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SENATE FILE 397  
BY LUNDBY

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

A BILL FOR

1 An Act providing for resuscitation status orders, and providing  
2 penalties.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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SF 397  
HUMAN RESOURCES

1 Section 1. NEW SECTION. 144D.1 SHORT TITLE.

2 This chapter may be cited as the "Resuscitation Status  
3 Orders Act".

4 Sec. 2. NEW SECTION. 144D.2 DEFINITIONS.

5 As used in this chapter, unless the context otherwise  
6 requires:

7 1. "Adult" means an individual eighteen years of age or  
8 older.

9 2. "Attending physician" means a physician selected by, or  
10 assigned to, a patient who has primary responsibility for the  
11 treatment and care of the patient.

12 3. "Attorney in fact" means an individual who is  
13 designated by a durable power of attorney for health care  
14 pursuant to chapter 144B to make health care decisions for a  
15 patient if the patient is unable, in the judgment of the  
16 attending physician, to make health care decisions.

17 4. "Department" means the Iowa department of public  
18 health.

19 5. "Durable power of attorney for health care" means a  
20 document authorizing an attorney in fact to make health care  
21 decisions for a patient if the patient is unable, in the  
22 judgment of the attending physician, to make health care  
23 decisions.

24 6. "Emergency medical care provider" or "EMS provider"  
25 means an individual trained to provide emergency and  
26 nonemergency medical care at the first-responder, EMT-basic,  
27 EMT-intermediate, or EMT-paramedic level, or other  
28 certification levels adopted by rule by the department, who  
29 has been issued a certificate by the department.

30 7. "Emergency medical services" or "EMS" means an  
31 integrated medical care delivery system to provide emergency  
32 and nonemergency medical care at the scene or during out-of-  
33 hospital patient transportation in an ambulance.

34 8. "Health care facility" means health care facility as  
35 defined in section 135C.1.

1 9. "Health care provider" means a person who is licensed,  
2 certified, or otherwise authorized or permitted by the law of  
3 this state to administer health care in the ordinary course of  
4 business or in the practice of a profession. "Health care  
5 provider" includes an EMS provider who provides emergency  
6 medical services.

7 10. "Hospice program" means hospice program as defined in  
8 section 135J.1.

9 11. "Life-sustaining intervention" means any medical  
10 procedure, treatment, or intervention which utilizes  
11 mechanical or artificial means to sustain, restore, or  
12 supplant a spontaneous vital function, including but not  
13 limited to, chest compressions, defibrillation, endotracheal  
14 intubation, emergency drugs intended to stimulate cardiac  
15 function or to otherwise sustain life, and other interventions  
16 defined by rule of the department.

17 12. "Permanent unconsciousness" means a medical condition  
18 characterized by loss of consciousness that has been diagnosed  
19 in accordance with currently accepted medical standards and  
20 from which, to a reasonable degree of medical certainty, there  
21 can be no recovery.

22 13. "Physician" means a person licensed to practice  
23 medicine and surgery, osteopathy, or osteopathic medicine and  
24 surgery in this state.

25 14. "Resuscitation status order" means a physician's  
26 written order issued with the consent of the patient or the  
27 patient's authorized representative and consistent with this  
28 chapter that directs the withholding or withdrawal of life-  
29 sustaining interventions when the patient is in a health care  
30 facility, hospice program, at home, or is otherwise outside a  
31 hospital. Resuscitation status orders include affirmative  
32 obligations to provide appropriate comfort care and pain  
33 relief.

34 15. "Terminal condition" means an incurable or  
35 irreversible condition that, without the administration of

1 life-sustaining intervention will, in the opinion of the  
2 attending physician, result in death within a relatively short  
3 period of time.

4 Sec. 3. NEW SECTION. 144D.3 RESUSCITATION STATUS ORDERS  
5 -- SCOPE AND LIMITATION.

6 1. An attending physician may issue a resuscitation status  
7 order under this chapter for an adult patient who is in a  
8 terminal condition or a state of permanent unconsciousness.

9 2. A resuscitation status order may direct that life-  
10 sustaining interventions shall be withheld or withdrawn.

11 3. A resuscitation status order shall not be interpreted  
12 to limit or pertain to professional obligations to provide  
13 comfort care and pain relief. Health care providers shall  
14 continue to provide appropriate comfort care and pain relief  
15 to a patient under a resuscitation status order.

16 4. A resuscitation status order shall be valid  
17 indefinitely from the date of issuance, unless the order  
18 includes an expiration date or has been revoked.

19 5. A health care provider may honor a resuscitation status  
20 order for a person in need of emergency medical services due  
21 to a sudden accident or injury resulting from a motor vehicle  
22 collision, fire, mass casualty, or other cause of sudden  
23 accident or injury which is outside the scope of the patient's  
24 usual care and treatment.

25 Sec. 4. NEW SECTION. 144D.4 RESUSCITATION STATUS ORDERS  
26 -- AUTHORIZATION.

27 1. A resuscitation status order may be issued with the  
28 consent of a competent, adult patient.

29 2. A resuscitation status order may be issued for a  
30 patient who is comatose, incompetent, or otherwise incapable  
31 of making the patient's own health care decisions with the  
32 consent of any of the following individuals, in the following  
33 order of priority, if no individual in a prior class is  
34 reasonably available, willing, and competent to act:

35 a. The attorney in fact designated to make treatment

1 decisions for the patient pursuant to a durable power of  
2 attorney for health care.

3 b. The guardian of the patient, if a guardian has been  
4 appointed.

5 c. The patient's spouse.

6 d. An adult child of the patient, or, if the patient has  
7 more than one adult child, a majority of the adult children  
8 who are reasonably available.

9 e. A parent of the patient, or the parents of the patient  
10 if both are reasonably available.

11 f. An adult sibling of the patient.

12 3. An individual authorized to consent on the patient's  
13 behalf shall be guided by the express or implied intentions of  
14 the patient, including, but not limited to, the patient's  
15 advance directive, if any, and the patient's previously  
16 expressed statements and values.

17 4. This chapter does not authorize a resuscitation status  
18 order without the consent of the patient or an individual  
19 authorized to act on the patient's behalf. However, this  
20 chapter shall not be interpreted to restrict the existing  
21 ability of a physician to exercise independent medical  
22 judgment and issue medical orders for the patient.

23 5. This chapter shall not be interpreted to limit or  
24 pertain to a health care provider's rights and duties under  
25 circumstances not governed by this chapter.

26 6. Resuscitation status orders are valid only if signed by  
27 a physician in accordance with the requirements of this  
28 chapter, and shall be based upon communication between the  
29 attending physician and the patient, if capable, or an  
30 individual authorized to act on the patient's behalf.

31 Sec. 5. NEW SECTION. 144D.5 RESUSCITATION STATUS ORDERS  
32 -- IMPLEMENTATION.

33 1. The department, in collaboration with the Iowa medical  
34 society and other interested parties, shall prescribe uniform  
35 resuscitation status order forms. The uniform forms shall be

1 used statewide.

2 2. The resuscitation status order form shall include the  
3 name of the patient, the name of the individual authorized to  
4 act on the patient's behalf, if applicable, the physician's  
5 signature, the date signed, a clear statement of the nature  
6 and scope of the order, and other information as necessary to  
7 provide clear and reliable instructions to health care  
8 providers and families.

9 3. The attending physician shall document the patient's  
10 resuscitation status order, include a copy of the order in the  
11 patient's medical record, and provide a copy of the order to  
12 the patient or an individual authorized to act on the  
13 patient's behalf.

14 4. If uncertainty regarding the validity of a  
15 resuscitation status order exists, a health care provider  
16 shall provide necessary and appropriate life-sustaining  
17 intervention.

18 5. The personal wishes of family members or other  
19 individuals not authorized pursuant to section 144D.4 to act  
20 on the patient's behalf shall not supersede the patient's  
21 wishes as expressed in a valid resuscitation status order.

22 6. When following a patient's resuscitation status order,  
23 a health care provider shall continue to provide appropriate  
24 comfort care and pain relief.

25 7. Health care providers shall document compliance or  
26 noncompliance with a resuscitation status order, and the  
27 reasons for not complying with an order, including evidence  
28 that the order has been revoked.

29 Sec. 6. NEW SECTION. 144D.6 PATIENT IDENTIFIERS.

30 The department, in collaboration with the Iowa medical  
31 society and other interested parties, shall prescribe uniform  
32 identifiers and a mechanism for timely verification. The  
33 uniform identifiers and mechanism for timely verification  
34 shall be used statewide.

35 Sec. 7. NEW SECTION. 144D.7 REVOCATION.

1 1. A patient may revoke a resuscitation status order by  
2 any means that evidences an intent to revoke the order,  
3 regardless of the patient's mental or physical condition.

4 2. The attorney in fact or an individual authorized by  
5 this chapter to act on the patient's behalf, who consents to a  
6 resuscitation status order for a patient who is comatose,  
7 incompetent, or otherwise incapable of making the patient's  
8 own health care decisions, may revoke a resuscitation status  
9 order by any means that evidences an intent to revoke the  
10 order.

11 3. A revocation is only effective as to a health care  
12 provider upon actual communication of the revocation to that  
13 health care provider. To be effective, a revocation must be  
14 communicated to the health care provider by the patient, an  
15 individual authorized by this chapter to revoke a  
16 resuscitation status order, or by another individual to whom  
17 the revocation has been communicated by the patient or an  
18 individual authorized by this chapter to revoke the order.

19 Sec. 8. NEW SECTION. 144D.8 IMMUNITIES.

20 1. A health care provider acting pursuant to a valid  
21 resuscitation status order is presumed to be acting in good  
22 faith and in the best interest of the patient, absent clear  
23 and convincing evidence to the contrary.

24 2. A health care provider who acts in good faith to comply  
25 with this chapter is immune from civil and criminal liability  
26 and from professional disciplinary action for those acts of  
27 compliance.

28 3. An individual authorized by this chapter to consent to  
29 or revoke a resuscitation status order for a patient who is  
30 comatose, incompetent, or otherwise incapable of making the  
31 patient's own health care decisions, who acts in good faith to  
32 honor the patient's wishes in compliance with this chapter, is  
33 immune from civil and criminal liability for those acts of  
34 compliance.

35 Sec. 9. NEW SECTION. 144D.9 ORDERS FROM OTHER STATES.

1 A health care provider may honor a resuscitation status  
2 order or out-of-hospital do-not-resuscitate order executed in  
3 another state or jurisdiction in compliance with the law of  
4 that state or jurisdiction, to the extent that the order is  
5 consistent with the laws of this state.

6 Sec. 10. NEW SECTION. 144D.10 RULES AND IMPLEMENTATION.

7 1. The department, in cooperation with the department of  
8 inspections and appeals, shall adopt rules pursuant to chapter  
9 17A to administer this chapter.

10 2. The rules adopted may direct health care facilities to  
11 adopt policies as necessary to honor a patient's resuscitation  
12 status order, including a policy that a health care provider  
13 is not required to call an EMS provider or to transfer the  
14 patient to a hospital when contrary to the wishes of the  
15 patient or an individual authorized to act on the patient's  
16 behalf.

17 3. The department, in cooperation with the department of  
18 inspections and appeals, shall monitor and evaluate the  
19 implementation and effectiveness of this chapter. The  
20 department shall submit a report regarding the evaluation,  
21 including any recommendations for changes, to the general  
22 assembly no later than July 1, 2006.

23 Sec. 11. NEW SECTION. 144D.11 PENALTIES.

24 1. A person who willfully conceals, withholds, cancels,  
25 destroys, alters, defaces, or obliterates a resuscitation  
26 status order without the patient's consent, or who falsifies  
27 or forges a revocation of an order for resuscitation status of  
28 another, is guilty of a serious misdemeanor.

29 2. A person who falsifies or forges a resuscitation status  
30 order, or willfully conceals or withholds personal knowledge  
31 of or delivery of a revocation with the intent to cause  
32 withholding or withdrawal of life-sustaining interventions, is  
33 guilty of a serious misdemeanor.

34 Sec. 12. NEW SECTION. 144D.12 GENERAL PROVISIONS.

35 1. A death resulting from the withholding or withdrawal of

1 life-sustaining interventions pursuant to a resuscitation  
2 status order and in accordance with this chapter, does not,  
3 for any purpose, constitute a suicide or homicide.

4 2. A resuscitation status order shall not affect in any  
5 manner the sale, procurement, or issuance of any policy of  
6 health or life insurance, and shall not be deemed to modify  
7 the terms of an existing policy of health or life insurance.  
8 A policy of health or life insurance is not legally impaired  
9 or invalidated in any manner by the withholding or withdrawal  
10 of life-sustaining interventions pursuant to a resuscitation  
11 status order and this chapter, notwithstanding any terms of  
12 the policy to the contrary.

13 3. A physician, health care provider, hospital, health  
14 care service plan, insurer issuing disability insurance, self-  
15 insured employee welfare benefit plan, or nonprofit hospital  
16 plan, or any other entity subject to the insurance laws of the  
17 state providing a plan of health insurance, federal benefits,  
18 or health services shall not require any person to execute or  
19 consent to a resuscitation status order as a condition of  
20 being insured for, or receiving health care insurance benefits  
21 services.

22 4. This chapter does not create a presumption concerning  
23 the intention of a patient who does not have a resuscitation  
24 status order, and does not create any presumption concerning  
25 resuscitation status orders in a hospital.

26 5. This chapter shall not be interpreted to affect the  
27 right of a competent patient or an individual authorized to  
28 make decisions on a patient's behalf to make decisions  
29 regarding use of life-sustaining interventions, or to impair  
30 or supersede any right or responsibility that any person has  
31 to effect the withholding or withdrawal of medical care in any  
32 lawful manner. In that respect, the provisions of this  
33 chapter are cumulative.

34 6. This chapter shall not be construed to condone,  
35 authorize, or approve mercy killing or euthanasia, or to

1 permit any affirmative or deliberate act or omission to end  
2 life other than to permit the natural process of dying.

3 Sec. 13. APPLICATION TO EXISTING ORDERS. A resuscitation  
4 status order, an out-of-hospital do-not-resuscitate order, or  
5 a similar order executed prior to July 1, 2001, is valid and  
6 shall be honored in accordance with the then-applicable  
7 provisions of law.

8 EXPLANATION

9 This bill establishes Code chapter 144D, the "Resuscitation  
10 Status Orders Act". The bill provides definitions including  
11 the definition of a "resuscitation status order" which is a  
12 physician's written order issued with the consent of the  
13 patient or the patient's authorized representative that  
14 directs the withholding or withdrawal of life-sustaining  
15 interventions when the patient is outside a hospital.

16 The bill establishes the scope and limitations of a  
17 resuscitation status order, specifies who may consent to the  
18 establishment of an order, directs the Iowa department of  
19 public health to prescribe the form of the order, the  
20 information to be included in an order, uniform identifiers,  
21 and a mechanism for timely verification of an order, and to  
22 adopt rules necessary to implement the chapter.

23 The bill specifies provisions for revocation of a  
24 resuscitation status order, provides immunity for persons  
25 acting in good faith compliance with the chapter, provides for  
26 the honoring of an order executed in another state, provides  
27 penalties for violations of the chapter, and provides general  
28 provisions relating to the orders.

29 The bill also provides that existing resuscitation status  
30 orders or similar orders existing prior to July 1, 2001, are  
31 valid and are to be honored in accordance with the laws that  
32 were applicable at that time.

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