LIVING WILL
27	Before proceeding in accordance with my living will, it
28	<pre>must be determined that:</pre>
29	I do not have a reasonable medical probability of
30	recovering capacity, so that I could exercise my right to make
31	my own decisions;

1 I have a terminal condition, I have an end-stage condition, or I am in a persistent vegetative state; and 2 3 Any limitations or conditions expressed orally or in this written declaration have been carefully considered and 4 5 satisfied. 6 7 PROCEDURE TO DETERMINE CAPACITY OF PRINCIPAL TO MAKE HEALTH 8 CARE DECISIONS OR PROVIDE INFORMED CONSENT. -- If I am unable to make health care decisions for myself or if my ability to give 9 informed consent is in question, my attending physician shall 10 11 evaluate my capacity and, if the physician concludes that I lack capacity, enter that evaluation in my medical record. If 12 my attending physician has a question as to whether I lack 13 capacity, another physician shall also evaluate my capacity. 14 If the second physician agrees that I lack capacity to make 15 health care decisions, or to give informed consent, the health 16 17 care facility shall enter both physician's evaluations in my clinical record and, if I have designated a health care 18 19 surrogate, the facility shall notify such surrogate in writing that my surrogate's authority under this instrument has 20 21 commenced. 22 PROCEDURE FOR DETERMINATION OF CONDITION. -- In determining 23 24 whether I have a terminal condition, I have an end-stage 25 condition, I am in a persistent vegetative state, or whether I have a medical condition or limitation referred to in this 26 27 advance directive, my attending or treating physician and at least one other consulting physician must separately examine 28 29 me. The findings of each such examination must be documented 30 in my medical record and signed by each examining physician 31 before life-prolonging procedures my be withheld or withdrawn.

1 2 DECLARATION DIRECTING THAT LIFE-PROLONGING PROCEDURES BE 3 WITHHELD OR WITHDRAWN. -- I direct that life-prolonging 4 procedures be withheld or withdrawn when the application of 5 such procedures would serve only to prolong artificially the 6 process of dying, and that I be permitted to die naturally 7 with only the administration of medication or the performance 8 of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. 9 10 11 INTENT OF DECLARATION. -- It is my intention that this declaration be honored by my family and physician as the final 12 expression of my legal right to refuse medical or surgical 13 treatment and to accept the consequences for such refusal. 14 This advance directive instrument shall travel with me as part 15 of my medical record. 16 17 PROCEDURES FOR REFUSAL TO COMPLY WITH ADVANCE DIRECTIVE. -- I 18 19 recognize the conditional right under section 765.1105, Florida Statutes, of my health care provider or facility to 20 refuse to comply with this directive if based on any act which 21 is contrary to the provider's or facility's moral or ethical 22 beliefs and if I am: 23 24 1. Not in an emergency condition, and 25 2. If I or my authorized representative has received 26 written information upon admission informing me or my 27 authorized representative of the policies of the health care provider or facility regarding such moral or ethical beliefs. 28 29 30 If a health care provider or facility meets the requirements

of section 765.1105, Florida Statutes, and is unwilling to

carry out my wishes or a treatment decision of my surrogate because of moral or ethical beliefs, the health care provider 2 3 or facility must within 7 days either: 1. Transfer me to another health care provider or 4 5 facility and shall pay for such transport, as required under 6 section 765.1105(2)(a), Florida Statutes, or 7 If I have not been transferred after 6 days after 8 refusing to comply with my advance directive, carry out my 9 wishes. 10 11 RIGHT TO REFUSE TO EXECUTE A NEW, A FACILITY'S, OR A HEALTH CARE PROVIDER'S ADVANCE DIRECTIVE FORM. -- Pursuant to section 12 765.110, Florida Statutes, a health care provider or health 13 14 care facility may not require me to execute an advance directive using the facility's or provider's forms. 15 16 17 DESIGNATION OF MY HEALTH CARE SURROGATE. -- In the event that I have been determined to be unable to provide express and 18 19 informed consent regarding the withholding, withdrawal, or 20 continuation of life-prolonging procedures, I wish to 21 designate, as my surrogate to carry out the provisions of this 22 declaration: 23 24 25 Address:..... 26 .....Zip Code:..... 27 28 29 I understand the full import of this declaration, and I am 30 emotionally and mentally competent to make this declaration. Additional Instructions (optional): 31

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4	(Signed)
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6	Two subscribing witnesses, one of whom is neither a spouse or
7	a blood relative of the principal, must sign this document and
8	provide the information indicated.
9	Witness
10	<u>Address</u>
11	<u>Phone</u>
12	Witness
13	<u>Address</u>
14	<u>Phone</u>
15	
16	(2) The principal's failure to designate a surrogate
17	does not invalidate the living will.
18	Section 10. Subsection (2) of section 765.305, Florida
19	Statutes, is amended to read:
20	765.305 Procedure in absence of a living will
21	(2) Before exercising the incompetent patient's right
22	to forego treatment, the surrogate must be satisfied that:
23	(a) The patient does not have a reasonable medical
24	probability of recovering capacity so that the right could be
25	exercised by the patient.
26	(b) The patient is <del>both</del> mentally <u>or</u> <del>and</del> physically
27	incapacitated with no reasonable medical probability of
28	recovery, the patient has an end-stage condition, the patient
29	is in a persistent vegetative state, or the patient's physical
30	condition is terminal.
31	

 Section 11. Section 765.306, Florida Statutes, is amended to read:

765.306 Determination of patient condition.--In determining whether the patient has a terminal condition, has an end-stage condition, or is in a persistent vegetative state or may recover mental or 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 documented in the patient's medical record and signed by the each examining physician before life-prolonging procedures may be withheld or withdrawn.

Section 12. 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, if challenged, must either:
  - (a) Be supported by a written declaration; or
- (b) If there is no written declaration, the patient must have a terminal condition, have an end-stage condition, or be 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 13. End-of-Life Care Workgroup.--

1 (1) There is created within the Department of Elderly 2 Affairs the End-of-Life Care Workgroup. The workgroup shall: 3 (a) Examine reimbursement methodologies for 4 end-of-life care; 5 Identify end-of-life care standards that will 6 enable all health care providers along the health-care 7 continuum to participate in an excellent system of delivering 8 end-of-life care; and 9 (c) Develop recommendations for incentives for 10 appropriate end-of-life care. 11 (2) The workgroup is composed of the Secretary of Elderly Affairs or his or her designee; the Secretary of 12 Health or his or her designee; the Director of Health Care 13 Administration or his or her designee; a member of the Senate, 14 appointed by the President of the Senate; a member of the 15 House of Representatives, appointed by the Speaker of the 16 17 House of Representatives; and one representative from each of the following organizations: the Florida Medical Association, 18 19 the Florida Osteopathic Medical Association, the Florida Chiropractic Association, the Florida Podiatric Medical 20 21 Association, the Florida Acupuncture Association, the Florida Nurses Association, the Florida Optometric Association, the 22 Florida Pharmacy Association, the Florida Dental Association, 23 24 the Florida Association of Nursing Home Administrators, the Florida Association of Occupational Therapy, the Florida 25 Association of Respiratory Therapy, the Florida Dietetic 26 27 Association, the Florida Hospital Association, Florida Hospices and Palliative Care, Inc., the Florida Health Care 28 29 Association, and the Florida Association of Health Maintenance 30 Organizations.

1	(3) The workgroup shall exist for 1 year and shall
2	meet as often as necessary to carry out its duties and
3	responsibilities. Within existing resources, the Department of
4	Elderly Affairs shall provide support services to the
5	workgroup. Workgroup members shall serve without compensation.
6	(4) The workgroup shall submit a report of its
7	findings and recommendations to the Governor, the President of
8	the Senate, and the Speaker of the House of Representatives by
9	<u>December 31, 2000.</u>
10	(5) This section expires May 1, 2001.
11	Section 14. This act shall take effect upon becoming a
12	law.
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15	SENATE SUMMARY
16	Revises the Florida Patient's Bill of Rights and Responsibilities to include pain management and
17	palliative care within those medical services for which a
18	patient has a right to request or refuse as treatment. Revises the requirements for license renewal for certain health care professionals to provide that courses in
19	end-of-life care and palliative care may fulfill certain requirements for continuing education. Revises
20	requirements for designating a health care surrogate.
21	Revises the suggested form of a living will. Revises the procedures for determining a patient's condition for purposes of withholding life-prolonging procedures.
22	Creates the End-of-Life Care Workgroup. Requires that the workgroup study end-of-life care and make recommendations
23	to the Governor and Legislature. (See bill for details.)
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