



House of Representatives

General Assembly

File No. 231

February Session, 2018

Substitute House Bill No. 5159

House of Representatives, April 5, 2018

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING OVERSIGHT OF EMERGENCY MEDICAL CARE AND END-OF-LIFE PLANNING.

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

1 Section 1. Subsection (g) of section 17a-238 of the 2018 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective October 1, 2018*):

4 (g) The commissioner's oversight and monitoring of the medical
5 care of persons placed or treated under the direction of the
6 commissioner does not include the authority to make treatment
7 decisions, except in limited circumstances in accordance with statutory
8 procedures. In the exercise of such oversight and monitoring
9 responsibilities, the commissioner shall not impede or seek to impede a
10 properly executed medical order to withhold cardiopulmonary
11 resuscitation. For purposes of this subsection, "properly executed
12 medical order to withhold cardiopulmonary resuscitation" (1) means

13 [(1)] (A) a written order by the attending physician or advanced
 14 practice registered nurse; [(2)] (B) in consultation and with the consent
 15 of the patient or a person authorized by law; [(3)] (C) when the
 16 attending physician or advanced practice registered nurse is of the
 17 opinion that the patient is in a terminal condition, as defined in section
 18 19a-570; [, which condition will result in death within days or weeks;]
 19 and [(4)] (D) when such physician or advanced practice registered
 20 nurse has requested and obtained a second opinion from a Connecticut
 21 licensed physician or advanced practice registered nurse in the
 22 appropriate specialty that confirms the patient's terminal condition;
 23 and (2) includes the entry of such an order when the attending
 24 physician or advanced practice registered nurse (A) is of the opinion
 25 that the patient is in the final stage of a terminal condition but cannot
 26 state that the patient may be expected to expire during the next several
 27 days or weeks, or [,] (B) in consultation with a physician qualified to
 28 make a neurological diagnosis, deems the patient to be permanently
 29 unconscious, provided the commissioner has reviewed the decision
 30 with the department's director of [community medical services] health
 31 and clinical services, or such director's designee, the [family and
 32 guardian] legal representative of the patient and others whom the
 33 commissioner deems appropriate, and determines that the order is a
 34 medically acceptable decision. The provisions of this subsection shall
 35 not apply to individuals with a legally valid advance directive.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2018	17a-238(g)

PH*Joint Favorable Subst.*

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.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill makes conforming changes to statutes concerning advanced practice registered nurses that do not result in a fiscal impact to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5159*****AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING OVERSIGHT OF EMERGENCY MEDICAL CARE AND END-OF-LIFE PLANNING.*****SUMMARY**

This bill allows an advanced practice registered nurse (APRN) to order, or provide a second opinion on, a properly executed medical order to withhold cardiopulmonary resuscitation ("CPR") for an individual with intellectual disability under Department of Developmental Services (DDS) supervision. Current law requires the signatures of only physicians: (1) the patient's attending physician and (2) a state-licensed physician in an appropriate specialty who confirms the patient's terminal condition (i.e., second opinion).

Under existing law, the DDS commissioner may not seek to impede such a properly executed order. As under current law, an order may be executed only if the patient is in a terminal condition and the patient or a legally authorized person is consulted and provides consent. But the bill allows an APRN, instead of only an attending physician, to determine the patient's condition and obtain such consent.

Similar to current law, under the bill, if the patient is permanently unconscious an order cannot be entered unless (1) a physician, or under the bill an APRN, confirms the patient's condition with a neurologist and (2) the DDS commissioner determines the order is medically acceptable. The commissioner must make this determination after reviewing the decision with the DDS director of health and clinical services, or the director's designee; the patient's legal representative; and others the commissioner deems appropriate.

The bill specifies that the provisions on such orders do not apply to individuals with intellectual disability who have a legally valid advanced directive.

The bill also makes related minor, technical, and conforming changes.

EFFECTIVE DATE: October 1, 2018

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0 (03/23/2018)