

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Health; health care decisions; hospice care; DNR; COLST

4 Statement of purpose of bill as introduced: This bill proposes to allow a  
5 patient's family member or person with a known close relationship to a patient  
6 to consent to admission to hospice care on behalf of a patient with no available  
7 agent or guardian. It would repeal provisions allowing persons other than a  
8 patient, agent, or guardian to provide informed consent for a DNR/COLST  
9 order and directing the Department of Health to adopt related criteria by rule.

10 An act relating to consent for admission to hospice care and for  
11 DNR/COLST orders

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 Sec. 1. 18 V.S.A. § 9710 is added to read:

14 § 9710. CONSENT FOR HOSPICE CARE

15 (a) A family member of a patient or a person with a known close  
16 relationship to the patient may provide informed consent for the patient's  
17 admission to hospice care if the patient does not have an agent or guardian or  
18 the patient's agent or guardian, or both, if applicable, is unavailable. Decisions  
19 made by the family member or person with a known close relationship shall

1 protect the patient’s own wishes in the same manner as decisions made by an  
2 agent as described in subsection 9711(d) of this title.

3 (b) As used in this section, “hospice care” means a program of care and  
4 support provided by a Medicare-certified hospice provider to help an  
5 individual with a terminal condition to live comfortably by providing palliative  
6 care, including effective pain and symptom management. Hospice care may  
7 include services provided by an interdisciplinary team that are intended to  
8 address the physical, emotional, psychosocial, and spiritual needs of the  
9 individual and his or her family.

10 Sec. 2. 18 V.S.A. § 9708 is amended to read:

11 § 9708. ~~AUTHORITY AND OBLIGATIONS OF HEALTH CARE~~  
12 ~~PROVIDERS, HEALTH CARE FACILITIES, AND RESIDENTIAL~~  
13 ~~CARE FACILITIES REGARDING DO-NOT-RESUSCITATE~~  
14 ~~ORDERS AND CLINICIAN ORDERS FOR LIFE SUSTAINING~~  
15 ~~TREATMENT~~

16 \* \* \*

17 (d) A DNR order must:

18 (1) be signed by the patient's clinician;

19 (2) certify that the clinician has consulted, or made an effort to consult,  
20 with the patient, and the patient's agent or guardian, if there is an appointed  
21 agent or guardian;

1 (3) include either:

2 (A) the name of the patient, agent, or guardian, ~~or other individual~~  
3 giving informed consent for the DNR and the individual's relationship to the  
4 patient; or

5 (B) certification that the patient's clinician and one other named  
6 clinician have determined that resuscitation would not prevent the imminent  
7 death of the patient, should the patient experience cardiopulmonary arrest; and

8 (4) if the patient is in a health care facility or a residential care facility,  
9 certify that the requirements of the facility's DNR protocol required by section  
10 9709 of this title have been met.

11 (e) A COLST must:

12 (1) be signed by the patient's clinician; and

13 (2) include the name of the patient, agent, or guardian, ~~or other~~  
14 ~~individual~~ giving informed consent for the COLST and the individual's  
15 relationship to the patient.

16 (f) ~~The Department of Health shall adopt by rule no later than July 1, 2014,~~  
17 ~~criteria for individuals who are not the patient, agent, or guardian, but who are~~  
18 ~~giving informed consent for a DNR/COLST order. The rules shall include the~~  
19 ~~following:~~

