

**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. 10-0247.01 Jane Ritter

HOUSE BILL 10-1024

HOUSE SPONSORSHIP

Balmer and Riesberg,

SENATE SPONSORSHIP

Williams, Newell

House Committees

Health and Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING ELIMINATING THE ABILITY OF ADVANCED PRACTICE**
102 **NURSES TO DECLARE PATIENTS TERMINALLY ILL.**

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>.)

Hospice and Palliative Care in Colorado. The bill eliminates the ability of advanced practice nurses to declare a patient terminally ill for purposes of triggering end-of-life decisions and leaves such ability to the sole discretion of a physician.

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.*

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** 15-18-104 (3), Colorado Revised Statutes,
3 is amended to read:

4 **15-18-104. Declaration as to medical treatment.** (3) A
5 declaration executed before two witnesses by any competent adult shall
6 be legally effective for the purposes of this article and may, but need not,
7 be in the following form:

8 **DECLARATION AS TO MEDICAL OR**
9 **SURGICAL TREATMENT**

10 I, (name of declarant), being of sound mind and at least eighteen
11 years of age, direct that my life shall not be artificially prolonged under
12 the circumstances set forth below and hereby declare that:

13 1. If at any time my attending physician ~~or advanced practice~~
14 ~~nurse~~ and one other qualified physician ~~or advanced practice nurse~~ certify
15 in writing that:

16 a. I have an injury, disease, or illness which is not curable or
17 reversible and which, in their judgment, is a terminal condition, and

18 b. For a period of seven consecutive days or more, I have been
19 unconscious, comatose, or otherwise incompetent so as to be unable to
20 make or communicate responsible decisions concerning my person, then

21 I direct that, in accordance with Colorado law, life-sustaining
22 procedures shall be withdrawn and withheld pursuant to the terms of this
23 declaration, it being understood that life-sustaining procedures shall not
24 include any medical procedure or intervention for nourishment considered
25 necessary by the attending physician or advanced practice nurse to
26 provide comfort or alleviate pain. However, I may specifically direct, in

1 accordance with Colorado law, that artificial nourishment be withdrawn
2 or withheld pursuant to the terms of this declaration.

3 2. In the event that the only procedure I am being provided is
4 artificial nourishment, I direct that one of the following actions be taken:

5 (initials of declarant) a. Artificial nourishment shall not be
6 continued when it is the only procedure being provided; or

7 (initials of declarant) b. Artificial nourishment shall be continued
8 for _____ days when it is the only procedure being provided; or

9 (initials of declarant) c. Artificial nourishment shall be continued
10 when it is the only procedure being provided.

11 3. I execute this declaration, as my free and voluntary act, this
12 _____ day of _____, 20____.

13 By _____

14 Declarant

15 The foregoing instrument was signed and declared by
16 _____ to be his OR HER declaration, in the presence of us,
17 who, in his OR HER presence, in the presence of each other, and at his OR
18 HER request, have signed our names below as witnesses, and we declare
19 that, at the time of the execution of this instrument, the declarant,
20 according to our best knowledge and belief, was of sound mind and under
21 no constraint or undue influence.

22 Dated at _____, Colorado, this _____ day of _____,
23 20____.

24 _____

25 Name and Address

26 _____

27 Name and Address

1 STATE OF COLORADO)

2) ss.

3 County of _____)

4 SUBSCRIBED and sworn to before me by _____, the
5 declarant, and _____ and _____, witnesses, as the voluntary
6 act and deed of the declarant this _____ day of _____, 20__.

7 My commission expires:

8 _____

9 Notary Public

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