

2012 -- S 2361

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2012

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A N A C T

RELATING TO HEALTH AND SAFETY

Introduced By: Senators Perry, Miller, DeVall, Nesselbush, and Sosnowski

Date Introduced: February 14, 2012

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-4.11-2 of the General Laws in Chapter 23-4.11 entitled "Rights
2 of the Terminally Ill Act" is hereby amended to read as follows:

3 **23-4.11-2. Definitions.** -- The following definitions govern the construction of this
4 chapter:

5 (1) "Advance directive protocol" means a standardized, state-wide method developed for
6 emergency medical services personnel by the department of health and approved by the
7 ambulance service advisory board, of providing palliative care to, and withholding life-sustaining
8 procedures from, a qualified patient.

9 (2) "Artificial feeding" means the provision of nutrition or hydration by parenteral,
10 nasogastric, gastric or any means other than through per oral voluntary sustenance.

11 (3) "Attending physician" means the physician who has primary responsibility for the
12 treatment and care of the patient.

13 (4) "Declaration" means a witnessed document executed in accordance with the
14 requirements of ~~section~~ [sections](#) 23-4.11-3 and [23-4.11-16](#).

15 (5) "Director" means the director of health.

16 (6) "Emergency medical services personnel" means paid or volunteer firefighters, law
17 enforcement officers, first responders, emergency medical technicians, or other emergency
18 services personnel acting within the ordinary course of their professions.

19 (7) "Health care provider" means a person who is licensed, certified, or otherwise

1 authorized by the law of this state to administer health care in the ordinary course of business or
2 practice of a profession.

3 (8) "Life sustaining procedure" means any medical procedure or intervention that, when
4 administered to a qualified patient, will serve only to prolong the dying process. "Life sustaining
5 procedure" shall not include any medical procedure or intervention considered necessary by the
6 attending physician to provide comfort and care or alleviate pain.

7 (9) "Medical orders for life sustaining treatment" or "MOLST" means a request regarding
8 resuscitative measures that directs a health care provider regarding resuscitative and life-
9 sustaining measures.

10 (10) "Medical orders for life sustaining treatment form" or "MOLST Form" means a
11 document which directs health care providers regarding resuscitative and life-sustaining
12 measures.

13 (11) "MOLST qualified health care provider" means the physician or registered nurse
14 practitioner who is authorized to sign the order for MOLST.

15 ~~(9)~~(12) "Person" means an individual, corporation, business trust, estate, trust,
16 partnership, association, government, governmental subdivision or agency, or any other legal
17 entity.

18 ~~(40)~~(13) "Physician" means an individual licensed to practice medicine in this state.

19 ~~(41)~~(14) "Qualified patient" means a patient who has executed a declaration in
20 accordance with this chapter and who has been determined by the attending physician to be in a
21 terminal condition.

22 (15) "Registered nurse practitioner" means an individual licensed as a registered nurse
23 practitioner in this state.

24 ~~(42)~~(16) "Reliable documentation" means a standardized, state-wide form of
25 identification such as a nontransferable necklace or bracelet of uniform design, adopted by the
26 director of health, with consultation from the local community emergency medical services
27 agencies and licensed hospice and home health agencies, that signifies and certifies that a valid
28 and current declaration is on file and that the individual is a qualified patient.

29 (17) "Request regarding resuscitative measures" means a written document, signed by:

30 (i) A qualified patient with capacity, or a recognized health care decision maker; and

31 (ii) The MOLST qualified health care provider that directs a health care provider
32 regarding resuscitative measures. A request regarding resuscitative measures is not an advance
33 health care directive.

34 ~~(43)~~(18) "Terminal condition" means an incurable or irreversible condition that, without

1 the administration of life sustaining procedures, will, in the opinion of the attending physician,
2 result in death.

3 SECTION 2. Chapter 23-4.11 of the General Laws entitled “Rights of the Terminally Ill
4 Act” is hereby amended by adding thereto the following sections:

5 **23-4.11-3.1 Medical Orders for Life Sustaining Treatment. - (a)(1) A declaration,**
6 pursuant to section 23-4.11-3, by a qualified patient may be recorded as a medical order for life
7 sustaining treatment provided that:

8 (i) The medical orders for life sustaining treatment and medical intervention and
9 procedures shall be explained by a MOLST qualified health care provider to the qualified patient
10 or health care decision maker. The MOLST qualified health care provider, shall inform the
11 patient about the difference between an advance health care directive and MOLST;

12 (ii) A MOLST qualified health care provider may conduct an evaluation of the qualified
13 patient; and

14 (iii) A MOLST form documenting the declaration shall be completed by a MOLST
15 qualified health care provider based on qualified patient preferences and medical
16 appropriateness, and signed by a MOLST qualified health care provider and the qualified patient
17 or his or her recognized health care decision maker.

18 (2) A health care decision maker may execute the MOLST form if the qualified patient
19 lacks capacity, or the qualified patient has designated that the health care decision maker’s
20 authority is valid.

21 (3) A request regarding resuscitative measures may also be evidenced by the words “do
22 not resuscitate” or the letters “DNR,” or a qualified patient identification bracelet issued to a
23 person pursuant to the comfort one program, pursuant to section 23-4.11-14.

24 (b)(1) A health care provider shall treat a qualified patient in accordance with the
25 qualified patient’s MOLST, subject to the provisions of this chapter. This section shall not apply
26 if the MOLST seeks medically ineffective health care or inconsistent with the qualified patient’s
27 declaration.

28 (2) A qualified health care provider may conduct an evaluation of the qualified patient
29 and if possible, in consultation with the qualified patient or recognized health care decision
30 making, issue a new MOLST consistent with the most current information available about the
31 qualified patient’s health status and goals of care.

32 (3) The recognized health care decision maker of a qualified patient, without capacity,
33 shall consult with the MOLST qualified health care provider who is, at the time the qualified
34 patient’s treating MOLST qualified health care provider prior to making a request to modify that

1 a qualified patient's MOLST.

2 (c)(1) MOLST Form. MOLST shall be documented on a form printed in a bright easily
3 identifiable document approved by the director. The director may promulgate rules and
4 regulations for the implementation of this section.

5 (2) The MOLST form shall be signed by the qualified patient, or the qualified patient's
6 recognized health care decision maker, and a qualified MOLST health care provider.

7 (3) The MOLST form shall contain all other information required by this section.

8 (d)(1) MOLST applies regardless of whether the qualified patient executes the MOLST
9 form within or outside a hospital or other health care setting.

10 (2) The MOLST form is valid within or outside a hospital or other health care settings.

11 (e)(1) Revocation. A qualified patient or his/her recognized health care decision maker
12 may at any time revoke (in any manner that communicates an intent to revoke) his/her declaration
13 by informing the MOLST qualified health care provider, other health care provider, or any
14 member of the medical or nursing staff of the revocation of the declaration concerning life
15 sustaining treatment.

16 (2) Any member of the medical or nursing staff informed of a revocation shall
17 immediately notify a MOLST qualified health care provider of the revocation.

18 (3) The MOLST qualified health care provider informed of a revocation of MOLST made
19 pursuant to this section shall immediately:

20 (i) Record the revocation in the qualified patient's medical record;
21 (ii) Cancel any orders implementing the decision to withhold or withdraw treatment; and
22 (iii) Notify the health care providers and staff directly responsible for the qualified
23 patient's care of the revocation and any cancellations.

24 (4) If a decision to withhold or withdraw life-sustaining treatment has been made by a
25 recognized health care decision maker pursuant to this section, and the MOLST qualified health
26 care provider determines at any time that the decision is no longer appropriate or authorized
27 because the qualified patient has regained decision-making capacity or because the qualified
28 patient's condition has otherwise improved, the MOLST qualified health care provider shall
29 immediately:

30 (i) Include such determination in the qualified patient's medical record;
31 (ii) Cancel any orders or plans of care implementing the decision to withhold or withdraw
32 life-sustaining treatment;
33 (iii) Notify the health care decision maker who made the decision to withhold or
34 withdraw treatment; and

1 (iv) Notify the other health care providers, including the medical and nursing staff
2 directly responsible for the qualified patient’s care, of any cancelled MOLST orders or plans of
3 care.

4 (f) If a qualified patient with a MOLST order is transferred from a hospital, a licensed
5 health facility, or the community the MOLST order or plan shall remain effective until a MOLST
6 qualified health care provider first examines the transferred qualified patient, whereupon a
7 MOLST qualified health care provider shall issue appropriate orders to continue the prior order or
8 plan. Such orders may be issued without obtaining another consent to withhold or withdraw life-
9 sustaining treatment pursuant to this chapter.

10 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY

- 1 This act would provide a statutory framework for administration of “medical orders for
- 2 life sustaining treatment” or “MOLST” with respect to terminally ill patients.
- 3 This act would take effect upon passage.

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