



# House of Representatives

General Assembly

**File No. 530**

January Session, 2013

Substitute House Bill No. 6521

*House of Representatives, April 16, 2013*

The Committee on Public Health reported through REP. JOHNSON of the 49th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (*Effective from passage*) (a) The Commissioner of Public  
2 Health may, within available appropriations, establish a pilot program  
3 in one or more geographic areas in the state to implement the use of  
4 medical orders for life-sustaining treatment by health care providers.  
5 For purposes of this section: (1) "Medical order for life-sustaining  
6 treatment" means a physician's written medical order to effectuate a  
7 patient's request for life-sustaining treatment; and (2) "health care  
8 provider" means any person, corporation, limited liability company,  
9 facility or institution operated, owned or licensed by this state to  
10 provide health care or professional services, or an officer, employee or  
11 agent thereof acting in the course and scope of his or her employment.
- 12 (b) The Commissioner of Public Health may establish an advisory  
13 group of health care providers to make recommendations concerning  
14 the pilot program described in this section. The members of such

15 advisory group may include one or more: (1) Physicians, (2) advanced  
16 practice registered nurses, (3) physician assistants, (4) emergency  
17 medical service providers, (5) patient advocates, (6) hospital  
18 representatives, or (7) long-term care facility representatives.

19 (c) Prior to commencement of a pilot program pursuant to this  
20 section, said commissioner may contact a representative of each health  
21 care institution, as defined in section 19a-490 of the general statutes, a  
22 representative of each emergency medical service organization, as  
23 defined in section 19a-175 of the general statutes, any physician  
24 licensed under chapter 370 of the general statutes, and any advanced  
25 practice registered nurse licensed under chapter 378 of the general  
26 statutes in the geographic area in which the commissioner intends to  
27 establish the pilot program to request such institution's, organization's,  
28 physician's or advanced practice registered nurse's participation in the  
29 pilot program. Participation by each institution, organization,  
30 physician and advanced practice registered nurse shall be voluntary.

31 (d) Patient participation in the pilot program shall be voluntary.  
32 Any such agreement to participate in the pilot program shall be made  
33 in writing, signed by the patient or the patient's legally-authorized  
34 representative. Such agreement shall be maintained by the health care  
35 institution, emergency medical services organization, physician or  
36 advanced practice registered nurse that presented such agreement to  
37 the patient and shall be made available to the commissioner upon  
38 request.

39 (e) After the termination of the pilot program, said commissioner  
40 may submit a report, in accordance with the provisions of section 11-4a  
41 of the general statutes, to the Governor and the joint standing  
42 committee of the General Assembly having cognizance of matters  
43 relating to public health concerning the pilot program.

44 (f) Said commissioner may implement policies and procedures  
45 necessary to implement the pilot program while in the process of  
46 adopting such policies and procedures in regulation form, provided  
47 the commissioner prints notice of the intent to adopt regulations in the

48 Connecticut Law Journal not later than thirty days after the date of  
 49 implementation of such policies and procedures. Policies implemented  
 50 pursuant to this section shall be valid until the time final regulations  
 51 are adopted or until the pilot program terminates, whichever occurs  
 52 earlier.

53 (g) Any pilot program established in accordance with this section  
 54 shall terminate not later than October 1, 2014.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In section 1(b)(3), the phrase "physicians assistants" was changed to "physician assistants", for accuracy and statutory consistency, and in section 1(c), the phrase "licensed in accordance with section 19a-490" was changed to "as defined in section 19a-490" for accuracy.

**PH**            *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

There is no fiscal impact to the Department of Public Health (DPH) under the bill as DPH is allowed, but not required, to establish a pilot program within available appropriations in one or more geographic areas in order to implement the use of medical orders for life-sustaining treatment by health care providers. It is anticipated that DPH will not choose to establish this pilot program. Similarly, DPH is allowed, but not required, to establish an advisory group of health care providers to make recommendations concerning this pilot program that would, were it established, terminate no later than 10/1/14. It is anticipated that DPH will not choose to establish an advisory group. As details of the pilot program are unclear, it is uncertain what the fiscal impact to DPH would be in FY 14 and in the first quarter of FY 15 if DPH were to implement this program.

**The Out Years****State Impact:** None**Municipal Impact:** None

**OLR Bill Analysis**

**HB 6521**

**AN ACT CONCERNING MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT.**

**SUMMARY:**

The Office of Legislative Research does not analyze Special Acts.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 27    Nay 0    (04/02/2013)