

- SUBJECT:** Creating procedures and requirements for do-not-resuscitate orders
- COMMITTEE:** State Affairs — committee substitute recommended
- VOTE:** 13 ayes — Cook, Giddings, Craddick, Farrar, Geren, Guillen, K. King, Kuempel, Meyer, Oliveira, Paddie, E. Rodriguez, Smithee
- 0 nays
- WITNESSES:** For — Emily Cook and Emily Horne, Texas Right to Life; Alisha Hauber; Carol Williams; Valdez; (*Registered, but did not testify:* Adam Cahn, Cahnman's Musings; Ann Hettinger, Center for the Preservation of American Ideals; Jeremy Newman, Texas Home School Coalition; Maxcine Tomlinson, Texas New Mexico Hospice Organization; John Seago, Texas Right to Life; Nicole Hudgens, Texas Values Action; and 10 individuals)
- Against — Cyndy Dunlap, Texas Hospital Association; Christopher Ziebell, Texas Medical Association; (*Registered, but did not testify:* Kyleen Wright, Texans for Life; Joel Ballew, Texas Health Resources; Ray Callas, Texas Medical Association)
- On — Jennifer Allmon, The Texas Catholic Conference of Bishops; (*Registered, but did not testify:* Joe Pojman, Texas Alliance for Life)
- BACKGROUND:** Observers have noted that existing law regarding do-not-resuscitate orders does not give direction to execute an order within a health care facility or hospice setting.
- DIGEST:** CSHB 2063 would hold a do-not-resuscitate (DNR) order to be valid only if the order complied with:
- the written directions of a competent patient;
  - the oral directions of a competent patient observed by two competent adult witnesses;
  - the directions in an advance directive;

- the directions of a patient's legal guardian or agent under a medical power of attorney;
- a treatment decision made if a patient had not issued a directive and was incompetent; or
- the reasonable medical judgment of an attending physician, who found the patient's death imminent and the order medically appropriate and whose decision was not contrary to the directions of a patient who was competent at the time the patient conveyed the directions.

A DNR order would be defined to include an order instructing a health care professional not to attempt cardiopulmonary resuscitation or other life-sustaining treatment on a patient whose circulatory or respiratory function ceases. The bill would apply to a DNR order used in a health care facility, including a hospital or assisted living facility, or in hospice settings. The bill would not apply to an out-of-hospital DNR order.

A health care facility would be required to disclose a DNR order to the patient's spouse, reasonably available adult child, parent, or nearest living relative, if that individual arrived at the facility after the order was issued. The facility would have to notify one of the above individuals, in that order of priority.

A DNR order would take effect at the time it was issued, provided that the order was placed in the patient's medical record as soon as practicable.

Upon admission to a health care facility or initial provision of hospice services, the facility or service provider would have to provide notice to a patient or individual authorized to make treatment decisions on that patient's behalf regarding policies on DNR orders.

The executive commissioner of the Health and Human Services Commission would be required to adopt rules to implement this bill as soon as practicable after the effective date.

The bill would take effect January 15, 2018, and would apply only to

DNR orders issued on or after that date.