

# HCS HB 182 -- OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE ACT

SPONSOR: Cooper, 155 (Bruns)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 9 to 1.

This substitute establishes the Outside the Hospital Do-not-resuscitate Act which requires that a copy of this order must be included as the first page of a patient's medical record. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. The Department of Health and Senior Services must develop and approve uniform forms and personal identifiers. The identifiers must alert any emergency medical technician, paramedic, first responder, or other health care provider of the existence of this order for the patient.

The substitute specifies that the outside the hospital do-not-resuscitate order will only be effective when the patient has not been admitted to or is not being treated within a hospital. These orders and protocols will not authorize the withholding or withdrawal of other medical interventions such as intravenous fluids, oxygen, or therapies other than cardiopulmonary resuscitation. An outside the hospital do-not-resuscitate order will not be effective when a patient is pregnant or when believing in good faith that a patient is pregnant.

Emergency medical technicians, paramedics, first responders, and other health care providers are required to comply with an outside the hospital do-not-resuscitate order or identifier unless the patient or patient's representative expresses to the personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated. A physician or a health care facility other than a hospital that is unwilling or unable to comply with this order must take all reasonable steps to transfer the patient to another physician or facility where the order will be followed.

The substitute specifies individuals and entities that are exempt from civil or criminal liability for withholding or withdrawing resuscitation pursuant to an order or identifier as long as the actions were performed in good faith and without gross negligence. Anyone who knowingly conceals, cancels, defaces, or obliterates an order or identifier without the individual's consent or knowingly falsifies or forges a revocation will be guilty of a class A misdemeanor. Anyone who knowingly executes, falsifies, or forges an order without the individual's consent or knowingly conceals or withholds the knowledge of a revocation of

an order will be guilty of a class D felony.

FISCAL NOTE: No impact on state funds in FY 2008, FY 2009, and FY 2010.

PROPONENTS: Supporters say that the bill establishes a process for prehospitalization do-not-resuscitate orders, provides consistency and clarity with do-not-resuscitate orders, and helps people who wish to die with dignity. The bill does not prevent treatment for trauma or pain relief and allows patients to change their mind regarding do-not-resuscitate orders.

Testifying for the bill were Representative Page; Missouri Ambulance Association; Ralph Hellebusch, Warren County Ambulance District; Frank Foster, EMS Legal Services; Metropolitan Ambulance Services Trust; AARP; Missouri Chapter, National Academy of Elder Law Attorneys; Charles Landsbaum; Campaign Life Missouri; Missouri Catholic Conference; Denise Swenson, Missouri River Hospice; University of Missouri-Columbia School of Social Work; Silver Haired Legislature; and Missouri State Council of Firefighters.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say that it satisfies the Missouri Right to Life concerns.

Testifying on the bill was Missouri Right to Life.