TO THE HONORABLE SENATE:
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2	The Committee on Health and Welfare to which was referred House Bill		
3	No. 874 entitled "An act relating to consent for admission to hospice care and		
4	for DNR/COLST orders" respectfully reports that it has considered the same		
5	and recommends that the Senate propose to the House that the bill be amended		
6	by striking out Secs. 2 and 3 in their entirety and inserting six new sections to		
7	be Secs. 2–7 to read:		
8	Sec. 2. 18 V.S.A. § 9708(f) is amended to read:		
9	(f) The Department of Health shall adopt by rule no later than on or before		
10	July 1, 2014 2016, criteria for individuals who are not the patient, agent, or		
11	guardian, but who are giving informed consent for a DNR/COLST order. The		
12	rules shall include the following:		
13	(1) other individuals permitted to give informed consent for a		
14	DNR/COLST order who shall be a family member of the patient or a person		
15	with a known close relationship to the patient; and		
16	(2) parameters for how decisions should be made, which shall include at		
17	a minimum the protection of a patient's own wishes in the same manner as in		
18	section 9711 of this title; and		
19	(3) access to a hospital's internal ethics protocols for use when there is a		

disagreement over the appropriate person to give informed consent.

1	Sec. 3. OFFICE OF THE PUBLIC GUARDIAN; IRREVOCABILITY	
2	PROVISIONS IN ADVANCE DIRECTIVES	
3	The Agency of Human Services shall consider the feasibility of a pilot	
4	project with the Office of the Public Guardian for representatives of that	
5	Office, including trained volunteers, to serve as agents under an advance	
6	directive for persons who wish to include in their advance directive a provision	
7	authorizing an agent to authorize or withhold care over the principal's	
8	objection pursuant to 18 V.S.A. § 9707(h) but who do not have anyone both	
9	suitable and willing to act as an agent.	
10	Sec. 4. 18 V.S.A. § 9703 is amended to read:	
11	§ 9703. FORM AND EXECUTION	
12	(a) An adult with capacity may execute an advance directive at any time.	
13	(b) The advance directive shall be dated, executed by the principal or by	
14	another individual in the principal's presence at the principal's express	
15	direction if the principal is physically unable to do so, and signed in the	
16	presence of two or more witnesses at least 18 years of age, who shall sign and	
17	affirm that the principal appeared to understand the nature of the document and	
18	to be free from duress or undue influence at the time the advance directive was	
19	signed. A Vermont resident may execute an advance directive in any	
20	jurisdiction in this State without impairing its effectiveness or enforceability	
21	under Vermont law.	

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(d) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a resident of a nursing home as defined in 33 V.S.A. § 7102 or a residential care facility unless an ombudsman, a recognized member of the clergy, an attorney licensed to practice in this state, State, a mental health patient representative as described in subdivision 7253(1)(J) of this title, the Mental Health Care Ombudsman established pursuant to section 7259 of this title or a paralegal working for the Ombudsman under the supervision of an attorney licensed to practice in this State, or a probate division Probate Division of the superior court Superior Court designee signs a statement affirming that he or she has explained the nature and effect of the advance directive to the principal. It is the intent of this subsection to ensure that residents of nursing homes and residential care facilities are willingly and voluntarily executing advance directives.

(e) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a patient in a hospital, unless an ombudsman, a recognized member of the clergy, an attorney licensed to practice in this state, State, a mental health patient representative as described in subdivision 7253(1)(J) of this title, the Mental Health Care Ombudsman established pursuant to section 7259 of this title or a paralegal working for the Ombudsman under the supervision of an attorney licensed to practice in this

- State, a probate division Probate Division of the superior court Superior Court
  designee, or an individual designated under subsection 9709(c) of this title by
  the hospital signs a statement that he or she has explained the nature and effect
  of the advance directive to the principal.
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- 6 Sec. 5. 18 V.S.A. § 9719 is amended to read:
- 7 § 9719. OBLIGATIONS OF STATE AGENCIES
- 8 (a)(1) No later than On or before March 1, 2012, and from time to time 9 thereafter, the commissioner Commissioner, in consultation with all 10 appropriate agencies and organizations, shall adopt rules pursuant to 3 V.S.A. 11 chapter 25 to effectuate the intent of this chapter. The rules shall cover at least 12 one optional form of an advance directive with an accompanying form 13 providing an explanation of choices and responsibilities, the Vermont 14 DNR/COLST form as outlined in subsection 9708(b) of this title, the use of 15 experimental treatments, a DNR identification, revocation of a DNR 16 identification, and consistent statewide emergency medical standards for 17 DNR/COLST orders and advance directives for patients and principals in all 18 settings. The commissioner Commissioner shall also provide, but without the 19 obligation to adopt a rule, optional forms for advance directives for individuals 20 with disabilities, limited English proficiency, and cognitive translation needs.

(2) On or before January 1, 2015, the Commissioner shall issue a		
comprehensive description of an individual's rights and responsibilities under		
Vermont law to make decisions concerning medical or surgical care, including		
the right to accept or refuse such care and to execute, register, amend, suspend,		
or revoke an advance directive pursuant to this chapter. The Commissioner		
shall update the description within 60 days following the effective date of a		
substantive change in the laws regarding advance directives. The		
Commissioner shall ensure that written materials offered by health care		
providers, health care facilities, and residential care facilities to adults		
receiving medical care incorporate or are consistent with the description and		
address all matters contained in the description. The written materials shall be		
amended within 90 days following the effective date of a substantive change in		
the advance directive laws.		
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Sec. 6. DESCRIPTION OF RIGHTS AND RESPONSIBILITIES		
In developing the comprehensive description of rights and responsibilities		
pursuant to 18 V.S.A. § 9719, as amended by this act, the Commissioner of		
Health shall consult with Disability Rights Vermont, the Long Term Care		
Ombudsman, Vermont Legal Aid, the Vermont Ethics Network, the Vermont		
Medical Society, the Vermont Association of Hospitals and Health Systems,		

and the Vermont Coalition for Disability Rights.

1	Sec. 7. EFFECTIVE DATE	
2	This act shall take effect on passage.	
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5	(Committee vote:)	
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7		Senator
8		FOR THE COMMITTEE