

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Judiciary

BILL: SB 1224

INTRODUCER: Senator Joyner

SUBJECT: Health Care Representatives

DATE: March 30, 2015

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Caldwell	Cibula	JU	Pre-meeting
2.	_____	_____	HP	_____
3.	_____	_____	RC	_____

I. Summary:

SB 1224 authorizes the appointment of a health care surrogate which is not conditioned upon the incapacity of the principal. It allows for the principal's health information to be shared with the surrogate prior to incapacity. The bill also allows the parents, legal custodian, or legal guardian of a minor to name a health care surrogate to act for a minor if the parents, legal custodian, or legal guardian cannot be timely contacted to make medical decisions for the minor.

II. Present Situation:

Part II of ch. 765, F.S., entitled "Health Care Surrogate," governs the designation of health care surrogates in Florida. A health care surrogate is a competent adult expressly designated by a principal to make health care decisions on behalf of the principal upon the principal's incapacity.¹ Section 765.203, F.S., provides a suggested form for the designation of a health care surrogate. If an adult fails to designate a surrogate or a designated surrogate is unwilling or unable to perform his or her duties, a health care facility may seek the appointment of a proxy² to serve as surrogate upon the incapacity of such person.³ A surrogate appointed by the principal or by proxy, may, subject to any limitations and instructions provided by the principal, take the following actions:⁴

¹ Section 765.101(16), F.S.

² "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, F.S., to make health care decisions for such individual. s. 765.101(15), F.S.

³ Sections 765.202(4) and 765.401, F.S.

⁴ Section 765.205, F.S.

- Make all health care decisions⁵ for the principal during the principal's incapacity;
- Consult expeditiously with appropriate health care providers to provide informed consent, including written consent where required, provided that such consent reflects the principal's wishes or the principal's best interests;
- Have access to the appropriate medical records of the principal;
- Apply for public benefits for the principal and have access to information regarding the principal's income, assets, and financial records to the extent required to make such application;
- Authorize the release of information and medical records to appropriate persons to ensure continuity of the principal's health care; and
- Authorize the admission, discharge, or transfer of the principal to or from a health care facility.⁶

The surrogate's authority to act commences upon a determination that the principle is incapacitated.⁷ A determination of incapacity is required to be made by an attending physician.⁸ If the physician's evaluation finds that the principal is incapacitated and the principal has designated a health care surrogate, a health care facility will notify such surrogate in writing that her or his authority under the instrument has commenced.⁹ The health care surrogate's authority continues until a determination that the principal has regained capacity. If a principal goes in and out of capacity, a redetermination of incapacity is necessary each time before a health care surrogate may make health care decisions.¹⁰

This process can hinder effective and timely assistance and is cumbersome. Further, some competent persons desire the assistance of a health care surrogate with the sometimes complex task of understanding health care treatments and procedures and with making health care decisions, but may not effectively empower such persons to act on their behalf due to the restriction that a health care surrogate act only for incapacitated persons.

Additionally, there is no statutory authority for a minor to designate a health care surrogate or for a health care facility to seek a proxy to serve as a health care surrogate for a minor when his or her parents, legal custodian, or legal guardian cannot be timely contacted by the health care provider.

⁵ "Health care decision" means: informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment, unless otherwise stated in the advance directives; 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; and the decision to make an anatomical gift pursuant to part V of ch. 765, F.S.

⁶ Section 765.205(1), F.S.

⁷ Section 765.204(3), F.S.

⁸ Section 765.204, F.S.

⁹ Section 765.204(2), F.S.

¹⁰ Section 765.204(3), F.S.

III. Effect of Proposed Changes:

Health Care Surrogate for an Adult

The bill creates s. 765.202(6), F.S., (**section 8**) to provide that an individual may elect to appoint a health care surrogate who may act while the individual is still competent to make healthcare decisions. To that end, the bill:

- Adds a legislative finding at s. 765.102(3), F.S., (**section 3**) that some adults want a health care surrogate to assist them with making medical decisions or accessing health information.
- Provides that statutory provisions for review of the decision of a health care surrogate at s. 765.105, F.S., (**section 5**) do not apply where the individual who appointed the health care surrogate is still competent.
- Amends s. 765.204, F.S., (**section 12**) the law regarding a finding of incapacity, to require a health care facility to notify the surrogate upon a finding of incapacity. The notification requirement also requires notice to the attorney in fact if the health care facility knows of a durable power of attorney.
- Amends s. 765.205, F.S., (**section 13**) the law regarding the responsibilities of a health care surrogate, to provide that, if a surrogate's authority or an attorney in fact's authority exists while the patient is still competent, the patient's wishes are controlling. A physician and a health care provider must, in this situation, clearly communicate to the patient about every decision made and who made it.
- Adds that an alternate may also act where the primary surrogate is not reasonably available. Current law such as s. 765.202(3), F.S., (**section 8**) provides that an alternate health care surrogate may act where the primary surrogate is unwilling or unable to act.

Section 765.203, F.S., (**section 9**) is amended to add a suggested form for the designation of a health care surrogate and delete the current form. The information on the form includes:

- The principal's name,
- A statement that the principal designates as his or her health care surrogate,
- The name, address, and phone number of the surrogate,
- A statement relating to the healthcare surrogate who is not willing, able, or reasonably available to perform his or her duties, and an opportunity to designate an alternate health care surrogate,
- Instructions and authorization for health care that includes some fill in the blank, some required initialing, and further specific instructions and restrictions.
- Acknowledgements as to understanding and authority delegated.
- Signature and date, printed name and address of the principal.
- Signature and date, printed name and address of two witnesses.

Health Care Surrogate for a Minor

In general, a minor does not have the legal right to consent to medical care or treatment. Instead, for non-emergency treatment, a parent or legal guardian must give consent. As to emergency treatment, if the parents, legal custodian or legal guardian of a minor cannot be timely contacted to give consent for medical treatment of a minor, s. 743.0645(2), F.S., sets forth a list of people

who have the power to consent on behalf of the minor. There is no general statutory authority for non-emergency medical treatment of a minor without consent of a parent or legal guardian.

It is common for parents and legal guardians to go on vacation and leave their children with a caregiver, and equally common for parents and legal guardians to allow a minor to travel and stay with relatives or friends for a period of time. Lawyers routinely draft a power of attorney authorizing caregivers to consent to medical treatment of the minor, despite there being no statutory authority for such document.

The bill creates s. 765.2035, F.S., (**section 10**) to create statutory authority for a parent or legal guardian to designate a health care surrogate who may consent to medical care for a minor. The designation must be in writing and signed by two witnesses. The designated surrogate may not be a witness.

Like a surrogate for an adult, an alternate surrogate may be appointed to act if the original surrogate is not willing, able, or reasonably available to act.

In addition to regular and emergency treatment, a health care surrogate for a minor is authorized to consent to mental health treatment unless the document specifically provides otherwise. The appointment of a health care surrogate for a minor remains in place until the termination date provided in the designation (if any), the minor reaches the age of majority, or the designation is revoked.

The bill also creates a sample form at s. 765.2038, F.S. (**section 11**).

The bill amends s. 743.0645, F.S., (**section 1**) the statute on other persons who may consent to medical care or treatment of a minor, to conform to the changes made in the bill. The bill also amends that statute to recognize that a power of attorney regarding consent to authorize health care for a minor, executed between July 1, 2001, and September 30, 2015, (the day before the effective date of this bill) will be recognized as authority to consent to treatment. A designation of health care surrogate or a power of attorney is deemed to include authority to consent to surgery or anesthesia unless those procedures are specifically excluded.

Other

The bill amends ss. 765.101 and 765.202, F.S., (**sections 2 and 3**) to specify that a right to consent to treatment of an individual (adult or minor) also includes the right to obtain health information regarding that individual. Section 765.101, F.S., is also amended to define the term “health information” to be consistent with the Health Insurance Portability and Accountability Act (known as “HIPAA”). The terms “health care,” “health information,” “minor’s principal,” and “reasonably available” are also defined.

The term “surrogate” that is currently defined to mean “any competent adult expressly designated by a principal to make health care decisions” is amended to add “and receive health information. The principal may stipulate whether the authority of the surrogate to make health care decisions or to receive health information is exercisable immediately without the necessity for a determination of capacity or only upon the principal’s incapacity as provided in

s. 765.204.” The phrase “on behalf of the principal upon the principal’s incapacity” in the current definition is deleted.

The bill removes references to the term “attending physician” in favor of the term “treating physician” or simply “physician” in statutes related to advance directives, health care surrogates, pain management, palliative care, capacity, living wills, determination of patient condition, persistent vegetative state, and anatomical gifts. This change in terminology should have no practical effect.

Finally, technical and conforming changes are made throughout the bill.

The bill takes effect on October 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill does not appear to have any impact on the private sector.

C. Government Sector Impact:

The bill does not appear to have any impact on state or local government revenues or expenditures.

VI. Technical Deficiencies:

In the bill’s definition of the term “surrogate” is a statement of the delegated authority:

The principal may stipulate whether the authority of the surrogate to make health care decisions or to receive health information is exercisable immediately without the

necessity for a determination of capacity or only upon the principal's incapacity as provided in s. 765.204.

This authority does not contribute to clarifying who the surrogate is. It is substantive and would fit better in Part II, relating to the health care surrogate.¹¹

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 743.0645, 765.101, 765.102, 765.104, 765.105, 765.1103, 765.1105, 765.202, 765.203, 765.204, 765.205, 765.302, 765.303, 765.304, 765.306, 765.404, and 765.516.

This bill creates the following sections 765.2035 and 765.2038 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

¹¹ See Office of Bill Drafting Services, The Florida Senate, *Manual for Drafting Legislation*, p. 45 (6th ed. 2009).