

By: King of Taylor

H.B. No. 1444

A BILL TO BE ENTITLED

AN ACT

relating to advance directives and health care and treatment decisions.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 166.002, Health and Safety Code, is amended by amending Subdivisions (2), (6), and (10) and adding Subdivision (16) to read as follows:

(2) "Artificially administered [~~Artificial~~] nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

(6) "Ethics or medical committee" means a committee established under Sections 161.031-161.033 or a subcommittee of an ethics or medical committee.

(10) "Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support, such as mechanical breathing machines, kidney dialysis treatment, and artificially administered [~~artificial~~] nutrition and hydration. The term does not include the administration of pain management medication or the performance of a medical procedure considered to be necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

1 (16) "Surrogate" means a legal guardian, an agent
2 under a medical power of attorney, or a person authorized under
3 Section 166.039(b) to make a health care decision or treatment
4 decision for an incompetent patient under this chapter.

5 SECTION 2. Subchapter A, Chapter 166, Health and Safety
6 Code, is amended by adding Section 166.012 to read as follows:

7 Sec. 166.012. STATEMENT RELATING TO DO-NOT-RESUSCITATE
8 ORDERS. (a) In this section, "do-not-resuscitate order" or "DNR
9 order" means an order instructing medical personnel not to attempt
10 cardiopulmonary resuscitation of the patient if circulatory or
11 respiratory function ceases.

12 (b) Upon admission, a health care facility shall provide a
13 patient or surrogate written notice of the facility's policies
14 regarding the rights of the patient or surrogate under this
15 section.

16 (c) Before placing a do-not-resuscitate (DNR) order in a
17 patient's medical record, the physician or the facility's personnel
18 shall make a reasonably diligent effort to contact or cause to be
19 contacted the surrogate. The facility shall establish a policy
20 regarding the notification required under this section. The policy
21 may authorize the notification to be given verbally by a physician
22 or facility personnel.

23 (d) The DNR order takes effect at the time it is written in
24 the patient's chart or otherwise placed in the patient's medical
25 record.

26 (e) If the patient or surrogate disagrees with the DNR order
27 being placed in or removed from the medical record, the patient or

1 surrogate may request a second opinion at the patient's or
2 surrogate's expense. If a disagreement persists after a second
3 opinion has been obtained, the patient or surrogate may request in
4 writing and is entitled to a consultation or a review of the
5 disagreement by the ethics or medical committee in the manner
6 described by Section 166.046, with the patient or surrogate
7 afforded all rights provided to the surrogate under that section,
8 and with the physician afforded all protections from liability
9 provided under Section 166.045(d).

10 (f) Subsection (c) does not apply to a DNR order placed in
11 the medical record of a patient:

12 (1) whose death, based on reasonable medical judgment,
13 is imminent despite attempted resuscitation;

14 (2) for whom, based on reasonable medical judgment,
15 resuscitation would be medically ineffective and there is
16 insufficient time to contact the surrogate; or

17 (3) for whom the DNR order is consistent with a
18 patient's or surrogate's request or a patient's advance directive to
19 not attempt resuscitation.

20 (g) Subsection (e) does not apply to a DNR order placed in
21 the medical record of a patient with respect to whom, based on
22 reasonable medical judgment, death is expected in days to weeks and
23 resuscitation would be medically ineffective.

24 (h) This section does not create a cause of action or
25 liability against a physician, health professional acting under the
26 direction of a physician, or health care facility.

27 (i) A physician, health professional acting under the

1 direction of a physician, or health care facility is not civilly or
2 criminally liable or subject to review or disciplinary action by
3 the appropriate licensing authority if the actor has complied with
4 the procedures under this section and Section 166.046.

5 (j) This section does not affect the immunity from liability
6 under Section 74.151, Civil Practice and Remedies Code.

7 SECTION 3. Section 166.033, Health and Safety Code, is
8 amended to read as follows:

9 Sec. 166.033. FORM OF WRITTEN DIRECTIVE. A written
10 directive may be in the following form:

11 DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

12 Instructions for completing this document:

13 This is an important legal document known as an Advance
14 Directive. It is designed to help you communicate your wishes about
15 medical treatment at some time in the future when you are unable to
16 make your wishes known because of illness or injury. These wishes
17 are usually based on personal values. In particular, you may want
18 to consider what burdens or hardships of treatment you would be
19 willing to accept for a particular amount of benefit obtained if you
20 were seriously ill.

21 You are encouraged to discuss your values and wishes with
22 your family or chosen spokesperson, as well as your physician. Your
23 physician, other health care provider, or medical institution may
24 provide you with various resources to assist you in completing your
25 advance directive. Brief definitions are listed below and may aid
26 you in your discussions and advance planning. Initial the
27 treatment choices that best reflect your personal preferences.

1 Provide a copy of your directive to your physician, usual hospital,
2 and family or spokesperson. Consider a periodic review of this
3 document. By periodic review, you can best assure that the
4 directive reflects your preferences.

5 In addition to this advance directive, Texas law provides for
6 two other types of directives that can be important during a serious
7 illness. These are the Medical Power of Attorney and the
8 Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss
9 these with your physician, family, hospital representative, or
10 other advisers. You may also wish to complete a directive related
11 to the donation of organs and tissues.

12 DIRECTIVE

13 I, _____, recognize that the best health care is based
14 upon a partnership of trust and communication with my physician. My
15 physician and I will make health care decisions together as long as
16 I am of sound mind and able to make my wishes known. If there comes
17 a time that I am unable to make medical decisions about myself
18 because of illness or injury, I direct that the following treatment
19 preferences be honored:

20 If, in the judgment of my physician, I am suffering with a
21 terminal condition from which I am expected to die within six
22 months, even with available life-sustaining treatment provided in
23 accordance with prevailing standards of medical care:

24 _____ I request that all treatments other than those needed to
25 keep me comfortable be discontinued or withheld and my
26 physician allow me to die as gently as possible;

27 OR

1 _____ I request that I be kept alive in this terminal
2 condition using available life-sustaining treatment.

3 (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

4 If, in the judgment of my physician, I am suffering with an
5 irreversible condition so that I cannot care for myself or make
6 decisions for myself and am expected to die without life-sustaining
7 treatment provided in accordance with prevailing standards of care:

8 _____ I request that all treatments other than those needed to
9 keep me comfortable be discontinued or withheld and my
10 physician allow me to die as gently as possible;

11 OR

12 _____ I request that I be kept alive in this irreversible
13 condition using available life-sustaining treatment.

14 (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

15 Additional requests: (After discussion with your physician,
16 you may wish to consider listing particular treatments in this
17 space that you do or do not want in specific circumstances, such as
18 artificially administered [~~artificial~~] nutrition and hydration
19 [~~fluids~~], intravenous antibiotics, etc. Be sure to state whether
20 you do or do not want the particular treatment.)

21 _____
22 _____
23 _____

24 After signing this directive, if my representative or I elect
25 hospice care, I understand and agree that only those treatments
26 needed to keep me comfortable would be provided and I would not be
27 given available life-sustaining treatments.

1 If I do not have a Medical Power of Attorney, and I am unable
2 to make my wishes known, I designate the following person(s) to make
3 treatment decisions with my physician compatible with my personal
4 values:

5 1. _____

6 2. _____

7 (If a Medical Power of Attorney has been executed, then an
8 agent already has been named and you should not list additional
9 names in this document.)

10 If the above persons are not available, or if I have not
11 designated a spokesperson, I understand that a spokesperson will be
12 chosen for me following standards specified in the laws of Texas.
13 If, in the judgment of my physician, my death is imminent within
14 minutes to hours, even with the use of all available medical
15 treatment provided within the prevailing standard of care, I
16 acknowledge that all treatments may be withheld or removed except
17 those needed to maintain my comfort. I understand that under Texas
18 law this directive has no effect if I have been diagnosed as
19 pregnant. This directive will remain in effect until I revoke it.
20 No other person may do so.

21 Signed_____ Date_____ City, County, State of
22 Residence _____

23 Two competent adult witnesses must sign below, acknowledging
24 the signature of the declarant. The witness designated as Witness 1
25 may not be a person designated to make a treatment decision for the
26 patient and may not be related to the patient by blood or marriage.
27 This witness may not be entitled to any part of the estate and may

1 not have a claim against the estate of the patient. This witness
2 may not be the attending physician or an employee of the attending
3 physician. If this witness is an employee of a health care facility
4 in which the patient is being cared for, this witness may not be
5 involved in providing direct patient care to the patient. This
6 witness may not be an officer, director, partner, or business
7 office employee of a health care facility in which the patient is
8 being cared for or of any parent organization of the health care
9 facility.

10 Witness 1 _____ Witness 2 _____

11 Definitions:

12 "Artificially administered [~~Artificial~~] nutrition and
13 hydration" means the provision of nutrients or fluids by a tube
14 inserted in a vein, under the skin in the subcutaneous tissues, or
15 in the stomach (gastrointestinal tract).

16 "Irreversible condition" means a condition, injury, or
17 illness:

18 (1) that may be treated, but is never cured or
19 eliminated;

20 (2) that leaves a person unable to care for or make
21 decisions for the person's own self; and

22 (3) that, without life-sustaining treatment provided
23 in accordance with the prevailing standard of medical care, is
24 fatal.

25 Explanation: Many serious illnesses such as cancer, failure
26 of major organs (kidney, heart, liver, or lung), and serious brain
27 disease such as Alzheimer's dementia may be considered irreversible

1 early on. There is no cure, but the patient may be kept alive for
2 prolonged periods of time if the patient receives life-sustaining
3 treatments. Late in the course of the same illness, the disease may
4 be considered terminal when, even with treatment, the patient is
5 expected to die. You may wish to consider which burdens of
6 treatment you would be willing to accept in an effort to achieve a
7 particular outcome. This is a very personal decision that you may
8 wish to discuss with your physician, family, or other important
9 persons in your life.

10 "Life-sustaining treatment" means treatment that, based on
11 reasonable medical judgment, sustains the life of a patient and
12 without which the patient will die. The term includes both
13 life-sustaining medications and artificial life support such as
14 mechanical breathing machines, kidney dialysis treatment, and
15 artificially administered nutrition and ~~[artificial]~~ hydration
16 ~~[and nutrition]~~. The term does not include the administration of
17 pain management medication, the performance of a medical procedure
18 necessary to provide comfort care, or any other medical care
19 provided to alleviate a patient's pain.

20 "Terminal condition" means an incurable condition caused by
21 injury, disease, or illness that according to reasonable medical
22 judgment will produce death within six months, even with available
23 life-sustaining treatment provided in accordance with the
24 prevailing standard of medical care.

25 Explanation: Many serious illnesses may be considered
26 irreversible early in the course of the illness, but they may not be
27 considered terminal until the disease is fairly advanced. In

1 thinking about terminal illness and its treatment, you again may
2 wish to consider the relative benefits and burdens of treatment and
3 discuss your wishes with your physician, family, or other important
4 persons in your life.

5 SECTION 4. Section 166.039, Health and Safety Code, is
6 amended by amending Subsections (b), (e), and (f) and adding
7 Subsection (b-1) to read as follows:

8 (b) If the patient does not have a legal guardian or an agent
9 under a medical power of attorney, the attending physician and one
10 person, if available, from one of the following categories, in the
11 following priority, may make a treatment decision that may include
12 a decision to withhold or withdraw life-sustaining treatment:

- 13 (1) the patient's spouse;
- 14 (2) the patient's reasonably available adult children;
- 15 (3) the patient's parents; ~~or~~
- 16 (4) the patient's nearest living relative; or
- 17 (5) a member of the clergy.

18 (b-1) The attending physician and the health care
19 facility's personnel shall make a reasonably diligent effort to
20 contact or cause to be contacted the persons listed in Subsection
21 (b) regarding making a treatment decision for the patient.

22 (e) If the patient does not have a legal guardian or agent
23 under a medical power of attorney and a person listed in Subsection
24 (b) is not available, a treatment decision made under Subsection
25 (b) must be concurred with ~~in~~ by another physician who is not
26 involved in the treatment of the patient or who is a representative
27 of an ethics or medical committee of the health care facility in

1 which the person is a patient.

2 (f) The fact that an adult [~~qualified~~] patient has not
3 executed or issued a directive does not create a presumption
4 regarding the provision, withholding, or withdrawal of [~~that the~~
5 ~~patient does not want a treatment decision to be made to withhold or~~
6 ~~withdraw~~] life-sustaining treatment.

7 SECTION 5. Section 166.045(c), Health and Safety Code, is
8 amended to read as follows:

9 (c) If an attending physician disagrees with [~~refuses to~~
10 ~~comply with~~] a patient's directive or a health care or treatment
11 decision of a patient or of a surrogate made on behalf of an
12 incompetent patient, and the attending physician does not wish to
13 follow the procedure established under Section 166.046,
14 life-sustaining treatment shall be provided to the patient, but
15 only until a reasonable opportunity has been afforded for the
16 transfer of the patient to another physician or health care
17 facility willing to comply with the health care [~~directive~~] or
18 treatment decision.

19 SECTION 6. The heading to Section 166.046, Health and
20 Safety Code, is amended to read as follows:

21 Sec. 166.046. PROCEDURE IF PHYSICIAN DISAGREES WITH HEALTH
22 CARE [~~NOT EFFECTUATING A DIRECTIVE~~] OR TREATMENT DECISION.

23 SECTION 7. Section 166.046, Health and Safety Code, is
24 amended by amending Subsections (a), (b), (c), (d), (e), (e-1), and
25 (g) and adding Subsections (a-1), (a-2), (a-3), (a-4), (a-5),
26 (a-6), (a-7), and (b-1) to read as follows:

27 (a) If an attending physician disagrees with [~~refuses to~~

1 ~~honor]~~ a patient's advance directive or a health care or treatment
2 decision [~~made by or on behalf]~~ of a patient or of a surrogate made
3 on behalf of an incompetent patient, the disagreement [~~physician's~~
4 ~~refusal]~~ shall be reviewed by an ethics or medical committee under
5 this section.

6 (a-1) If the patient has been diagnosed with a terminal
7 condition, the ethics or medical committee shall determine if,
8 based on reasonable medical judgment, the treatment would:

9 (1) hasten the patient's death;

10 (2) seriously exacerbate other major medical
11 problems;

12 (3) result in irremediable physical pain or discomfort
13 not outweighed by the benefit of the treatment; or

14 (4) be medically ineffective in prolonging the
15 patient's life.

16 (a-2) If the patient has been diagnosed with an irreversible
17 nonterminal condition, the ethics or medical committee may sustain
18 the decision to withdraw life-sustaining treatment only if, based
19 on reasonable medical judgment, the treatment would:

20 (1) threaten the patient's life;

21 (2) seriously exacerbate other major medical
22 problems;

23 (3) result in irremediable physical pain or discomfort
24 not outweighed by the benefit of the treatment; or

25 (4) be medically ineffective in prolonging the
26 patient's life.

27 (a-3) The fact that life-sustaining treatment is delivered

1 in an intensive care unit is not itself sufficient to justify the
2 refusal to provide that treatment. This section does not authorize
3 withholding or withdrawing pain management medication, medical
4 procedures considered necessary to provide comfort care, or any
5 other medical care provided to alleviate a patient's pain.

6 (a-4) [The attending physician may not be a member of that
7 committee.] The patient shall be given life-sustaining treatment
8 pending [during] the ethics or medical committee's review.

9 (a-5) When an ethics review has been initiated under this
10 chapter, the ethics or medical committee shall:

11 (1) appoint a patient liaison familiar with
12 end-of-life issues and hospice care options to assist the patient
13 or surrogate throughout the process described by this section; and

14 (2) appoint one or more representatives of the ethics
15 or medical committee to conduct an advisory ethics consultation
16 with the patient or surrogate, the outcome of which must be
17 documented in the patient's medical record by a representative of
18 the committee.

19 (a-6) If a disagreement over a health care or treatment
20 decision persists following the consultation described in
21 Subsection (a-5)(2), the ethics or medical committee shall hold a
22 meeting to review the disagreement.

23 (a-7) The ethics or medical committee in holding a review
24 required under this section, including a review following a
25 consultation described by Subsection (a-5)(2), shall advise the
26 patient or surrogate that the attending physician may present
27 medical facts at the meeting. The attending physician may attend

1 and present facts but may not participate as a member of the
2 committee in the case being evaluated.

3 (b) When a meeting of the ethics or medical committee is
4 required under this section [~~The patient or the person responsible~~
5 ~~for the health care decisions of the individual who has made the~~
6 ~~decision regarding the directive or treatment decision~~]:

7 (1) not later than the seventh calendar day before the
8 scheduled date of the meeting required under this section, unless
9 the time period is waived by mutual agreement, the committee shall
10 provide to the patient or surrogate:

11 (A) [~~may be given~~] a written description of the
12 ethics or medical committee review process and any other policies
13 and procedures related to this section adopted by the health care
14 facility;

15 (B) notice that the patient or surrogate is
16 entitled to receive the continued assistance of a patient liaison
17 to assist the patient or surrogate throughout the process described
18 in this section;

19 (C) notice that the patient or surrogate may seek
20 a second opinion at the patient's or surrogate's expense from other
21 medical professionals regarding the patient's medical status and
22 treatment requirements and communicate the resulting information
23 to the members of the committee for consideration before the
24 meeting;

25 (D) [~~(2) shall be informed of the committee~~
26 ~~review process not less than 48 hours before the meeting called to~~
27 ~~discuss the patient's directive, unless the time period is waived~~

1 ~~by mutual agreement,~~

2 ~~[(3) at the time of being so informed, shall be~~
3 ~~provided.]~~

4 ~~[(A)]~~ a copy of the appropriate statement set
5 forth in Section 166.052; and

6 (E) [(B)] a copy of the registry list of health
7 care providers, health care facilities, and referral groups that
8 have volunteered their readiness to consider accepting transfer or
9 to assist in locating a provider willing to accept transfer that is
10 posted on the website maintained by the department [~~Texas Health~~
11 ~~Care Information Council~~] under Section 166.053; and

12 (2) if requested in writing, the patient or surrogate
13 is entitled to receive:

14 (A) not later than 72 hours after the request is
15 made, a free copy of the portion of the patient's medical record
16 related to the current admission to the facility or the treatment
17 received by the patient during the preceding 30 calendar days in the
18 facility, whichever is shorter, together with any reasonably
19 available diagnostic results and reports; and

20 (B) not later than the fifth calendar day after
21 the date of the request, a free copy of the remainder of the
22 patient's medical record, if any, related to the current admission
23 to the facility.

24 (b-1) The patient or surrogate [~~, and~~

25 ~~[(4)]~~ is entitled to:

26 (1) [(A)] attend and participate in the meeting of the
27 ethics or medical committee, excluding the committee's

1 deliberations;

2 (2) be accompanied at the meeting by up to five
3 persons, or more persons at the committee's discretion, for
4 support, subject to the facility's reasonable written attendance
5 policy as necessary to:

6 (A) facilitate information sharing and
7 discussion of the patient's medical status and treatment
8 requirements; and

9 (B) preserve the order and decorum of the
10 meeting; and

11 (3) [~~(B)~~] receive a written explanation of the
12 decision reached during the review process.

13 (c) The written explanation required by Subsection (b-1)(3)
14 [~~(b)(2)(B)~~] must be included in the patient's medical record.

15 (d) If the attending physician, the patient, or the
16 surrogate [~~person responsible for the health care decisions of the~~
17 ~~individual~~] does not agree with the decision reached during the
18 review process [~~under Subsection (b)~~], the physician and the
19 facility shall make a reasonably diligent [~~reasonable~~] effort to
20 transfer the patient to a physician of the patient's or surrogate's
21 choice who is willing to accept the patient [~~comply with the~~
22 ~~directive~~]. The [~~If the patient is a patient in a health care~~
23 ~~facility, the~~] facility's personnel shall assist the physician in
24 arranging the patient's transfer to:

25 (1) another physician;

26 (2) an alternative care setting within that facility;

27 or

1 (3) another facility.

2 (e) If the patient or surrogate [~~the person responsible for~~
3 ~~the health care decisions of the patient~~] is requesting
4 life-sustaining treatment that the attending physician has decided
5 and the ethics or medical committee [~~review process~~] has affirmed
6 is medically inappropriate treatment, the patient shall be given
7 available life-sustaining treatment pending transfer under
8 Subsection (d). This subsection does not authorize withholding or
9 withdrawing pain management medication, medical procedures
10 considered necessary to provide comfort care, or any other medical
11 care provided to alleviate a patient's pain. The patient is
12 responsible for any costs incurred in transferring the patient to
13 another facility. The attending physician, any other physician
14 responsible for the care of the patient, and the health care
15 facility are not obligated to provide life-sustaining treatment
16 after the 14th calendar [~~10th~~] day after the written decision
17 required under Subsection (b-1) [~~(b)~~] is provided to the patient or
18 the surrogate [~~person responsible for the health care decisions of~~
19 ~~the patient~~] unless ordered to do so under Subsection (g), except
20 that artificially administered nutrition and hydration must be
21 provided unless, based on reasonable medical judgment, providing
22 artificially administered nutrition and hydration would:

23 (1) hasten the patient's death;

24 (2) seriously exacerbate other major medical
25 problems;

26 (3) result in irremediable physical pain or discomfort
27 not outweighed by the benefit of the provision of the treatment; or

1 (4) be medically ineffective in prolonging the
2 patient's life.

3 (e-1) If during a previous admission to a facility the [~~a~~
4 ~~patient's~~] attending physician and the ethics or medical committee
5 [~~review process under Subsection (b) have~~] determined that
6 life-sustaining treatment is inappropriate, a subsequent committee
7 review is not required if [~~and~~] the patient is readmitted to the
8 same facility for the same condition within six months from the date
9 of the previous decision, provided that the [~~reached during the~~
10 ~~review process conducted upon the previous admission, Subsections~~
11 ~~(b) through (e) need not be followed if the patient's~~] attending
12 physician and a consulting physician who is a member of the ethics
13 or medical committee of the facility document on the patient's
14 readmission that the patient's condition [~~either has not improved~~
15 ~~or~~] has deteriorated since the previous review [~~process~~] was
16 conducted.

17 (g) On motion [~~At the request~~] of the patient or surrogate
18 [~~the person responsible for the health care decisions of the~~
19 ~~patient~~], the appropriate district or county court shall extend the
20 time period provided under Subsection (e) [~~only~~] if the court
21 finds, by a preponderance of the evidence, that there is a
22 reasonable expectation that the patient or surrogate may find a
23 physician or health care facility that will honor the patient's or
24 surrogate's health care or treatment decision [~~directive will be~~
25 ~~found~~] if the time extension is granted.

26 SECTION 8. Sections 166.052(a) and (b), Health and Safety
27 Code, are amended to read as follows:

1 (a) In cases in which the attending physician disagrees with
2 a [~~refuses to honor an advance directive or~~] treatment decision
3 requesting the provision of life-sustaining treatment, the
4 statement required by Section 166.046(b)(1)(D) [~~166.046(b)(2)(A)~~]
5 shall be in substantially the following form:

6 When There Is A Disagreement About Medical Treatment: The
7 Physician Recommends Against Certain Life-Sustaining Treatment
8 That You Wish To Continue

9 You have been given this information because you have
10 requested life-sustaining treatment[~~r~~]* for yourself as the
11 patient or on behalf of the patient, as applicable, which the
12 attending physician believes is not medically appropriate. This
13 information is being provided to help you understand state law,
14 your rights, and the resources available to you in such
15 circumstances. It outlines the process for resolving disagreements
16 about treatment among patients, families, and physicians. It is
17 based upon Section 166.046 of the Texas Advance Directives Act,
18 codified in Chapter 166 of the Texas Health and Safety Code.

19 When an attending physician disagrees with a [~~refuses to~~
20 ~~comply with an advance directive or other~~] request for
21 life-sustaining treatment because of the physician's medical
22 judgment that the treatment would be medically inappropriate, the
23 case will be reviewed by an ethics or medical committee.
24 Life-sustaining treatment will be provided through the review.

25 As the patient or the patient's decision-maker, you [~~You~~]
26 will receive notification of this review at least seven calendar
27 days [~~48 hours~~] before a meeting of the committee related to your

1 case. [~~You are entitled to attend the meeting.~~] With your
2 agreement, the meeting may be held sooner than seven calendar days
3 [~~48 hours~~], if possible.

4 The committee will appoint a patient liaison to assist you
5 through this process. You are entitled to attend the meeting,
6 address the committee, and be accompanied by up to five persons, or
7 more persons at the committee's discretion, to support you, subject
8 to the facility's reasonable written attendance policy to
9 facilitate information sharing and discussion of the patient's
10 medical status and treatment requirements and preserve the order
11 and decorum of the meeting. On written request, you are also
12 entitled to receive:

13 (1) not later than 72 hours after the request is made,
14 a free copy of the portion of the patient's medical record related
15 to the current admission to the facility or the treatment received
16 during the preceding 30 calendar days in the facility, whichever is
17 shorter, together with any reasonably available diagnostic results
18 and reports; and

19 (2) not later than the fifth calendar day following
20 the request, a free copy of the remainder of the medical record, if
21 any, related to the current admission to the facility.

22 As the patient or the patient's decision-maker, you are free
23 to seek a second opinion at the patient's or your expense from other
24 medical professionals regarding the patient's medical status and
25 treatment requirements and communicate the resulting information
26 to the members of the ethics or medical committee for consideration
27 before the meeting.

1 You are entitled to receive a written explanation of the
2 decision reached during the review process.

3 If after this review process both the attending physician and
4 the ethics or medical committee conclude that life-sustaining
5 treatment is medically inappropriate and yet you continue to
6 request such treatment, then the following procedure will occur:

7 1. The physician, with the help of the health care facility,
8 will assist you in trying to find a physician and facility willing
9 to provide the requested treatment.

10 2. You are being given a list of health care providers,
11 health care facilities, and referral groups that have volunteered
12 their readiness to consider accepting transfer, or to assist in
13 locating a provider willing to accept transfer, maintained by the
14 Department of State [Texas] Health Services [Care Information
15 Council]. You may wish to contact providers, facilities, or
16 referral groups on the list or others of your choice to get help in
17 arranging a transfer.

18 3. The patient will continue to be given life-sustaining
19 treatment and treatment to enhance pain management and reduce
20 suffering, including artificially administered nutrition and
21 hydration, unless based on reasonable medical judgment
22 artificially administering nutrition and hydration would hasten
23 the patient's death or seriously exacerbate other major medical
24 problems, would result in irremediable physical pain or discomfort
25 not outweighed by the benefit of the treatment, or would be
26 medically ineffective in prolonging the patient's life, until the
27 patient [~~he or she~~] can be transferred to a willing provider for up

1 to 14 calendar [~~10~~] days from the time you were given the
2 committee's written decision that life-sustaining treatment is not
3 medically appropriate.

4 4. If a transfer can be arranged, the patient will be
5 responsible for the costs of the transfer.

6 5. If a provider cannot be found willing to give the
7 requested treatment within 14 calendar [~~10~~] days, life-sustaining
8 treatment may be withdrawn unless a court of law has granted an
9 extension.

10 6. You may ask the appropriate district or county court to
11 extend the 14-day [~~10-day~~] period if the court finds that there is a
12 reasonable expectation that you may find a physician or health care
13 facility willing to provide life-sustaining treatment [~~will be~~
14 ~~found~~] if the extension is granted.

15 *"Life-sustaining treatment" means treatment that, based on
16 reasonable medical judgment, sustains the life of a patient and
17 without which the patient will die. The term includes both
18 life-sustaining medications and artificial life support, such as
19 mechanical breathing machines, kidney dialysis treatment, and
20 artificially administered [~~artificial~~] nutrition and hydration.
21 The term does not include the administration of pain management
22 medication or the performance of a medical procedure considered to
23 be necessary to provide comfort care, or any other medical care
24 provided to alleviate a patient's pain.

25 (b) In cases in which the attending physician disagrees with
26 a health care [~~refuses to comply with an advance directive~~] or
27 treatment decision requesting the withholding or withdrawal of

1 life-sustaining treatment, the statement required by Section
2 166.046(b)(1)(D) [~~166.046(b)(3)(A)~~] shall be in substantially the
3 following form:

4 When There Is A Disagreement About Medical Treatment: The
5 Physician Recommends Life-Sustaining Treatment That You Wish To
6 Stop

7 You have been given this information because you have
8 requested the withdrawal or withholding of life-sustaining
9 treatment* for yourself as the patient or on behalf of the patient,
10 as applicable, and the attending physician disagrees [~~refuses to~~
11 ~~comply~~] with that request. The information is being provided to
12 help you understand state law, your rights, and the resources
13 available to you in such circumstances. It outlines the process for
14 resolving disagreements about treatment among patients, families,
15 and physicians. It is based upon Section 166.046 of the Texas
16 Advance Directives Act, codified in Chapter 166 of the Texas Health
17 and Safety Code.

18 When an attending physician disagrees [~~refuses to comply~~]
19 with a [an advance directive or other] request for withdrawal or
20 withholding of life-sustaining treatment for any reason, the case
21 will be reviewed by an ethics or medical committee.
22 Life-sustaining treatment will be provided through the review.

23 As the patient or the patient's decision-maker, you [~~You~~]
24 will receive notification of this review at least seven calendar
25 days [~~48 hours~~] before a meeting of the committee related to your
26 case. You are entitled to attend the meeting. With your agreement,
27 the meeting may be held sooner than seven calendar days [~~48 hours~~],

1 if possible.

2 You will be appointed a patient liaison familiar with
3 end-of-life issues and hospice care options to assist you
4 throughout this process. A representative of the ethics or medical
5 committee will also conduct an advisory consultation with you.

6 On written request you are entitled to receive:

7 (1) not later than 72 hours after the request is made,
8 a free copy of the portion of the patient's medical record related
9 to the current admission to the facility or the treatment received
10 by the patient during the preceding 30 calendar days in the
11 facility, whichever is shorter, together with any reasonably
12 available diagnostic results and reports; and

13 (2) not later than the fifth calendar day following
14 the date of the request, a free copy of the remainder of the medical
15 record, if any, related to the current admission to the facility.

16 As the patient or the patient's decision-maker, you are free
17 to seek a second opinion at the patient's or your expense from other
18 medical professionals regarding the patient's medical status and
19 treatment requests and communicate the resulting information to the
20 members of the ethics or medical committee for consideration before
21 the meeting.

22 You are entitled to receive a written explanation of the
23 decision reached during the review process.

24 If you or the attending physician do not agree with the
25 decision reached during the review process, and the attending
26 physician still disagrees [~~refuses to comply~~] with your request to
27 withhold or withdraw life-sustaining treatment, then the following

1 procedure will occur:

2 1. The physician, with the help of the health care facility,
3 will assist you in trying to find a physician and facility willing
4 to accept the patient [~~withdraw or withhold the life-sustaining~~
5 ~~treatment~~].

6 2. You are being given a list of health care providers,
7 health care facilities, and referral groups that have volunteered
8 their readiness to consider accepting transfer, or to assist in
9 locating a provider willing to accept transfer, maintained by the
10 Department of State [~~Texas~~] Health Services [~~Care Information~~
11 ~~Council~~]. You may wish to contact providers, facilities, or
12 referral groups on the list or others of your choice to get help in
13 arranging a transfer.

14 *"Life-sustaining treatment" means treatment that, based on
15 reasonable medical judgment, sustains the life of a patient and
16 without which the patient will die. The term includes both
17 life-sustaining medications and artificial life support, such as
18 mechanical breathing machines, kidney dialysis treatment, and
19 artificially administered [~~artificial~~] nutrition and hydration.
20 The term does not include the administration of pain management
21 medication or the performance of a medical procedure considered to
22 be necessary to provide comfort care, or any other medical care
23 provided to alleviate a patient's pain.

24 SECTION 9. Subchapter B, Chapter 166, Health and Safety
25 Code, is amended by adding Section 166.054 to read as follows:

26 Sec. 166.054. REPORTING REQUIREMENTS REGARDING ETHICS OR
27 MEDICAL COMMITTEE PROCESSES. (a) On submission of a health care

1 facility's application to renew its license, a facility in which
2 one or more meetings of an ethics or medical committee are held
3 under this chapter shall file a report with the department that
4 contains aggregate information regarding the number of cases
5 considered by an ethics or medical committee under Section 166.046
6 and the disposition of those cases by the facility.

7 (b) Aggregate data submitted to the department under this
8 section may include only the following:

9 (1) the total number of patients for whom a review by
10 the ethics or medical committee was initiated under Section
11 166.046(b);

12 (2) the number of patients under Subdivision (1) who
13 were transferred to:

14 (A) another physician within the same facility;
15 or

16 (B) a different facility;

17 (3) the number of patients under Subdivision (1) who
18 were discharged to home;

19 (4) the number of patients under Subdivision (1) for
20 whom treatment was withheld or withdrawn pursuant to surrogate
21 consent:

22 (A) before the decision was rendered following a
23 review under Section 166.046(b);

24 (B) after the decision was rendered following a
25 review under Section 166.046(b); or

26 (C) during or after the 14-day period described
27 by Section 166.046(e);

1 (5) the average length of stay before a review meeting
2 is held under Section 166.046(b); and

3 (6) the number of patients under Subdivision (1) who
4 died while still receiving life-sustaining treatment:

5 (A) before the review meeting under Section
6 166.046(b);

7 (B) during the 14-day period; or

8 (C) during extension of the 14-day period, if
9 any.

10 (c) The report required by this section may not contain any
11 data specific to an individual patient or physician.

12 (d) The department shall adopt rules to:

13 (1) establish a standard form for the reporting
14 requirements of this section; and

15 (2) post on the department's Internet website the data
16 submitted under Subsection (b) in the format provided by rule.

17 (e) Data collected as required by, or submitted to the
18 department under, this section:

19 (1) is not admissible in a civil or criminal
20 proceeding in which a physician, health care professional acting
21 under the direction of a physician, or health care facility is a
22 defendant; and

23 (2) may not be used in relation to any disciplinary
24 action by a licensing board or other body with professional or
25 administrative oversight over a physician, health care
26 professional acting under the direction of a physician, or health
27 care facility.

1 SECTION 10. Sections 166.082(a) and (c), Health and Safety
2 Code, are amended to read as follows:

3 (a) A competent adult [~~person~~] may at any time execute a
4 written out-of-hospital DNR order directing health care
5 professionals acting in an out-of-hospital setting to withhold
6 cardiopulmonary resuscitation and certain other life-sustaining
7 treatment designated by the board.

8 (c) If the person is incompetent but previously executed or
9 issued a directive to physicians in accordance with Subchapter B
10 requesting that all treatment, other than treatment necessary for
11 keeping the person comfortable, be discontinued or withheld, the
12 physician may rely on the directive as the person's instructions to
13 issue an out-of-hospital DNR order and shall place a copy of the
14 directive in the person's medical record. The physician shall sign
15 the order in lieu of the person signing under Subsection (b) and may
16 use a digital or electronic signature authorized under Section
17 166.011.

18 SECTION 11. Section 166.152(d), Health and Safety Code, is
19 amended to read as follows:

20 (d) The principal's attending physician shall make
21 reasonable efforts to inform the principal of any proposed
22 treatment or of any proposal to withdraw or withhold treatment
23 before implementing an agent's health care decision [~~advance~~
24 ~~directive~~].

25 SECTION 12. Not later than March 1, 2014, the executive
26 commissioner of the Health and Human Services Commission shall
27 adopt the rules necessary to implement the changes in law made by

1 this Act to Chapter 166, Health and Safety Code.

2 SECTION 13. The change in law made by this Act applies only
3 to a review, consultation, disagreement, or other action relating
4 to a treatment decision made on or after April 1, 2014. A review,
5 consultation, disagreement, or other action relating to a treatment
6 decision made before April 1, 2014, is governed by the law in effect
7 immediately before the effective date of this Act, and the former
8 law is continued in effect for that purpose.

9 SECTION 14. This Act takes effect September 1, 2013.