By the Council for Healthy Communities and Representatives Mealor and Kravitz

A bill to be entitled 1 An act relating to health care; amending s. 2 3 456.031, F.S.; providing an alternative by which licensees may comply with a general 4 requirement that they take domestic violence 5 education courses; amending s. 456.033, F.S.; 6 7 providing an alternative by which licensees may 8 comply with a general requirement that they 9 take AIDS/HIV education courses; amending ss. 458.319, 459.008, and 765.102, F.S.; conforming 10 terminology relating to palliative care; 11 amending s. 765.101, F.S.; redefining the term 12 13 "end-stage condition" with respect to health 14 care advance directives; creating s. 765.1025, F.S.; prescribing the content and suitability 15 of palliative care; amending s. 765.1103, F.S.; 16 requiring specified health care providers, 17 health care practitioners, and health care 18 19 facilities to comply with patient requests for 20 pain management and palliative care; amending s. 765.205, F.S.; prescribing the standards of 21 2.2 decisionmaking to be used in certain 23 circumstances by health care surrogates, 24 persons who have durable powers of attorney for 25 health care, and proxy decisionmakers; amending s. 765.401, F.S.; prescribing the standards of 26 27 decisionmaking to be used in certain circumstances by proxy decisionmakers; 28 29 providing an effective date. 30 Be It Enacted by the Legislature of the State of Florida: Section 1. Subsection (3) of section 456.031, Florida Statutes, is amended to read:

456.031 Requirement for instruction on domestic violence.--

- (3)(a) In lieu of completing a course as required in subsection (1), a licensee or certificateholder 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.
- (b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466, who has completed an approved domestic violence education course in the immediately preceding 2 years may complete a course approved by the Board of Dentistry.

Section 2. Subsection (9) of section 456.033, Florida Statutes, is amended to read:

- 456.033 Requirement for instruction for certain licensees on human immunodeficiency virus and acquired immune deficiency syndrome.--
- (9)(a) In lieu of completing a course as required in subsection (1), the licensee may complete a course in end-of-life care and palliative health care, so long as the licensee completed an approved AIDS/HIV course in the immediately preceding biennium.
- (b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466 who has completed an approved AIDS/HIV course in the immediately preceding 2 years may complete a course approved by the Board of Dentistry.

Section 3. Subsection (4) of section 458.319, Florida Statutes, is amended to read:

458.319 Renewal of license.--

(4) Notwithstanding the provisions of s. 456.033, a physician may complete continuing education on end-of-life care and palliative health care in lieu of continuing education in AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in the immediately preceding biennium.

Section 4. Subsection (5) of section 459.008, Florida Statutes, is amended to read:

459.008 Renewal of licenses and certificates.--

(5) Notwithstanding the provisions of s. 456.033, an osteopathic physician may complete continuing education on end-of-life and palliative health care in lieu of continuing education in AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in the immediately preceding biennium.

Section 5. Subsection (4) of section 765.101, Florida Statutes, is amended to read:

765.101 Definitions.--As used in this chapter:

(4) "End-stage condition" means a condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which the patient or resident, or his or her authorized representative, would consider life-prolonging treatment to be more of a burden than a benefit, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

1 Section 6. Subsection (4) of section 765.102, Florida 2 Statutes, is amended to read: 3 765.102 Legislative findings and intent.--4 (4) The Legislature recognizes the need for all health 5 care professionals to rapidly increase their understanding of 6 end-of-life and palliative health care. Therefore, the 7 Legislature encourages the professional regulatory boards to 8 adopt appropriate standards and guidelines regarding 9 end-of-life care and pain management and encourages educational institutions established to train health care 10 professionals and allied health professionals to implement 11 curricula to train such professionals to provide end-of-life 12 13 care, including pain management and palliative care. 14 Section 7. Section 765.1025, Florida Statutes, is 15 created to read: 16 765.1025 Palliative care. -- For purposes of this 17 chapter: (1) Palliative care is the comprehensive management of 18 19 the physical, psychological, social, spiritual, and 20 existential needs of patients. Palliative care is especially suited to the care of persons who have incurable, progressive 21 22 illness. 23 (2) Palliative care must include: 24 (a) An opportunity to discuss and plan for end-of-life 25 care. 26 (b) Assurance that physical and mental suffering will 27 be carefully attended to. 28 (c) Assurance that preferences for withholding and

(d) Assurance that the personal goals of the dying

withdrawing life-sustaining interventions will be honored.

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person will be addressed.

- (e) Assurance that the dignity of the dying person will be a priority.
- $\underline{\mbox{(f)}}$ Assurance that health care providers will not abandon the dying person.
- (g) Assurance that the burden to family and others will be addressed.
- (h) Assurance that advance directives for care will be respected regardless of the location of care.
- (i) Assurance that organizational mechanisms are in place to evaluate the availability and quality of end-of-life and palliative care services, including the removal of administrative and regulatory barriers.
- (j) Assurance that necessary health care services will be provided and that relevant reimbursement policies are available.
- (k) Assurance that the goals expressed in paragraphs
 (a)-(j) will be accomplished in a culturally appropriate
 manner.
- Section 8. Subsection (2) of section 765.1103, Florida Statutes, is amended to read:
 - 765.1103 Pain management and palliative care.--
- under chapter 458, chapter 459, or chapter 464 must, as appropriate, comply with a request for pain management or palliative care from a patient under their care or, for an incapacitated patient under their care, from a surrogate, proxy, guardian, or other representative permitted to make health care decisions for the incapacitated patient.

 Facilities regulated under chapter 400 or chapter 395 must comply with the pain management or palliative care measures

31 ordered by the patient's physician. When the patient is

receiving care as an admitted patient of a facility or a provider or is a subscriber of a health care facility, health care provider, or health care practitioner regulated under chapter 395, chapter 400, chapter 458, chapter 459, chapter 464, or chapter 641, such facility, provider, or practitioner must, when appropriate, comply with a request for pain management or palliative care from a capacitated patient or an incapacitated patient's health care surrogate or proxy, court-appointed guardian as provided in chapter 744, or attorney in fact as provided in chapter 709. The court-appointed guardian or attorney in fact must have been delegated authority to make health care decisions on behalf of the patient.

Section 9. Paragraph (b) of subsection (1) of 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:
- (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. This substituted-judgment standard is the preferred standard of decisionmaking to be used by health care surrogates, persons who have durable powers of attorney for health care, and proxy decisionmakers. However, if there is no indication of what the principal would have chosen, the surrogate, the person who has the durable power of attorney for health care, or the proxy decisionmaker may use a best-interest standard in deciding

that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn.

Section 10. Subsections (2) and (3) of section 765.401, Florida Statutes, are amended to read:

765.401 The proxy.--

- (2) Any health care decision made under this part must be based on the proxy's informed consent and on the decision the proxy reasonably believes the patient would have made under the circumstances. This substituted-judgment standard is the preferred standard of decisionmaking to be used by a proxy. However, if there is no indication of what the patient would have chosen, the proxy may use a best-interest standard in deciding that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn.
- rights to select or decline health care, the proxy must comply with the provisions of ss. 765.205 and 765.305, except that a proxy's decision to withhold or withdraw life-prolonging procedures 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 or, if there is no indication of what the patient would have chosen, that the decision is in the patient's best interest.

Section 11. This act shall take effect July 1, 2001.