

1995 ASSEMBLY BILL 658

November 3, 1995 – Introduced by Representatives Huber, Underheim, Krug, Klusman, Meyer, Hahn, Notestein, Skindrud, Cullen, Robson, La Fave, Wilder, Boyle, Plache, Hanson, Gronemus, R. Young, Baldwin, Springer and Wasserman, cosponsored by Senators Huelsman, Breske, Rosenzweig, Rude, Burke, Chvala, Risser, Wineke, Decker and Shibilski. Referred to Committee on Health.

AN ACT to renumber 154.01 (2), 154.01 (2m) and 154.01 (6); to amend chapter 1 $\mathbf{2}$ 154 (title), 154.07 (1) (a) 1., 154.07 (1) (b) 1., 154.07 (2), 154.11 (1), 154.11 (4), 3 154.11 (5), 154.11 (6), 155.20 (5) and 155.70 (3); and **to create** subchapter I (title) of chapter 154 [precedes 154.01], 154.02 (intro.), subchapter II (title) of 4 5 chapter 154 [precedes 154.02] and subchapter III of chapter 154 [precedes 6 154.17] of the statutes; **relating to:** do-not-resuscitate orders in certain 7 hospital and nonhospital situations, granting rule-making authority and 8 providing a penalty.

Analysis by the Legislative Reference Bureau

This bill allows a person who has attained the age of 18 to request from his or her attending physician a do-not-resuscitate order that directs emergency medical technicians and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation (CPR) if that person suffers cardiac or respiratory arrest. A person may not obtain a do-not-resuscitate order unless at least one of the following conditions applies:

- 1. The person has a terminal condition.
- 2. The person has a condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
- 3. The person has a condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of the person would impose an extraordinary burden on that person in light of that person's medical condition and the expected outcome of resuscitation.

Under the bill, a person for whom the attending physician issues a do-not-resuscitate order is given a bracelet to wear that notifies emergency medical technicians and emergency health care facilities personnel that the person does not wish to be resuscitated. The order may be revoked at any time by the person for whom the order was issued by any of the following methods:

- 1. Prior to cardiac or respiratory arrest, the person expresses to an emergency medical technician or to a person who serves as a member of an emergency health care facility's personnel the desire to be resuscitated.
- 2. Prior to cardiac or respiratory arrest, the person defaces, burns, cuts or otherwise destroys the do-not-resuscitate bracelet.
- 3. The person removes the do-not-resuscitate bracelet or requests his or her attending physician to remove the do-not-resuscitate bracelet.

The bill specifies that no physician, emergency medical technician, health care professional or emergency health care facility acting under the directive of a do-not-resuscitate order may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

- 1. Withholding or withdrawing, or causing to be withheld or withdrawn, resuscitation from a patient.
- 2. Failing to act upon a revocation unless the person or facility had actual knowledge of the revocation.
- 3. Failing to comply with a do-not-resuscitate order if the person or facility in good faith believed that the order had been revoked.

Under the bill, withholding or withdrawing resuscitation does not constitute suicide and requesting a do-not-resuscitate order may not be used to impair the procurement or retention of life insurance.

The bill requires DHSS to establish by rule a uniform standard for the size and design of the do-not-resuscitate bracelet.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1	SECTION 1. Chapter 154 (title) of the statutes is amended to read:
2	CHAPTER 154
3	NATURAL DEATH DECLARATION TO
4	PHYSICIANS AND DO-NOT-RESUSCITATE
5	<u>ORDERS</u>

1	SECTION 2. Subchapter I (title) of chapter 154 [precedes 154.01] of the statutes
2	is created to read:
3	CHAPTER 154
4	SUBCHAPTER I
5	DEFINITIONS
6	Section 3. 154.01 (2) of the statutes is renumbered 154.02 (1).
7	Section 4. 154.01 (2m) of the statutes is renumbered 154.02 (2).
8	Section 5. 154.01 (6) of the statutes is renumbered 154.02 (3).
9	Section 6. 154.02 (intro.) of the statutes is created to read:
10	154.02 Definitions. (intro.) In this subchapter:
11	Section 7. Subchapter II (title) of chapter 154 [precedes 154.02] of the statutes
12	is created to read:
13	CHAPTER 154
14	SUBCHAPTER II
15	DECLARATION TO PHYSICIANS
16	SECTION 8. 154.07 (1) (a) 1. of the statutes is amended to read:
17	154.07 (1) (a) 1. Participating in the withholding or withdrawal of
18	life-sustaining procedures or feeding tubes under this chapter subchapter.
19	SECTION 9. 154.07 (1) (b) 1. of the statutes is amended to read:
20	154.07 (1) (b) 1. No person who acts in good faith as a witness to a declaration
21	under this chapter subchapter may be held civilly or criminally liable for
22	participating in the withholding or withdrawal of life-sustaining procedures or
23	feeding tubes under this chapter <u>subchapter</u> .
24	SECTION 10. 154.07 (2) of the statutes is amended to read:

154.07 (2) EFFECT OF DECLARATION. The desires of a qualified patient who is competent supersede the effect of the declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures or feeding tubes a declaration executed under this chapter subchapter is presumed to be valid. The declaration of a qualified patient who is diagnosed as pregnant by the attending physician has no effect during the course of the qualified patient's pregnancy. For the purposes of this chapter subchapter, a physician or

inpatient health care facility may presume in the absence of actual notice to the

contrary that a person who executed a declaration was of sound mind at the time.

SECTION 11. 154.11 (1) of the statutes is amended to read:

154.11 (1) Suicide. The withholding or withdrawal of life-sustaining procedures or feeding tubes from a qualified patient under this chapter subchapter does not, for any purpose, constitute suicide. Execution of a declaration under this chapter subchapter does not, for any purpose, constitute attempted suicide.

Section 12. 154.11 (4) of the statutes is amended to read:

154.11 (4) OTHER RIGHTS. This chapter subchapter does not impair or supersede any person's legal right to withhold or withdraw life-sustaining procedures or feeding tubes.

Section 13. 154.11 (5) of the statutes is amended to read:

154.11 (5) INTENT. Failure to execute a declaration under this chapter subchapter creates no presumption that the person consents to the use or withholding of life-sustaining procedures or feeding tubes in the event that the person suffers from a terminal condition or is in a persistent vegetative state.

SECTION 14. 154.11 (6) of the statutes is amended to read:

1	154.11 (6) Construction. Nothing in this chapter subchapter condones,
2	authorizes or permits any affirmative or deliberate act to end life other than to
3	permit the natural process of dying.
4	Section 15. Subchapter III of chapter 154 [precedes 154.17] of the statutes is
5	created to read:
6	CHAPTER 154
7	SUBCHAPTER III
8	DO-NOT-RESUSCITATE ORDERS
9	154.17 Definitions. In this subchapter:
10	(1) "Do-not-resuscitate bracelet" means a standardized identification bracelet
11	of uniform size and design, approved by the department, that bears the inscription
12	"D-N-R" and signifies that the wearer is a qualified patient who has obtained a
13	do-not-resuscitate order and that the wearer has not revoked the request or consent
14	for the order.
15	(2) "Do-not-resuscitate order" means a written order issued under the
16	requirements of this subchapter that directs emergency medical technicians and
17	emergency health care facilities personnel not to attempt cardiopulmonary
18	resuscitation on a person for whom the order is issued if that person suffers cardiac
19	or respiratory arrest.
20	(3) "Emergency medical technician" has the meaning given under s. $146.50 (1)$
21	(e).
22	(3m) "First responder" has the meaning given in s. $146.53 (1) (d)$.
23	(4) "Qualified patient" means a person who has attained the age of 18 and to
24	whom any of the following conditions applies:
25	(a) The person has a terminal condition.

- (b) The person has a condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
- (c) The person has a condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would impose an extraordinary burden on that person in light of that person's medical condition and the expected outcome of resuscitation for that person.
- (5) "Resuscitation" means cardiopulmonary resuscitation or any component of cardiopulmonary resuscitation, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures.
- **154.19 Do-not-resuscitate order.** (1) No person except an attending physician may issue a do-not-resuscitate order. An attending physician may issue a do-not-resuscitate order to a patient only if all of the following apply:
 - (a) The patient is a qualified patient.
 - (b) The patient requests the order.
 - (c) The order is in writing.
 - (d) The patient signs the order.
- (2) Upon issuing the do-not-resuscitate order, the attending physician, or a person directed by the attending physician, shall issue and affix to the wrist of the patient a do-not-resuscitate bracelet and document in the patient's medical record the medical condition that qualifies the patient for the do-not-resuscitate order.

1	(3) (a) Except as provided in par. (b), emergency medical technicians and
2	emergency health care facilities personnel shall follow do-not-resuscitate orders.
3	The procedures used in following a do-not-resuscitate order shall be in accordance
4	with any procedures established by the department by rule.
5	(b) Paragraph (a) does not apply under any of the following conditions:
6	1. The patient has revoked the order under 154.21.
7	2. The do-not-resuscitate bracelet appears to have been tampered with or
8	removed.
9	154.21 Revocation of do-not-resuscitate order. (1) METHOD OF
10	REVOCATION. A patient may revoke a do-not-resuscitate order at any time by any of
11	the following methods:
12	(a) Prior to cardiac or respiratory arrest, the patient expresses to an emergency
13	medical technician or to a person who serves as a member of an emergency health
14	care facility's personnel the desire to be resuscitated. The emergency medical
15	technician or the member of the emergency health care facility shall promptly
16	remove the do-not-resuscitate bracelet.
17	(b) Prior to cardiac or respiratory arrest, the patient defaces, burns, cuts or
18	otherwise destroys the do-not-resuscitate bracelet.
19	(c) The patient removes the do-not-resuscitate bracelet or requests his or her
20	attending physician to remove the do-not-resuscitate bracelet.
21	(2) RECORDING THE REVOCATION. The attending physician shall be notified as
22	soon as practicable of the patient's revocation and shall record in the patient's
23	medical record the time, date and place of the revocation, if known, and the time, date

and place, if different, that he or she was notified of the revocation. A revocation

under sub. (1) is effective regardless of when the attending physician has been notified of that revocation.

- **154.23 Liability.** No physician, emergency medical technician, health care professional or emergency health care facility acting under the directive of a do-not-resuscitate order may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:
- (1) Withholding or withdrawing, or causing to be withheld or withdrawn, resuscitation from a patient.
- (2) Failing to act upon a revocation unless the person or facility had actual knowledge of the revocation.
- (3) Failing to comply with a do-not-resuscitate order if the person or facility in good faith believed that the order had been revoked.
- 154.25 General provisions. (1) Suicide. Under this subchapter, the withholding or withdrawing of resuscitation from a patient wearing a valid do-not-resuscitate bracelet does not, for any purpose, constitute suicide. Requesting a do-not-resuscitate order under this subchapter does not, for any purpose, constitute suicide.
- (2) LIFE INSURANCE. Requesting a do-not-resuscitate order under s. 154.19 may not be used to impair in any manner the procurement of any policy of life insurance, and may not be used to modify the terms of an existing policy of life insurance. No policy of life insurance may be impaired in any manner by the withholding or withdrawal of resuscitation from a qualified patient.
- (3) HEALTH INSURANCE. No person may be required to request a do-not-resuscitate order as a condition prior to being insured for, or receiving, health care services.

- (4) OTHER RIGHTS. This subchapter does not impair or supersede any person's legal right to withhold or withdraw resuscitation.
- (5) INTENT. Failure to request a do-not-resuscitate order creates no presumption that the person consents to the use or withholding of resuscitation in the event that the person suffers from a condition that renders the person a qualified patient.
- (6) Valid do-not-resuscitate bracelet that has not been removed, altered or tampered with in any way shall be presumed valid.
- (7) Construction. Nothing in this subchapter condones, authorizes or permits any affirmative or deliberate act to end life other than to permit the natural process of dying.

154.27 Specifications and distribution of do-not-resuscitate bracelet.

The department shall establish by rule a uniform standard for the size and design of all do-not-resuscitate bracelets. The rules shall require that the do-not-resuscitate bracelets include the inscription "D-N-R"; the name, address, date of birth and gender of the patient; and the name, business telephone number

154.29 Penalties. (1) Any person who willfully conceals, defaces or damages the do-not-resuscitate bracelet of another person without that person's consent may be fined not more than \$500 or imprisoned for not more than 30 days or both.

and signature of the attending physician issuing the order.

(2) Any person who, with the intent to cause the withholding or withdrawal of resuscitation contrary to the wishes of any patient, falsifies, forges or transfers a do-not-resuscitate bracelet to that patient or conceals the revocation under s. 154.21 of a do-not-resuscitate order or any responsible person who withholds personal

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knowledge of a revocation under s. 154.21 shall be fined not more than \$10,000 or imprisoned for not more than 10 years or both.

Section 16. 155.20 (5) of the statutes is amended to read:

155.20 (5) The health care agent shall act in good faith consistently with the desires of the principal as expressed in the power of attorney for health care instrument or as otherwise specifically directed by the principal to the health care agent at any time. The health care agent shall act in good faith consistently with any valid declaration executed by the principal under <u>subch. II of ch. 154</u>, except that the provisions of a principal's valid power of attorney for health care instrument supersede any directly conflicting provisions of a valid declaration executed by the principal under <u>subch. II of ch. 154</u>. In the absence of a specific directive by the principal or if the principal's desires are unknown, the health care agent shall, in good faith, act in the best interests of the principal in exercising his or her authority.

Section 17. 155.70 (3) of the statutes is amended to read:

155.70 (3) This chapter does not apply to the provisions of a valid declaration executed under <u>subch</u>. II of ch. 154, except that the provisions of a principal's valid power of attorney for health care instrument supersede any directly conflicting provisions of a valid declaration executed under <u>subch</u>. II of ch. 154 for a declarant who is that principal.

(END)