

**Second Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 10-0352.01 Richard Sweetman

HOUSE BILL 10-1122

HOUSE SPONSORSHIP

Roberts and Merrifield, Gagliardi, Kefalas, Tyler

SENATE SPONSORSHIP

Williams, Morse

House Committees

Health and Human Services

Senate Committees

Health and Human Services

A BILL FOR AN ACT

101 **CONCERNING MEDICAL ORDERS DETERMINING THE SCOPE OF**
102 **TREATMENT AN ADULT WISHES TO RECEIVE UNDER CERTAIN**
103 **CIRCUMSTANCES.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill provides that a medical orders for scope of treatment form (MOST form) that is properly executed and signed by an adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.

Capital letters indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

HOUSE
3rd Reading Unamended
February 25, 2010

HOUSE
Amended 2nd Reading
February 24, 2010

and effect as a physician's order with respect to medical treatment of the adult who is the subject of the MOST form. An adult with decisional capacity or an authorized decision-maker for an adult who lacks decisional capacity may execute a MOST form.

The bill requires emergency medical service personnel, a health care provider, or a health care facility to comply with a MOST form that is apparent and immediately available. Emergency medical service personnel, a health care provider, or a health care facility that complies with a MOST form is exempt from civil or criminal liability or regulatory sanction. A verbal order from an adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as an executed MOST form so long as the verbal order is acknowledged in writing and signed by the adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant. A health care facility or a health care provider may delay compliance with an adult's executed MOST form for the purpose of consulting with the adult, the adult's authorized surrogate decision-maker, or the physician, advanced practice nurse, or physician's assistant who signed the form concerning the provisions of the form and their applicability in the present treatment environment.

The bill requires a health care facility that transfers an adult who is known to have properly executed and signed a MOST form to communicate the existence of the form to the receiving health care facility before the transfer and ensure that the form accompanies the adult upon admission to or discharge from a health care facility.

A health care provider or health care facility that provides care to an adult whom the health care provider or health care facility knows to have executed a MOST form must provide notice to the adult or, if appropriate, to the adult's authorized surrogate decision-maker, of any policies based on moral convictions or religious beliefs of the health care provider or health care facility relative to the withholding or withdrawal of medical treatment. A health care provider or health care facility must promptly transfer an adult who has executed a MOST form to another health care provider or health care facility if the original health care provider or health care facility will not comply with the provisions of the form on the basis of policies based on moral convictions or religious beliefs.

An adult with decisional capacity may revoke all or part of his or her executed MOST form at any time. An authorized surrogate decision-maker may revoke an adult's MOST form if it was originally executed by an authorized surrogate decision-maker. Emergency medical service personnel, a health care provider, or an authorized surrogate decision-maker who becomes aware of the revocation of a MOST form must promptly communicate the fact of the revocation to a physician,

1 INSTITUTIONAL BARRIERS, AND INCONSISTENTLY INTERPRETED AND
2 IMPLEMENTED; AND

3 (d) THE FRAIL ELDERLY, CHRONICALLY OR TERMINALLY ILL, AND
4 NURSING HOME RESIDENT POPULATION IS IN PARTICULAR NEED OF A
5 CONSISTENT METHOD FOR IDENTIFYING AND COMMUNICATING CRITICAL
6 TREATMENT PREFERENCES THAT EACH SECTOR OF THE HEALTH CARE
7 COMMUNITY WILL RECOGNIZE AND FOLLOW.

8 (2) THE GENERAL ASSEMBLY THEREFORE CONCLUDES THAT IT IS
9 IN THE BEST INTERESTS OF THE PEOPLE OF COLORADO TO ADOPT STATUTES
10 PROVIDING FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT. CONSISTENT
11 WITH THE GOAL OF ENHANCING PATIENT-CENTERED, COMPASSIONATE
12 CARE THROUGH METHODS TO ENHANCE CONTINUITY ACROSS HEALTH CARE
13 SETTINGS, MEDICAL ORDERS FOR SCOPE OF TREATMENT WILL PROVIDE A
14 PROCESS FOR TIMELY DISCUSSION BETWEEN INDIVIDUALS AND THEIR
15 HEALTH CARE PROVIDERS ABOUT CHOICES TO ACCEPT, WITHDRAW, OR
16 REFUSE LIFE-SUSTAINING MEDICAL TREATMENT IN THE EVENT OF A
17 TERMINAL CONDITION AND, THROUGH THE USE OF STANDARDIZED FORMS,
18 WILL ENSURE THOSE PREFERENCES ARE CLEARLY AND UNEQUIVOCALLY
19 DOCUMENTED.

20 **15-18.7-102. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
21 CONTEXT OTHERWISE REQUIRES:

22 (1) "ADULT" MEANS A PERSON EIGHTEEN YEARS OF AGE OR OLDER.

23 (2) "ADVANCE MEDICAL DIRECTIVE" MEANS A WRITTEN
24 INSTRUCTION CONCERNING MEDICAL TREATMENT DECISIONS TO BE MADE
25 ON BEHALF OF THE ADULT WHO PROVIDED THE INSTRUCTION IN THE EVENT
26 THAT HE OR SHE BECOMES INCAPACITATED. AN ADVANCE MEDICAL
27 DIRECTIVE INCLUDES, BUT NEED NOT BE LIMITED TO:

1 (a) A MEDICAL DURABLE POWER OF ATTORNEY EXECUTED
2 PURSUANT TO SECTION 15-14-506;

3 (b) A DECLARATION EXECUTED PURSUANT TO THE "COLORADO
4 MEDICAL TREATMENT DECISION ACT", ARTICLE 18 OF THIS TITLE;

5 (c) A POWER OF ATTORNEY GRANTING MEDICAL TREATMENT
6 AUTHORITY EXECUTED PRIOR TO JULY 1, 1992, PURSUANT TO SECTION
7 15-14-501, AS IT EXISTED PRIOR TO THAT DATE; OR

8 (d) A CPR DIRECTIVE OR DECLARATION EXECUTED PURSUANT TO
9 ARTICLE 18.6 OF THIS TITLE.

10 (3) "ARTIFICIAL NUTRITION OR HYDRATION" MEANS:

11 (a) NUTRITION OR HYDRATION SUPPLIED THROUGH A TUBE
12 INSERTED INTO THE STOMACH OR INTESTINES; OR

13 (b) NUTRIENTS OR FLUIDS INJECTED INTRAVENOUSLY INTO THE
14 BLOODSTREAM.

15 (4) "AUTHORIZED SURROGATE DECISION-MAKER" MEANS A
16 GUARDIAN APPOINTED PURSUANT TO ARTICLE 14 OF THIS TITLE, AN AGENT
17 APPOINTED PURSUANT TO A MEDICAL DURABLE POWER OF ATTORNEY, A
18 PROXY DECISION-MAKER FOR MEDICAL TREATMENT DECISIONS APPOINTED
19 PURSUANT TO ARTICLE 18.5 OF THIS TITLE, OR A SIMILARLY AUTHORIZED
20 SURROGATE, AS DEFINED BY THE LAWS OF ANOTHER STATE, WHO IS
21 AUTHORIZED TO MAKE MEDICAL DECISIONS FOR AN INDIVIDUAL WHO
22 LACKS DECISIONAL CAPACITY.

23 (5) "CARDIOPULMONARY RESUSCITATION" OR "CPR" SHALL HAVE
24 THE SAME MEANING AS SET FORTH IN SECTION 15-18.6-101 (1).

25 (6) "CPR DIRECTIVE" SHALL HAVE THE SAME MEANING AS SET
26 FORTH IN SECTION 15-18.6-101 (2).

27 (7) "DECISIONAL CAPACITY" MEANS THE ABILITY TO PROVIDE

1 INFORMED CONSENT TO OR REFUSAL OF MEDICAL TREATMENT OR THE
2 ABILITY TO MAKE AN INFORMED HEALTH CARE BENEFIT DECISION.

3 (8) "EMERGENCY MEDICAL SERVICE PERSONNEL" MEANS AN
4 EMERGENCY MEDICAL TECHNICIAN WHO IS CERTIFIED OR LICENSED BY THE
5 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, CREATED AND
6 EXISTING PURSUANT TO SECTION 25-1-102, C.R.S., OR ANY FIRST
7 RESPONDER CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND
8 ENVIRONMENT OR THE DIVISION OF FIRE SAFETY IN THE OFFICE OF
9 PREPAREDNESS, SECURITY, AND FIRE SAFETY IN THE DEPARTMENT OF
10 PUBLIC SAFETY, IN ACCORDANCE WITH PART 12 OF ARTICLE 33.5 OF TITLE
11 24, C.R.S.

12 (9) "HEALTH CARE FACILITY" MEANS A HOSPITAL, A HOSPICE
13 INPATIENT RESIDENCE, A NURSING FACILITY, A DIALYSIS TREATMENT
14 FACILITY, AN ASSISTED LIVING RESIDENCE, AN ENTITY THAT PROVIDES
15 HOME- AND COMMUNITY-BASED SERVICES, A HOSPICE OR HOME HEALTH
16 CARE AGENCY, OR ANOTHER FACILITY THAT PROVIDES OR CONTRACTS TO
17 PROVIDE HEALTH CARE SERVICES, WHICH FACILITY IS LICENSED,
18 CERTIFIED, OR OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO
19 PROVIDE MEDICAL TREATMENT.

20 (10) "HEALTH CARE PROVIDER" MEANS:

21 (a) A PHYSICIAN OR OTHER INDIVIDUAL WHO PROVIDES MEDICAL
22 TREATMENT TO AN ADULT AND WHO IS LICENSED, CERTIFIED, OR
23 OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO PROVIDE MEDICAL
24 TREATMENT OR WHO IS EMPLOYED BY OR ACTING FOR SUCH AN
25 AUTHORIZED PERSON; OR

26 (b) A HEALTH MAINTENANCE ORGANIZATION LICENSED AND
27 CONDUCTING BUSINESS IN THIS STATE.

1 (11) (a) "LIFE-SUSTAINING MEDICAL TREATMENT" MEANS ANY
2 MEDICAL TREATMENT THAT, IF ADMINISTERED TO A PATIENT, WOULD
3 SERVE ONLY TO PROLONG THE DYING PROCESS.

4 (b) "LIFE-SUSTAINING MEDICAL TREATMENT" SHALL NOT INCLUDE:

5 (I) ANY MEDICAL TREATMENT FOR NOURISHMENT OF A PATIENT,
6 INCLUDING BUT NOT LIMITED TO ARTIFICIAL NUTRITION OR HYDRATION,
7 UNLESS SUCH NOURISHMENT IS NO LONGER ADEQUATE TO SUSTAIN BODILY
8 LIFE.

9 (II) ANY MEDICAL TREATMENT THAT A PATIENT'S ATTENDING
10 PHYSICIAN CONSIDERS TO BE NECESSARY TO PROVIDE COMFORT OR
11 ALLEVIATE PAIN.

12 (12) "MEDICAL TREATMENT" MEANS THE PROVISION,
13 WITHHOLDING, OR WITHDRAWAL OF ANY:

- 14 (a) HEALTH CARE;
- 15 (b) MEDICAL PROCEDURE, INCLUDING BUT NOT LIMITED TO
16 SURGERY, CPR, AND ARTIFICIAL NUTRITION OR HYDRATION; OR
- 17 (c) SERVICE TO MAINTAIN, DIAGNOSE, TREAT, OR PROVIDE FOR A
18 PATIENT'S PHYSICAL OR MENTAL HEALTH CARE.

19 (13) "TERMINAL CONDITION" MEANS AN INCURABLE OR
20 IRREVERSIBLE CONDITION FOR WHICH THE ADMINISTRATION OF
21 LIFE-SUSTAINING MEDICAL TREATMENT WILL SERVE ONLY TO POSTPONE
22 THE MOMENT OF DEATH.

23 **15-18.7-103. Medical orders for scope of treatment forms -**
24 **form contents.** (1) A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM
25 SHALL INCLUDE THE FOLLOWING INFORMATION CONCERNING THE ADULT
26 WHOSE MEDICAL TREATMENT IS THE SUBJECT OF THE MEDICAL ORDERS
27 FOR SCOPE OF TREATMENT FORM:

- 1 (a) THE ADULT'S NAME, DATE OF BIRTH, AND SEX;
- 2 (b) THE ADULT'S EYE AND HAIR COLOR;
- 3 (c) THE ADULT'S RACE OR ETHNIC BACKGROUND;
- 4 (d) IF APPLICABLE, THE NAME OF THE HOSPICE PROGRAM IN WHICH
- 5 THE ADULT IS ENROLLED;
- 6 (e) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE
- 7 ADULT'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S
- 8 ASSISTANT;
- 9 (f) THE ADULT'S SIGNATURE OR MARK OR, IF APPLICABLE, THE
- 10 SIGNATURE OF THE ADULT'S AUTHORIZED SURROGATE DECISION-MAKER;
- 11 (g) THE DATE UPON WHICH THE MEDICAL ORDERS FOR SCOPE OF
- 12 TREATMENT FORM WAS SIGNED;
- 13 (h) THE ADULT'S INSTRUCTIONS CONCERNING:
- 14 (I) THE ADMINISTRATION OF CPR;
- 15 (II) OTHER MEDICAL INTERVENTIONS, INCLUDING BUT NOT LIMITED
- 16 TO CONSENT TO COMFORT MEASURES ONLY, TRANSFER TO A HOSPITAL,
- 17 LIMITED INTERVENTION, OR FULL TREATMENT; AND
- 18 (III) OTHER TREATMENT OPTIONS;
- 19 (i) THE SIGNATURE OF THE ADULT'S PHYSICIAN, ADVANCED
- 20 PRACTICE NURSE, OR, IF UNDER THE SUPERVISION OR AUTHORITY OF THE
- 21 PHYSICIAN, PHYSICIAN'S ASSISTANT.

22 **15-18.7-104. Duty to comply with medical orders for scope of**
23 **treatment form - immunity - effect on criminal charges against**
24 **another person - transferability.** (1) (a) EXCEPT AS PROVIDED IN
25 SECTIONS 15-18.7-105, 15-18.7-107 (1), AND 15-18.7-108, EMERGENCY
26 MEDICAL SERVICE PERSONNEL, A HEALTH CARE PROVIDER, OR A HEALTH
27 CARE FACILITY SHALL COMPLY WITH AN ADULT'S EXECUTED MEDICAL

1 ORDERS FOR SCOPE OF TREATMENT FORM THAT:

2 (I) HAS BEEN EXECUTED IN THIS STATE OR ANOTHER STATE;

3 (II) IS APPARENT AND IMMEDIATELY AVAILABLE; AND

4 (III) REASONABLY SATISFIES THE REQUIREMENTS OF A MEDICAL
5 ORDERS FOR SCOPE OF TREATMENT FORM SPECIFIED IN SECTION
6 15-18.7-103.

7 (b) THE FACT THAT THE PHYSICIAN, ADVANCED PRACTICE NURSE,
8 OR PHYSICIAN'S ASSISTANT WHO SIGNED AN ADULT'S MEDICAL ORDERS FOR
9 SCOPE OF TREATMENT FORM DOES NOT HAVE ADMITTING PRIVILEGES AT
10 THE HOSPITAL OR HEALTH CARE FACILITY WHERE THE ADULT IS BEING
11 TREATED DOES NOT REMOVE THE DUTY OF EMERGENCY MEDICAL SERVICE
12 PERSONNEL, A HEALTH CARE PROVIDER, OR A HEALTH CARE FACILITY TO
13 COMPLY WITH THE MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM AS
14 REQUIRED BY PARAGRAPH (a) OF THIS SUBSECTION (1).

15 (2) EMERGENCY MEDICAL SERVICE PERSONNEL, A HEALTH CARE
16 PROVIDER, A HEALTH CARE FACILITY, OR ANY OTHER PERSON WHO
17 COMPLIES WITH A LEGALLY EXECUTED MEDICAL ORDERS FOR SCOPE OF
18 TREATMENT FORM THAT IS APPARENT AND IMMEDIATELY AVAILABLE AND
19 THAT HE OR SHE BELIEVES TO BE THE MOST CURRENT VERSION OF THE
20 FORM SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR
21 REGULATORY SANCTION FOR SUCH COMPLIANCE.

22 (3) COMPLIANCE BY EMERGENCY MEDICAL SERVICE PERSONNEL,
23 A HEALTH CARE PROVIDER, OR A HEALTH CARE FACILITY WITH AN
24 EXECUTED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL NOT
25 AFFECT THE CRIMINAL PROSECUTION OF A PERSON OTHERWISE CHARGED
26 WITH THE COMMISSION OF A CRIMINAL ACT.

27 (4) IN THE ABSENCE OF AN EXECUTED MEDICAL ORDERS FOR SCOPE

1 OF TREATMENT FORM DECLINING CPR OR A CPR DIRECTIVE, AN ADULT'S
2 CONSENT TO CPR SHALL BE PRESUMED.

3 (5) AN ADULT'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR, IF
4 UNDER THE SUPERVISION OF THE PHYSICIAN, PHYSICIAN'S ASSISTANT MAY
5 PROVIDE A VERBAL CONFIRMATION TO A HEALTH CARE PROVIDER WHO
6 SHALL ANNOTATE ON THE MEDICAL ORDERS FOR SCOPE OF TREATMENT
7 FORM THE TIME AND DATE OF THE VERBAL CONFIRMATION AND THE NAME
8 AND LICENSE NUMBER OF THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
9 PHYSICIAN'S ASSISTANT. THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
10 PHYSICIAN'S ASSISTANT SHALL COUNTERSIGN THE ANNOTATION OF THE
11 VERBAL CONFIRMATION ON THE MEDICAL ORDERS FOR SCOPE OF
12 TREATMENT FORM WITHIN A TIME PERIOD THAT SATISFIES ANY APPLICABLE
13 STATE LAW OR WITHIN THIRTY DAYS, WHICHEVER PERIOD IS LESS, AFTER
14 PROVIDING THE VERBAL CONFIRMATION. THE SIGNATURE OF THE
15 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY
16 BE PROVIDED BY PHOTOCOPY, FAX, OR ELECTRONIC MEANS. A MEDICAL
17 ORDERS FOR SCOPE OF TREATMENT FORM WITH ANNOTATED VERBAL
18 CONFIRMATION, AND A PHOTOCOPY, FAX, OR OTHER ELECTRONIC
19 REPRODUCTION THEREOF, SHALL BE GIVEN THE SAME FORCE AND EFFECT
20 AS THE ORIGINAL FORM SIGNED BY THE PHYSICIAN, ADVANCED PRACTICE
21 NURSE, OR PHYSICIAN'S ASSISTANT.

22 (6) (a) NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO MODIFY
23 OR ALTER ANY GENERALLY ACCEPTED ETHICS, STANDARDS, PROTOCOLS,
24 OR LAWS FOR THE PRACTICE OF MEDICINE OR NURSING, INCLUDING THE
25 PROVISIONS IN SECTION 15-18.6-108 CONCERNING EUTHANASIA AND
26 MERCY KILLING.

27 (b) A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL

1 NOT BE CONSTRUED TO COMPEL OR AUTHORIZE A HEALTH CARE PROVIDER
2 OR HEALTH CARE FACILITY TO ADMINISTER MEDICAL TREATMENT THAT IS
3 MEDICALLY INAPPROPRIATE OR PROHIBITED BY STATE OR FEDERAL LAW.

4 [REDACTED]

5 (7) IF AN ADULT WHO IS KNOWN TO HAVE PROPERLY EXECUTED
6 AND SIGNED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM IS
7 TRANSFERRED FROM ONE HEALTH CARE FACILITY OR HEALTH CARE
8 PROVIDER TO ANOTHER, THE TRANSFERRING HEALTH CARE FACILITY OR
9 HEALTH CARE PROVIDER SHALL COMMUNICATE THE EXISTENCE OF THE
10 FORM TO THE RECEIVING HEALTH CARE FACILITY OR HEALTH CARE
11 PROVIDER BEFORE THE TRANSFER. THE TRANSFERRING HEALTH CARE
12 FACILITY OR HEALTH CARE PROVIDER SHALL ENSURE THAT THE FORM OR
13 A COPY OF THE FORM ACCOMPANIES THE ADULT UPON ADMISSION TO OR
14 DISCHARGE FROM A HEALTH CARE FACILITY.

15 **15-18.7-105. Moral convictions and religious beliefs - notice**
16 **required - transfer of a patient.** (1) A HEALTH CARE PROVIDER OR
17 HEALTH CARE FACILITY THAT PROVIDES CARE TO AN ADULT WHOM THE
18 HEALTH CARE PROVIDER OR HEALTH CARE FACILITY KNOWS TO HAVE
19 EXECUTED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL
20 PROVIDE NOTICE TO THE ADULT OR, IF APPROPRIATE, TO THE AUTHORIZED
21 SURROGATE DECISION-MAKER OF THE ADULT, OF ANY POLICIES BASED ON
22 MORAL CONVICTIONS OR RELIGIOUS BELIEFS OF THE HEALTH CARE
23 PROVIDER OR HEALTH CARE FACILITY RELATIVE TO THE WITHHOLDING OR
24 WITHDRAWAL OF MEDICAL TREATMENT. THE HEALTH CARE PROVIDER OR
25 HEALTH CARE FACILITY SHALL PROVIDE THE NOTICE, WHEN REASONABLY
26 POSSIBLE, PRIOR TO PROVIDING MEDICAL TREATMENT OR PRIOR TO OR
27 UPON THE ADMISSION OF THE ADULT TO THE HEALTH CARE FACILITY, OR

1 AS SOON AS POSSIBLE THEREAFTER.

2 (2) A HEALTH CARE PROVIDER OR HEALTH CARE FACILITY SHALL
3 PROVIDE FOR THE PROMPT TRANSFER OF AN ADULT WHO HAS EXECUTED A
4 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM TO ANOTHER HEALTH
5 CARE PROVIDER OR HEALTH CARE FACILITY IF THE TRANSFERRING HEALTH
6 CARE PROVIDER OR HEALTH CARE FACILITY CHOOSES NOT TO COMPLY
7 WITH THE PROVISIONS OF THE FORM ON THE BASIS OF POLICIES BASED ON
8 MORAL CONVICTIONS OR RELIGIOUS BELIEFS.

9 (3) NOTHING IN THIS SECTION SHALL RELIEVE OR EXONERATE AN
10 ATTENDING PHYSICIAN OR HEALTH CARE FACILITY FROM THE DUTY TO
11 PROVIDE FOR THE CARE AND COMFORT OF AN ADULT PENDING TRANSFER
12 PURSUANT TO THIS SECTION.

13 **15-18.7-106. Medical orders for scope of treatment form - who**
14 **may consent.** (1) AN ADULT WHO HAS DECISIONAL CAPACITY MAY
15 EXECUTE A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.

16 (2) EXCEPT AS PROVIDED IN SECTION 15-18.7-111 (3), THE
17 AUTHORIZED SURROGATE DECISION-MAKER FOR AN ADULT WHO LACKS
18 DECISIONAL CAPACITY MAY EXECUTE A MEDICAL ORDERS FOR SCOPE OF
19 TREATMENT FORM FOR SAID ADULT.

20 **15-18.7-107. Revision and revocation of a medical orders for**
21 **scope of treatment form - duty to inform.** (1) (a) A HEALTH CARE
22 PROVIDER MAY REVISE THE PROVISIONS OF AN ADULT'S EXECUTED
23 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM ONLY IF:

24 (I) (A) THE ADULT'S MEDICAL CONDITION HAS CHANGED SINCE THE
25 ADULT OR THE ADULT'S AUTHORIZED SURROGATE DECISION-MAKER
26 EXECUTED THE FORM; OR

27 (B) THE PROVISIONS OF THE FORM ARE NOT, IN THE PROVIDER'S

1 INDEPENDENT MEDICAL JUDGMENT, MEDICALLY APPROPRIATE;

2 (II) THE PROVIDER CONSULTS WITH THE ADULT OR, IF THE ADULT
3 LACKS DECISIONAL CAPACITY, THE ADULT'S AUTHORIZED SURROGATE
4 DECISION-MAKER CONCERNING THE REVISION OF THE FORM; AND

5 (III) THE ADULT OR, IF THE ADULT LACKS DECISIONAL CAPACITY,
6 THE ADULT'S AUTHORIZED SURROGATE DECISION-MAKER CONSENTS TO
7 THE REVISION OF THE PROVISIONS OF THE FORM.

8 (b) IF A HEALTH CARE PROVIDER REVISES AN ADULT'S EXECUTED
9 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM PURSUANT TO
10 PARAGRAPH (a) OF THIS SUBSECTION (1):

11 (I) THE PROVIDER SHALL RECORD THE REVISIONS ON THE FORM;
12 AND

13 (II) THE PROVIDER AND THE ADULT OR, IF THE ADULT LACKS
14 DECISIONAL CAPACITY, THE ADULT'S AUTHORIZED SURROGATE
15 DECISION-MAKER, SHALL SIGN AND DATE THE FORM.

16 (2) AN ADULT WHO HAS DECISIONAL CAPACITY AND HAS
17 EXECUTED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM MAY
18 REVOKE HIS OR HER CONSENT TO ALL OR PART OF THE FORM AT ANY TIME
19 AND IN ANY MANNER THAT CLEARLY COMMUNICATES AN INTENT TO
20 REVOKE ALL OR PART OF THE FORM.

21 (3) EXCEPT AS PROVIDED IN SECTION 15-18.7-111 (3), THE
22 AUTHORIZED SURROGATE DECISION-MAKER FOR AN ADULT WHO LACKS
23 DECISIONAL CAPACITY MAY REVOKE THE ADULT'S PREVIOUSLY EXECUTED
24 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.

25 (4) EMERGENCY MEDICAL SERVICE PERSONNEL, A HEALTH CARE
26 PROVIDER, OR AN AUTHORIZED SURROGATE DECISION-MAKER WHO
27 BECOMES AWARE OF THE REVOCATION OF A MEDICAL ORDERS FOR SCOPE

1 OF TREATMENT FORM SHALL PROMPTLY COMMUNICATE THE FACT OF THE
2 REVOCATION TO A PHYSICIAN, ADVANCED PRACTICE NURSE, OR
3 PHYSICIAN'S ASSISTANT WHO IS PROVIDING CARE TO THE ADULT WHO IS
4 THE SUBJECT OF THE FORM.

5 **15-18.7-108. Withdrawal - withholding of life-sustaining**
6 **medical treatment.** IN THE EVENT THAT AN ATTENDING PHYSICIAN IS
7 PRESENTED WITH AN UNREVOKED MEDICAL ORDERS FOR SCOPE OF
8 TREATMENT FORM EXECUTED BY AN ADULT WHOM THE PHYSICIAN
9 BELIEVES HAS A TERMINAL CONDITION, WHICH FORM AUTHORIZES THE
10 WITHDRAWAL OR WITHHOLDING OF LIFE-SUSTAINING MEDICAL TREATMENT
11 IN THE EVENT THAT THE ADULT IS IN A TERMINAL CONDITION AND LACKS
12 THE DECISIONAL CAPACITY TO PROVIDE INFORMED CONSENT TO,
13 WITHDRAW FROM, OR REFUSE LIFE-SUSTAINING MEDICAL TREATMENT, THE
14 ATTENDING PHYSICIAN, PRIOR TO WITHDRAWING OR WITHHOLDING
15 LIFE-SUSTAINING MEDICAL TREATMENT, SHALL CAUSE THE ADULT TO BE
16 EXAMINED BY ONE OTHER PHYSICIAN. IF BOTH PHYSICIANS FIND THAT THE
17 ADULT HAS A TERMINAL CONDITION, THEY SHALL CERTIFY SUCH FACT IN
18 WRITING AND ENTER SUCH IN THE ADULT'S MEDICAL RECORD OF THE
19 HOSPITAL IN WHICH THE WITHHOLDING OR WITHDRAWAL OF
20 LIFE-SUSTAINING MEDICAL TREATMENT MAY OCCUR, TOGETHER WITH A
21 COPY OF THE ADULT'S MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.
22 IF THE ATTENDING PHYSICIAN HAS ACTUAL KNOWLEDGE OF THE
23 WHEREABOUTS OF THE ADULT'S SPOUSE, ANY OF HIS OR HER ADULT
24 CHILDREN, A PARENT, OR ATTORNEY-IN-FACT UNDER A DURABLE POWER
25 OF ATTORNEY, THE ATTENDING PHYSICIAN SHALL IMMEDIATELY MAKE A
26 REASONABLE EFFORT TO NOTIFY AT LEAST ONE OF SAID PERSONS, IN THE
27 ORDER NAMED, THAT A CERTIFICATE OF TERMINAL CONDITION HAS BEEN

1 SIGNED. IF NO ACTION TO CHALLENGE THE VALIDITY OF A DECLARATION
2 HAS BEEN FILED WITHIN FORTY-EIGHT CONSECUTIVE HOURS AFTER THE
3 CERTIFICATION IS MADE BY THE PHYSICIANS, THE ATTENDING PHYSICIAN
4 SHALL THEN WITHDRAW OR WITHHOLD ALL LIFE-SUSTAINING MEDICAL
5 TREATMENT PURSUANT TO THE TERMS OF THE ADULT'S EXECUTED
6 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.

7 **15-18.7-109. Medical orders for scope of treatment form not**
8 **required for treatment.** A HEALTH CARE FACILITY SHALL NOT REQUIRE
9 A PERSON TO HAVE EXECUTED A MEDICAL ORDERS FOR SCOPE OF
10 TREATMENT FORM AS A CONDITION OF BEING ADMITTED TO, OR RECEIVING
11 MEDICAL TREATMENT FROM, THE HEALTH CARE FACILITY.

12 **15-18.7-110. Effect of a medical orders for scope of treatment**
13 **form on life or health insurance.** NEITHER A MEDICAL ORDERS FOR
14 SCOPE OF TREATMENT FORM NOR THE FAILURE OF AN ADULT TO EXECUTE
15 A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL AFFECT,
16 IMPAIR, OR MODIFY A CONTRACT OF LIFE OR HEALTH INSURANCE OR AN
17 ANNUITY OR BE THE BASIS FOR A DELAY IN ISSUING OR REFUSAL TO ISSUE
18 AN ANNUITY OR POLICY OF LIFE OR HEALTH INSURANCE OR FOR ANY
19 INCREASE OF A PREMIUM THEREFOR.

20 **15-18.7-111. Effect of article on existing advance medical**
21 **directives.** (1) IN EXECUTING A MEDICAL ORDERS FOR SCOPE OF
22 TREATMENT FORM, AN ADULT, OR THE ADULT'S AUTHORIZED SURROGATE
23 DECISION-MAKER, AND THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
24 PHYSICIAN'S ASSISTANT WHO SIGNS THE FORM SHALL MAKE A GOOD FAITH
25 EFFORT TO LOCATE AND INCORPORATE, AS APPROPRIATE AND DESIRED,
26 TREATMENT PREFERENCES DOCUMENTED IN THE ADULT'S PREVIOUSLY
27 EXECUTED ADVANCE MEDICAL DIRECTIVES, IF ANY.

1 (2) EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (a) OF
2 SUBSECTION (3) OF THIS SECTION, IN CASE OF A CONFLICT BETWEEN A
3 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM AND AN ADULT'S
4 ADVANCE MEDICAL DIRECTIVES, THE DOCUMENT MOST RECENTLY
5 EXECUTED SHALL TAKE PRECEDENCE FOR THE MEDICAL DECISION OR
6 TREATMENT PREFERENCE AT ISSUE. MEDICAL DECISIONS AND TREATMENT
7 PREFERENCES DOCUMENTED IN AN ADULT'S ADVANCE MEDICAL
8 DIRECTIVES OR ASSERTED BY AN AUTHORIZED SURROGATE
9 DECISION-MAKER ON THE ADULT'S BEHALF, BUT NOT SPECIFICALLY
10 ADDRESSED IN A MORE RECENTLY EXECUTED MEDICAL ORDERS FOR SCOPE
11 OF TREATMENT FORM, SHALL NOT BE AFFECTED BY THE MEDICAL ORDERS
12 FOR SCOPE OF TREATMENT FORM.

13 (3) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1) OF
14 THIS SECTION:

15 (a) AN AUTHORIZED SURROGATE DECISION-MAKER OR A
16 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY
17 NOT REVOKE OR ALTER AN ADULT'S PREVIOUSLY EXECUTED ADVANCE
18 MEDICAL DIRECTIVE REGARDING PROVISION OF ARTIFICIAL NUTRITION OR
19 HYDRATION IF THE DIRECTIVE IS DOCUMENTED IN A DECLARATION
20 EXECUTED BY THE ADULT PURSUANT TO THE "COLORADO MEDICAL
21 TREATMENT DECISION ACT", ARTICLE 18 OF THIS TITLE.

22 (b) AN AUTHORIZED SURROGATE DECISION-MAKER MAY NOT
23 REVOKE A PREEXISTING CPR DIRECTIVE UNLESS IT WAS ORIGINALLY
24 EXECUTED BY AN AUTHORIZED SURROGATE DECISION-MAKER.

25 (c) AN AUTHORIZED SURROGATE DECISION-MAKER WHO IS A
26 PROXY DECISION-MAKER PURSUANT TO ARTICLE 18.5 OF THIS TITLE MAY
27 AUTHORIZE THE WITHDRAWAL OF ARTIFICIAL NUTRITION OR HYDRATION

1 FROM A PATIENT WHO HAS EXECUTED A MEDICAL ORDERS FOR SCOPE OF
2 TREATMENT FORM IN ACCORDANCE WITH THIS ARTICLE, AND WHO HAS
3 BEEN CERTIFIED BY HIS OR HER ATTENDING PHYSICIAN AND AT LEAST ONE
4 OTHER PHYSICIAN TO BE IN A TERMINAL CONDITION PURSUANT TO SECTION
5 15-18.7-108, ONLY IN ACCORDANCE WITH SECTION 15-18.5-103 (6).

6 **SECTION 2. Act subject to petition - effective date.** This act
7 shall take effect at 12:01 a.m. on the day following the expiration of the
8 ninety-day period after final adjournment of the general assembly (August
9 11, 2010, if adjournment sine die is on May 12, 2010); except that, if a
10 referendum petition is filed pursuant to section 1 (3) of article V of the
11 state constitution against this act or an item, section, or part of this act
12 within such period, then the act, item, section, or part shall not take effect
13 unless approved by the people at the general election to be held in
14 November 2010 and shall take effect on the date of the official
15 declaration of the vote thereon by the governor.