***Substitute Senate Bill No. 413***

***Special Act No. 14-5***

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT.***

***Substitute Senate Bill No. 5537***

***Public Act No. 14-231***

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.***

**Sec. 67. Section 1 of public act 14-5 is repealed and the following is substituted in lieu thereof (*Effective from passage*):**

(a) The Commissioner of Public Health may, within available appropriations, establish a pilot program in one or more geographic areas in the state to implement the use of medical orders for life-sustaining treatment by health care providers. For purposes of this section: (1) "Medical order for life-sustaining treatment" means a written medical order by a physician, advanced practice registered nurse or physician assistant to effectuate a patient's request for life-sustaining treatment when the patient has been determined by a physician to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty; **[**and**]** (2) "health care provider" means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional medical services, or an officer, employee or agent thereof acting in the course and scope of his or her employment; and (3) "legally authorized representative" means a patient's parent, guardian or health care representative appointed in accordance with sections 19a-576 and 19a-577 of the general statutes.

(b) The Commissioner of Public Health may establish an advisory group of health care providers and consumer advocates to make recommendations concerning the pilot program described in this section. The members of such advisory group may include one or more: (1) Physicians; (2) advanced practice registered nurses; (3) physician assistants; (4) emergency medical service providers; (5) patient advocates, including, but not limited to, advocates for persons with disabilities; (6) hospital representatives; or (7) long-term care facility representatives.

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

(d) Patient participation in the pilot program shall be voluntary. Any agreement to participate in the pilot program shall be made in writing, signed by the patient or the patient's legally authorized representative.

Such agreement shall be maintained by the health care institution, emergency medical services organization, physician, advanced practice registered nurse or physician assistant that presented such agreement to the patient and shall be made available to the commissioner upon request.

(e) Notwithstanding the provisions of sections 19a-495 and 19a-580d of the general statutes, and regulations adopted thereunder, the Commissioner of Public Health shall implement policies and procedures for any pilot program established in accordance with this section to ensure that: (1) Medical orders for life-sustaining treatment are transferrable among, and recognized by, various types of health care institutions; (2) any procedures and forms developed for recording medical orders for life-sustaining treatment are developed after considering the physician orders for life-sustaining treatment paradigm and require the signature of the patient or the patient's legally authorized representative and a witness on the medical order for life-sustaining treatment and the patient or the patient's legally authorized representative is given a copy of any such order immediately after signing such order; (3) prior to requesting the signature of the patient or the patient's legally authorized representative on such order, the physician, advanced practice registered nurse or physician assistant writing the medical order discusses with the patient or the patient's legally authorized representative the patient's goals for care and treatment and the benefits and risks of various methods for documenting the patient's wishes for end-of-life treatment, including medical orders for life-sustaining treatment; and (4) each physician, advanced practice registered nurse or physician assistant that intends to write a medical order for life-sustaining treatment receives training concerning: (A) The importance of talking with patients about their personal treatment goals; (B) methods for presenting choices for end-of-life care that elicit information concerning patients' preferences and respects those preferences without directing patients toward a particular option for end-of-life care; (C) the importance of fully informing patients about the benefits and risks of an immediately effective medical order for life-sustaining treatment; (D) awareness of factors that may affect the use of medical orders for life-sustaining treatment, including but not limited to: Race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness and geographic area of residence; and (E) procedures for properly completing and effectuating medical orders for life-sustaining treatment.

(f) After the termination of any pilot program established pursuant to this section, said commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the pilot program.

(g) Said commissioner may implement policies and procedures necessary to implement the pilot program while in the process of adopting such policies and procedures in regulation form, in accordance with chapter 54 of the general statutes, provided the commissioner holds a public hearing prior to implementing such policies and procedures and prints notice of the intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation of such policies and procedures. Policies implemented pursuant to this section shall be valid until the time final regulations are adopted or until the pilot program terminates, whichever occurs earlier.

(h) Any pilot program established in accordance with this section shall terminate not later than October 1, 2016