

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

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

Judiciary

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.

SENATE
3rd Reading Unam ended
April 26, 2010

SENATE
Am ended 2nd Reading
April 23, 2010

HOUSE
3rd Reading Unam ended
February 25, 2010

HOUSE
Am ended 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,

advanced practice nurse, or physician's assistant who is providing health care to the adult who is the subject of the form.

A health care facility may not require an adult to complete a MOST form as a condition of being admitted to, or receiving treatment from, the health care facility. Neither the existence nor absence of a MOST form shall be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefor. The bill clarifies the effect of a MOST form on conflicting provisions of another form of advance medical directive.

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

2 **SECTION 1.** Title 15, Colorado Revised Statutes, is amended BY
3 THE ADDITION OF A NEW ARTICLE to read:

4 **ARTICLE 18.7**

5 **Directives Concerning Medical Orders**

6 **for Scope of Treatment**

7 **15-18.7-101. Legislative declaration.** (1) THE GENERAL
8 ASSEMBLY HEREBY FINDS THAT:

9 (a) COLORADO LAW HAS TRADITIONALLY RECOGNIZED THE RIGHT
10 OF AN ADULT OR HIS OR HER AUTHORIZED SURROGATE DECISION-MAKER
11 TO ACCEPT OR REJECT MEDICAL TREATMENT AND ARTIFICIAL NUTRITION
12 OR HYDRATION;

13 (b) EACH ADULT HAS THE RIGHT TO ESTABLISH, IN ADVANCE OF
14 THE NEED FOR MEDICAL TREATMENT, DIRECTIVES AND INSTRUCTIONS FOR
15 THE ADMINISTRATION OF MEDICAL TREATMENT IN THE EVENT THE ADULT
16 LATER LACKS THE DECISIONAL CAPACITY TO PROVIDE INFORMED CONSENT
17 TO, WITHDRAW FROM, OR REFUSE MEDICAL TREATMENT;

18 (c) CURRENT INSTRUMENTS FOR MAKING ADVANCE MEDICAL
19 DIRECTIVES ARE OFTEN UNDERUTILIZED, HAMPERED BY CERTAIN
20 INSTITUTIONAL BARRIERS, AND INCONSISTENTLY INTERPRETED AND

1 IMPLEMENTED; AND

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

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

18 **15-18.7-102. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
19 CONTEXT OTHERWISE REQUIRES:

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

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

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

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

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

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

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

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

11 (b) NUTRIENTS OR FLUIDS INJECTED INTRAVENOUSLY INTO THE
12 BLOODSTREAM.

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

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

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

25 (7) "DECISIONAL CAPACITY" MEANS THE ABILITY TO PROVIDE
26 INFORMED CONSENT TO OR REFUSAL OF MEDICAL TREATMENT OR THE
27 ABILITY TO MAKE AN INFORMED HEALTH CARE BENEFIT DECISION.

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

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

18 (10) "HEALTH CARE PROVIDER" MEANS:

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

24 (b) A HEALTH MAINTENANCE ORGANIZATION LICENSED AND
25 CONDUCTING BUSINESS IN THIS STATE.

26 (11) "MEDICAL TREATMENT" MEANS THE PROVISION,
27 WITHHOLDING, OR WITHDRAWAL OF ANY:

- 1 (a) HEALTH CARE;
- 2 (b) MEDICAL PROCEDURE, INCLUDING BUT NOT LIMITED TO
- 3 SURGERY, CPR, AND ARTIFICIAL NUTRITION OR HYDRATION; OR
- 4 (c) SERVICE TO MAINTAIN, DIAGNOSE, TREAT, OR PROVIDE FOR A
- 5 PATIENT'S PHYSICAL OR MENTAL HEALTH CARE.

6 **15-18.7-103. Medical orders for scope of treatment forms -**
7 **form contents.** (1) A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM
8 SHALL INCLUDE THE FOLLOWING INFORMATION CONCERNING THE ADULT
9 WHOSE MEDICAL TREATMENT IS THE SUBJECT OF THE MEDICAL ORDERS
10 FOR SCOPE OF TREATMENT FORM:

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

1 (III) OTHER TREATMENT OPTIONS;

2 (i) THE SIGNATURE OF THE ADULT'S PHYSICIAN, ADVANCED
3 PRACTICE NURSE, OR, IF UNDER THE SUPERVISION OR AUTHORITY OF THE
4 PHYSICIAN, PHYSICIAN'S ASSISTANT.

5 **15-18.7-104. Duty to comply with medical orders for scope of**
6 **treatment form - immunity - effect on criminal charges against**
7 **another person - transferability.** (1) (a) EXCEPT AS PROVIDED IN
8 SECTIONS 15-18.7-105 AND 15-18.7-107 (1), EMERGENCY MEDICAL
9 SERVICE PERSONNEL, A HEALTH CARE PROVIDER, OR A HEALTH CARE
10 FACILITY SHALL COMPLY WITH AN ADULT'S EXECUTED MEDICAL ORDERS
11 FOR SCOPE OF TREATMENT FORM THAT:

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

13 (II) IS APPARENT AND IMMEDIATELY AVAILABLE; AND

14 (III) REASONABLY SATISFIES THE REQUIREMENTS OF A MEDICAL
15 ORDERS FOR SCOPE OF TREATMENT FORM SPECIFIED IN SECTION
16 15-18.7-103.

17 (b) THE FACT THAT THE PHYSICIAN, ADVANCED PRACTICE NURSE,
18 OR PHYSICIAN'S ASSISTANT WHO SIGNED AN ADULT'S MEDICAL ORDERS FOR
19 SCOPE OF TREATMENT FORM DOES NOT HAVE ADMITTING PRIVILEGES AT
20 THE HOSPITAL OR HEALTH CARE FACILITY WHERE THE ADULT IS BEING
21 TREATED DOES NOT REMOVE THE DUTY OF EMERGENCY MEDICAL SERVICE
22 PERSONNEL, A HEALTH CARE PROVIDER, OR A HEALTH CARE FACILITY TO
23 COMPLY WITH THE MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM AS
24 REQUIRED BY PARAGRAPH (a) OF THIS SUBSECTION (1).

25 (2) EMERGENCY MEDICAL SERVICE PERSONNEL, A HEALTH CARE
26 PROVIDER, A HEALTH CARE FACILITY, OR ANY OTHER PERSON WHO
27 COMPLIES WITH A LEGALLY EXECUTED MEDICAL ORDERS FOR SCOPE OF

1 TREATMENT FORM THAT IS APPARENT AND IMMEDIATELY AVAILABLE AND
2 THAT HE OR SHE BELIEVES TO BE THE MOST CURRENT VERSION OF THE
3 FORM SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR
4 REGULATORY SANCTION FOR SUCH COMPLIANCE.

5 (3) COMPLIANCE BY EMERGENCY MEDICAL SERVICE PERSONNEL,
6 A HEALTH CARE PROVIDER, OR A HEALTH CARE FACILITY WITH AN
7 EXECUTED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL NOT
8 AFFECT THE CRIMINAL PROSECUTION OF A PERSON OTHERWISE CHARGED
9 WITH THE COMMISSION OF A CRIMINAL ACT.

10 (4) IN THE ABSENCE OF AN EXECUTED MEDICAL ORDERS FOR SCOPE
11 OF TREATMENT FORM DECLINING CPR OR A CPR DIRECTIVE, AN ADULT'S
12 CONSENT TO CPR SHALL BE PRESUMED.

13 (5) AN ADULT'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR, IF
14 UNDER THE SUPERVISION OF THE PHYSICIAN, PHYSICIAN'S ASSISTANT MAY
15 PROVIDE A VERBAL CONFIRMATION TO A HEALTH CARE PROVIDER WHO
16 SHALL ANNOTATE ON THE MEDICAL ORDERS FOR SCOPE OF TREATMENT
17 FORM THE TIME AND DATE OF THE VERBAL CONFIRMATION AND THE NAME
18 AND LICENSE NUMBER OF THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
19 PHYSICIAN'S ASSISTANT. THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
20 PHYSICIAN'S ASSISTANT SHALL COUNTERSIGN THE ANNOTATION OF THE
21 VERBAL CONFIRMATION ON THE MEDICAL ORDERS FOR SCOPE OF
22 TREATMENT FORM WITHIN A TIME PERIOD THAT SATISFIES ANY APPLICABLE
23 STATE LAW OR WITHIN THIRTY DAYS, WHICHEVER PERIOD IS LESS, AFTER
24 PROVIDING THE VERBAL CONFIRMATION. THE SIGNATURE OF THE
25 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY
26 BE PROVIDED BY PHOTOCOPY, FAX, OR ELECTRONIC MEANS. A MEDICAL
27 ORDERS FOR SCOPE OF TREATMENT FORM WITH ANNOTATED VERBAL

1 CONFIRMATION, AND A PHOTOCOPY, FAX, OR OTHER ELECTRONIC
2 REPRODUCTION THEREOF, SHALL BE GIVEN THE SAME FORCE AND EFFECT
3 AS THE ORIGINAL FORM SIGNED BY THE PHYSICIAN, ADVANCED PRACTICE
4 NURSE, OR PHYSICIAN'S ASSISTANT.

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

10 (b) A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL
11 NOT BE CONSTRUED TO COMPEL OR AUTHORIZE A HEALTH CARE PROVIDER
12 OR HEALTH CARE FACILITY TO ADMINISTER MEDICAL TREATMENT THAT IS
13 MEDICALLY INAPPROPRIATE OR PROHIBITED BY STATE OR FEDERAL LAW.

14 [REDACTED]

15 (7) IF AN ADULT WHO IS KNOWN TO HAVE PROPERLY EXECUTED
16 AND SIGNED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM IS
17 TRANSFERRED FROM ONE HEALTH CARE FACILITY OR HEALTH CARE
18 PROVIDER TO ANOTHER, THE TRANSFERRING HEALTH CARE FACILITY OR
19 HEALTH CARE PROVIDER SHALL COMMUNICATE THE EXISTENCE OF THE
20 FORM TO THE RECEIVING HEALTH CARE FACILITY OR HEALTH CARE
21 PROVIDER BEFORE THE TRANSFER. THE TRANSFERRING HEALTH CARE
22 FACILITY OR HEALTH CARE PROVIDER SHALL ENSURE THAT THE FORM OR
23 A COPY OF THE FORM ACCOMPANIES THE ADULT UPON ADMISSION TO OR
24 DISCHARGE FROM A HEALTH CARE FACILITY.

25 **15-18.7-105. Moral convictions and religious beliefs - notice**
26 **required - transfer of a patient.** (1) A HEALTH CARE PROVIDER OR
27 HEALTH CARE FACILITY THAT PROVIDES CARE TO AN ADULT WHOM THE

1 HEALTH CARE PROVIDER OR HEALTH CARE FACILITY KNOWS TO HAVE
2 EXECUTED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL
3 PROVIDE NOTICE TO THE ADULT OR, IF APPROPRIATE, TO THE AUTHORIZED
4 SURROGATE DECISION-MAKER OF THE ADULT, OF ANY POLICIES BASED ON
5 MORAL CONVICTIONS OR RELIGIOUS BELIEFS OF THE HEALTH CARE
6 PROVIDER OR HEALTH CARE FACILITY RELATIVE TO THE WITHHOLDING OR
7 WITHDRAWAL OF MEDICAL TREATMENT. THE HEALTH CARE PROVIDER OR
8 HEALTH CARE FACILITY SHALL PROVIDE THE NOTICE, WHEN REASONABLY
9 POSSIBLE, PRIOR TO PROVIDING MEDICAL TREATMENT OR PRIOR TO OR
10 UPON THE ADMISSION OF THE ADULT TO THE HEALTH CARE FACILITY, OR
11 AS SOON AS POSSIBLE THEREAFTER.

12 (2) A HEALTH CARE PROVIDER OR HEALTH CARE FACILITY SHALL
13 PROVIDE FOR THE PROMPT TRANSFER OF AN ADULT WHO HAS EXECUTED A
14 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM TO ANOTHER HEALTH
15 CARE PROVIDER OR HEALTH CARE FACILITY IF THE TRANSFERRING HEALTH
16 CARE PROVIDER OR HEALTH CARE FACILITY CHOOSES NOT TO COMPLY
17 WITH THE PROVISIONS OF THE FORM ON THE BASIS OF POLICIES BASED ON
18 MORAL CONVICTIONS OR RELIGIOUS BELIEFS.

19 (3) NOTHING IN THIS SECTION SHALL RELIEVE OR EXONERATE AN
20 ATTENDING PHYSICIAN OR HEALTH CARE FACILITY FROM THE DUTY TO
21 PROVIDE FOR THE CARE AND COMFORT OF AN ADULT PENDING TRANSFER
22 PURSUANT TO THIS SECTION.

23 **15-18.7-106. Medical orders for scope of treatment form - who**
24 **may consent.** (1) AN ADULT WHO HAS DECISIONAL CAPACITY MAY
25 EXECUTE A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.

26 (2) EXCEPT AS PROVIDED IN SECTION 15-18.7-110 (3), THE
27 AUTHORIZED SURROGATE DECISION-MAKER FOR AN ADULT WHO LACKS

1 DECISIONAL CAPACITY MAY EXECUTE A MEDICAL ORDERS FOR SCOPE OF
2 TREATMENT FORM FOR SAID ADULT.

3 **15-18.7-107. Revision and revocation of a medical orders for**
4 **scope of treatment form - duty to inform.** (1) (a) A HEALTH CARE
5 PROVIDER MAY REVISE THE PROVISIONS OF AN ADULT'S EXECUTED
6 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM ONLY IF:

7 (I) (A) THE ADULT'S MEDICAL CONDITION HAS CHANGED SINCE THE
8 ADULT OR THE ADULT'S AUTHORIZED SURROGATE DECISION-MAKER
9 EXECUTED THE FORM; OR

10 (B) THE PROVISIONS OF THE FORM ARE NOT, IN THE PROVIDER'S
11 INDEPENDENT MEDICAL JUDGMENT, MEDICALLY APPROPRIATE;

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

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

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

21 (I) THE PROVIDER SHALL RECORD THE REVISIONS ON THE FORM;
22 AND

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

26 (2) AN ADULT WHO HAS DECISIONAL CAPACITY AND HAS
27 EXECUTED A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM MAY

1 REVOKE HIS OR HER CONSENT TO ALL OR PART OF THE FORM AT ANY TIME
2 AND IN ANY MANNER THAT CLEARLY COMMUNICATES AN INTENT TO
3 REVOKE ALL OR PART OF THE FORM.

4 (3) EXCEPT AS PROVIDED IN SECTION 15-18.7-110 (3), THE
5 AUTHORIZED SURROGATE DECISION-MAKER FOR AN ADULT WHO LACKS
6 DECISIONAL CAPACITY MAY REVOKE THE ADULT'S PREVIOUSLY EXECUTED
7 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM. [REDACTED]

8 (4) EMERGENCY MEDICAL SERVICE PERSONNEL, A HEALTH CARE
9 PROVIDER, OR AN AUTHORIZED SURROGATE DECISION-MAKER WHO
10 BECOMES AWARE OF THE REVOCATION OF A MEDICAL ORDERS FOR SCOPE
11 OF TREATMENT FORM SHALL PROMPTLY COMMUNICATE THE FACT OF THE
12 REVOCATION TO A PHYSICIAN, ADVANCED PRACTICE NURSE, OR
13 PHYSICIAN'S ASSISTANT WHO IS PROVIDING CARE TO THE ADULT WHO IS
14 THE SUBJECT OF THE FORM.

15 **15-18.7-108. Medical orders for scope of treatment form not**
16 **required for treatment.** A HEALTH CARE FACILITY SHALL NOT REQUIRE
17 A PERSON TO HAVE EXECUTED A MEDICAL ORDERS FOR SCOPE OF
18 TREATMENT FORM AS A CONDITION OF BEING ADMITTED TO, OR RECEIVING
19 MEDICAL TREATMENT FROM, THE HEALTH CARE FACILITY.

20 **15-18.7-109. Effect of a medical orders for scope of treatment**
21 **form on life or health insurance.** NEITHER A MEDICAL ORDERS FOR
22 SCOPE OF TREATMENT FORM NOR THE FAILURE OF AN ADULT TO EXECUTE
23 A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL AFFECT,
24 IMPAIR, OR MODIFY A CONTRACT OF LIFE OR HEALTH INSURANCE OR AN
25 ANNUITY OR BE THE BASIS FOR A DELAY IN ISSUING OR REFUSAL TO ISSUE
26 AN ANNUITY OR POLICY OF LIFE OR HEALTH INSURANCE OR FOR ANY
27 INCREASE OF A PREMIUM THEREFOR.

1 **15-18.7-110. Effect of article on existing advance medical**
2 **directives.** (1) IN EXECUTING A MEDICAL ORDERS FOR SCOPE OF
3 TREATMENT FORM, AN ADULT, OR THE ADULT'S AUTHORIZED SURROGATE
4 DECISION-MAKER, AND THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
5 PHYSICIAN'S ASSISTANT WHO SIGNS THE FORM SHALL MAKE A GOOD FAITH
6 EFFORT TO LOCATE AND INCORPORATE, AS APPROPRIATE AND DESIRED,
7 TREATMENT PREFERENCES DOCUMENTED IN THE ADULT'S PREVIOUSLY
8 EXECUTED ADVANCE MEDICAL DIRECTIVES, IF ANY.

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

21 (3) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1) OF
22 THIS SECTION:

23 (a) AN AUTHORIZED SURROGATE DECISION-MAKER OR A
24 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY
25 NOT REVOKE OR ALTER AN ADULT'S PREVIOUSLY EXECUTED ADVANCE
26 MEDICAL DIRECTIVE REGARDING PROVISION OF ARTIFICIAL NUTRITION OR
27 HYDRATION IF THE DIRECTIVE IS DOCUMENTED IN A DECLARATION

1 EXECUTED BY THE ADULT PURSUANT TO THE "COLORADO MEDICAL
2 TREATMENT DECISION ACT", ARTICLE 18 OF THIS TITLE.

3 (b) AN AUTHORIZED SURROGATE DECISION-MAKER MAY NOT
4 REVOKE A PREEXISTING CPR DIRECTIVE UNLESS IT WAS ORIGINALLY
5 EXECUTED BY AN AUTHORIZED SURROGATE DECISION-MAKER.

6 (c) AN AUTHORIZED SURROGATE DECISION-MAKER WHO IS A
7 PROXY DECISION-MAKER PURSUANT TO ARTICLE 18.5 OF THIS TITLE MAY
8 AUTHORIZE THE WITHDRAWAL OF ARTIFICIAL NUTRITION OR HYDRATION
9 ONLY IN ACCORDANCE WITH SECTION 15-18.5-103 (6).

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.