

3164--A

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I N S E N A T E

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Introduced by Sens. DUANE, BRESLIN, DILAN, ESPADA, HASSELL-THOMPSON, C. JOHNSON, KLEIN, KRUEGER, KRUGER, MONSERRATE, MONTGOMERY, ONORATO, OPPENHEIMER, SCHNEIDERMAN, SERRANO, STACHOWSKI, STAVISKY, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, the mental hygiene law and the surrogate's court procedure act, in relation to establishing procedures for making medical treatment decisions on behalf of persons who lack the capacity to decide about treatment for themselves; directing the New York state task force on life and law to form a special advisory committee to consider the procedures and practices for withholding or withdrawal of life sustaining treatment for patients with mental illness or mental retardation and developmental disabilities; and to repeal certain provisions of the public health law and the mental hygiene law relating thereto

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Legislative intent. Under article 29-C of the public health
2 law, competent adults have a powerful way to control their medical
3 treatment even after they lose decision-making capacity, by appointing
4 someone they trust to decide on their behalf. This legislation fills a
5 gap that remains in New York law. It adds, inter alia, a new article
6 29-CC to the public health law, which establishes a decision-making
7 process, applicable to decisions in general hospitals and nursing homes,
8 whereby a surrogate is selected and empowered to make health care deci-
9 sions for patients who lack capacity to make their own health care deci-
10 sions and who have not otherwise appointed an agent to make health care

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets [] is old law to be omitted.

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1 decisions pursuant to article 29-C of the public health law or provided
2 clear and convincing evidence of their treatment wishes.

3 The legislature does not intend to encourage or discourage any partic-
4 ular health care decision or treatment, or to create or expand a
5 substantive right of competent adults to decide about treatment for
6 themselves, or to impair the right of patients to object to treatment
7 under applicable law including court decisions. Further, the legislature
8 does not intend to authorize a surrogate to deny to the patient personal
9 services that every patient would generally receive, such as appropriate
10 food, water, bed rest, room temperature and hygiene. This legislation
11 establishes a procedure to facilitate responsible decision-making by
12 surrogates on behalf of patients who do not have capacity to make their
13 own health care decisions.

14 This legislation affirms existing laws and policies that limit indi-
15 vidual conduct of patients with or without capacity, including those
16 laws and policies against homicide, suicide, assisted suicide and mercy
17 killing.

18 S 2. The public health law is amended by adding two new articles 29-CC
19 and 29-CCC to read as follows:

20 ARTICLE 29-CC

21 FAMILY HEALTH CARE DECISIONS ACT

22 SECTION 2994-A. DEFINITIONS.

23 2994-B. APPLICABILITY; PRIORITY OF CERTAIN OTHER SURROGATE DECI-
24 SION-MAKING LAWS AND REGULATIONS.

25 2994-C. DETERMINATION OF INCAPACITY.

26 2994-D. HEALTH CARE DECISIONS FOR ADULT PATIENTS BY SURROGATES.

27 2994-E. DECISIONS ABOUT LIFE-SUSTAINING TREATMENT FOR MINOR
28 PATIENTS.

29 2994-F. OBLIGATIONS OF ATTENDING PHYSICIAN.

30 2994-G. HEALTH CARE DECISIONS FOR ADULT PATIENTS WITHOUT SURRO-
31 GATES.

32 2994-I. SPECIFIC POLICIES FOR ORDERS NOT TO RESUSCITATE.

33 2994-J. REVOCATION OF CONSENT.

34 2994-K. IMPLEMENTATION AND REVIEW OF DECISIONS.

35 2994-L. INTERINSTITUTIONAL TRANSFERS.

36 2994-M. ETHICS REVIEW COMMITTEES.

37 2994-N. CONSCIENCE OBJECTIONS.

38 2994-O. IMMUNITY.

39 2994-P. LIABILITY FOR HEALTH CARE COSTS.

40 2994-Q. EFFECT ON OTHER RIGHTS.

41 2994-R. SPECIAL PROCEEDING AUTHORIZED; COURT ORDERS; HEALTH CARE
42 GUARDIAN FOR MINOR PATIENT.

43 2994-S. REMEDY.

44 2994-T. REGULATIONS.

45 2994-U. RIGHTS TO BE PUBLICIZED.

46 S 2994-A. DEFINITIONS. THE FOLLOWING WORDS OR PHRASES, USED IN THIS
47 ARTICLE, SHALL HAVE THE FOLLOWING MEANINGS, UNLESS THE CONTEXT OTHERWISE
48 REQUIRES:

49 1. "ADULT" MEANS ANY PERSON WHO IS EIGHTEEN YEARS OF AGE OR OLDER OR
50 HAS MARRIED.

51 2. "ATTENDING PHYSICIAN" MEANS A PHYSICIAN, SELECTED BY OR ASSIGNED TO
52 A PATIENT PURSUANT TO HOSPITAL POLICY, WHO HAS PRIMARY RESPONSIBILITY
53 FOR THE TREATMENT AND CARE OF THE PATIENT. WHERE MORE THAN ONE PHYSICIAN
54 SHARES SUCH RESPONSIBILITY, OR WHERE A PHYSICIAN IS ACTING ON THE
55 ATTENDING PHYSICIAN'S BEHALF, ANY SUCH PHYSICIAN MAY ACT AS AN ATTENDING
56 PHYSICIAN PURSUANT TO THIS ARTICLE.

1 3. "CARDIOPULMONARY RESUSCITATION" MEANS MEASURES, AS SPECIFIED IN
2 REGULATIONS PROMULGATED BY THE COMMISSIONER, TO RESTORE CARDIAC FUNCTION
3 OR TO SUPPORT VENTILATION IN THE EVENT OF A CARDIAC OR RESPIRATORY
4 ARREST. CARDIOPULMONARY RESUSCITATION SHALL NOT INCLUDE MEASURES TO
5 IMPROVE VENTILATION AND CARDIAC FUNCTION IN THE ABSENCE OF AN ARREST.

6 4. "CLOSE FRIEND" MEANS ANY PERSON, EIGHTEEN YEARS OF AGE OR OLDER,
7 WHO IS A CLOSE FRIEND OF THE PATIENT, OR A RELATIVE OF THE PATIENT
8 (OTHER THAN A SPOUSE, ADULT CHILD, PARENT, BROTHER OR SISTER), WHO HAS
9 MAINTAINED SUCH REGULAR CONTACT WITH THE PATIENT AS TO BE FAMILIAR WITH
10 THE PATIENT'S ACTIVITIES, HEALTH, AND RELIGIOUS OR MORAL BELIEFS, AND
11 WHO PRESENTS A SIGNED STATEMENT TO THAT EFFECT TO THE ATTENDING PHYSI-
12 CIAN.

13 5. "DECISION-MAKING CAPACITY" MEANS THE ABILITY TO UNDERSTAND AND
14 APPRECIATE THE NATURE AND CONSEQUENCES OF PROPOSED HEALTH CARE, INCLUD-
15 ING THE BENEFITS AND RISKS OF AND ALTERNATIVES TO PROPOSED HEALTH CARE,
16 AND TO REACH AN INFORMED DECISION.

17 6. "DEVELOPMENTAL DISABILITY" MEANS A DEVELOPMENTAL DISABILITY AS
18 DEFINED IN SUBDIVISION TWENTY-TWO OF SECTION 1.03 OF THE MENTAL HYGIENE
19 LAW.

20 7. "DOMESTIC PARTNER" MEANS A PERSON WHO, WITH RESPECT TO ANOTHER
21 PERSON:

22 (A) IS FORMALLY A PARTY IN A DOMESTIC PARTNERSHIP OR SIMILAR RELATION-
23 SHIP WITH THE OTHER PERSON, ENTERED INTO PURSUANT TO THE LAWS OF THE
24 UNITED STATES OR OF ANY STATE, LOCAL OR FOREIGN JURISDICTION, OR REGIS-
25 TERED AS THE DOMESTIC PARTNER OF THE OTHER PERSON WITH ANY REGISTRY
26 MAINTAINED BY THE EMPLOYER OF EITHER PARTY OR ANY STATE, MUNICIPALITY,
27 OR FOREIGN JURISDICTION; OR

28 (B) IS FORMALLY RECOGNIZED AS A BENEFICIARY OR COVERED PERSON UNDER
29 THE OTHER PERSON'S EMPLOYMENT BENEFITS OR HEALTH INSURANCE; OR

30 (C) IS DEPENDENT OR MUTUALLY INTERDEPENDENT ON THE OTHER PERSON FOR
31 SUPPORT, AS EVIDENCED BY THE TOTALITY OF THE CIRCUMSTANCES INDICATING A
32 MUTUAL INTENT TO BE DOMESTIC PARTNERS INCLUDING BUT NOT LIMITED TO:
33 COMMON OWNERSHIP OR JOINT LEASING OF REAL OR PERSONAL PROPERTY; COMMON
34 HOUSEHOLDING, SHARED INCOME OR SHARED EXPENSES; CHILDREN IN COMMON;
35 SIGNS OF INTENT TO MARRY OR BECOME DOMESTIC PARTNERS UNDER PARAGRAPH (A)
36 OR (B) OF THIS SUBDIVISION; OR THE LENGTH OF THE PERSONAL RELATIONSHIP
37 OF THE PERSONS.

38 EACH PARTY TO A DOMESTIC PARTNERSHIP SHALL BE CONSIDERED TO BE THE
39 DOMESTIC PARTNER OF THE OTHER PARTY. "DOMESTIC PARTNER" SHALL NOT
40 INCLUDE A PERSON WHO IS RELATED TO THE OTHER PERSON BY BLOOD IN A MANNER
41 THAT WOULD BAR MARRIAGE TO THE OTHER PERSON IN NEW YORK STATE. "DOMES-
42 TIC PARTNER" ALSO SHALL NOT INCLUDE ANY PERSON WHO IS LESS THAN EIGHTEEN
43 YEARS OF AGE OR WHO IS THE ADOPTED CHILD OF THE OTHER PERSON OR WHO IS
44 RELATED BY BLOOD IN A MANNER THAT WOULD BAR MARRIAGE IN NEW YORK STATE
45 TO A PERSON WHO IS THE LAWFUL SPOUSE OF THE OTHER PERSON.

46 8. "EMANCIPATED MINOR PATIENT" MEANS A MINOR PATIENT WHO IS THE PARENT
47 OF A CHILD, OR WHO IS SIXTEEN YEARS OF AGE OR OLDER AND LIVING INDEPEND-
48 ENTLY FROM HIS OR HER PARENTS OR GUARDIAN.

49 9. "ETHICS REVIEW COMMITTEE" MEANS THE INTERDISCIPLINARY COMMITTEE
50 ESTABLISHED IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION TWENTY-NINE
51 HUNDRED NINETY-FOUR-M OF THIS ARTICLE.

52 10. "GENERAL HOSPITAL" MEANS A GENERAL HOSPITAL AS DEFINED IN SUBDIVI-
53 SION TEN OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER EXCLUDING A
54 WARD, WING, UNIT OR OTHER PART OF A GENERAL HOSPITAL OPERATED FOR THE
55 PURPOSE OF PROVIDING SERVICES FOR PERSONS WITH MENTAL ILLNESS PURSUANT
56 TO AN OPERATING CERTIFICATE ISSUED BY THE COMMISSIONER OF MENTAL HEALTH.

11. "GUARDIAN OF A MINOR" OR "GUARDIAN" MEANS A HEALTH CARE GUARDIAN OR A LEGAL GUARDIAN OF THE PERSON OF A MINOR.

12. "HEALTH CARE" MEANS ANY TREATMENT, SERVICE, OR PROCEDURE TO DIAGNOSE OR TREAT AN INDIVIDUAL'S PHYSICAL OR MENTAL CONDITION. PROVIDING NUTRITION OR HYDRATION ORALLY, WITHOUT RELIANCE ON MEDICAL TREATMENT, IS NOT HEALTH CARE UNDER THIS ARTICLE AND IS NOT SUBJECT TO THIS ARTICLE.

13. "HEALTH CARE AGENT" MEANS A HEALTH CARE AGENT DESIGNATED BY AN ADULT PURSUANT TO ARTICLE TWENTY-NINE-C OF THIS CHAPTER.

14. "HEALTH CARE DECISION" MEANS ANY DECISION TO CONSENT OR REFUSE TO CONSENT TO HEALTH CARE.

15. "HEALTH CARE GUARDIAN" MEANS AN INDIVIDUAL APPOINTED BY A COURT, PURSUANT TO SUBDIVISION FOUR OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-R OF THIS ARTICLE, AS THE GUARDIAN OF A MINOR PATIENT SOLELY FOR THE PURPOSE OF DECIDING ABOUT LIFE-SUSTAINING TREATMENT PURSUANT TO THIS ARTICLE.

16. "HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL OR FACILITY LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY COURSE OF BUSINESS OR PROFESSIONAL PRACTICE.

17. "HEALTH OR SOCIAL SERVICE PRACTITIONER" MEANS A REGISTERED PROFESSIONAL NURSE, NURSE PRACTITIONER, PHYSICIAN, PHYSICIAN ASSISTANT, PSYCHOLOGIST OR LICENSED CLINICAL SOCIAL WORKER, LICENSED OR CERTIFIED PURSUANT TO THE EDUCATION LAW ACTING WITHIN HIS OR HER SCOPE OF PRACTICE.

18. "HOSPITAL" MEANS A GENERAL HOSPITAL OR A RESIDENTIAL HEALTH CARE FACILITY.

19. "LIFE-SUSTAINING TREATMENT" MEANS ANY MEDICAL TREATMENT OR PROCEDURE WITHOUT WHICH THE PATIENT WILL DIE WITHIN A RELATIVELY SHORT TIME, AS DETERMINED BY AN ATTENDING PHYSICIAN TO A REASONABLE DEGREE OF MEDICAL CERTAINTY. FOR THE PURPOSE OF THIS ARTICLE, CARDIOPULMONARY RESUSCITATION IS PRESUMED TO BE LIFE-SUSTAINING TREATMENT WITHOUT THE NECESSITY OF A DETERMINATION BY AN ATTENDING PHYSICIAN.

20. "MENTAL HYGIENE FACILITY" MEANS A FACILITY OPERATED OR LICENSED BY THE OFFICE OF MENTAL HEALTH OR THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES AS DEFINED IN SUBDIVISION SIX OF SECTION 1.03 OF THE MENTAL HYGIENE LAW.

21. "MENTAL ILLNESS" MEANS A MENTAL ILLNESS AS DEFINED IN SUBDIVISION TWENTY OF SECTION 1.03 OF THE MENTAL HYGIENE LAW, AND DOES NOT INCLUDE DEMENTIA, SUCH AS ALZHEIMER'S DISEASE, OR OTHER DISORDERS RELATED TO DEMENTIA.

22. "MINOR" MEANS ANY PERSON WHO IS NOT AN ADULT.

23. "ORDER NOT TO RESUSCITATE" MEANS AN ORDER NOT TO ATTEMPT CARDIOPULMONARY RESUSCITATION IN THE EVENT A PATIENT SUFFERS CARDIAC OR RESPIRATORY ARREST.

24. "PARENT", FOR THE PURPOSE OF A HEALTH CARE DECISION ABOUT A MINOR PATIENT, MEANS A PARENT WHO HAS CUSTODY OF, OR WHO HAS MAINTAINED SUBSTANTIAL AND CONTINUOUS CONTACT WITH, THE MINOR PATIENT.

25. "PATIENT" MEANS A PERSON ADMITTED TO A HOSPITAL.

26. "PERSON CONNECTED WITH THE CASE" MEANS THE PATIENT, ANY PERSON ON THE SURROGATE LIST, A PARENT OR GUARDIAN OF A MINOR PATIENT, THE HOSPITAL ADMINISTRATOR, AN ATTENDING PHYSICIAN, ANY OTHER HEALTH OR SOCIAL SERVICES PRACTITIONER WHO IS OR HAS BEEN DIRECTLY INVOLVED IN THE PATIENT'S CARE, AND ANY DULY AUTHORIZED STATE AGENCY, INCLUDING THE FACILITY DIRECTOR OR REGIONAL DIRECTOR FOR A PATIENT TRANSFERRED FROM A MENTAL HYGIENE FACILITY AND THE FACILITY DIRECTOR FOR A PATIENT TRANSFERRED FROM A CORRECTIONAL FACILITY.

1 27. "REASONABLY AVAILABLE" MEANS THAT A PERSON TO BE CONTACTED CAN BE
2 CONTACTED WITH DILIGENT EFFORTS BY AN ATTENDING PHYSICIAN, ANOTHER
3 PERSON ACTING ON BEHALF OF AN ATTENDING PHYSICIAN, OR THE HOSPITAL.

4 28. "RESIDENTIAL HEALTH CARE FACILITY" MEANS A RESIDENTIAL HEALTH CARE
5 FACILITY AS DEFINED IN SUBDIVISION THREE OF SECTION TWENTY-EIGHT HUNDRED
6 ONE OF THIS CHAPTER.

7 29. "SURROGATE" MEANS THE PERSON SELECTED TO MAKE A HEALTH CARE DECI-
8 SION ON BEHALF OF A PATIENT PURSUANT TO SECTION TWENTY-NINE HUNDRED
9 NINETY-FOUR-D OF THIS ARTICLE.

10 30. "SURROGATE LIST" MEANS THE LIST SET FORTH IN SUBDIVISION ONE OF
11 SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE.

12 S 2994-B. APPLICABILITY; PRIORITY OF CERTAIN OTHER SURROGATE DECI-
13 SION-MAKING LAWS AND REGULATIONS. 1. THIS ARTICLE SHALL APPLY TO HEALTH
14 CARE DECISIONS REGARDING HEALTH CARE PROVIDED IN A HOSPITAL TO A PATIENT
15 WHO LACKS DECISION-MAKING CAPACITY, EXCEPT AS LIMITED BY THIS SECTION.

16 2. PRIOR TO SEEKING OR RELYING UPON A HEALTH CARE DECISION BY A SURRO-
17 GATE FOR A PATIENT UNDER THIS ARTICLE, THE ATTENDING PHYSICIAN SHALL
18 MAKE REASONABLE EFFORTS TO DETERMINE WHETHER THE PATIENT HAS A HEALTH
19 CARE AGENT APPOINTED PURSUANT TO ARTICLE TWENTY-NINE-C OF THIS CHAPTER.
20 IF SO, HEALTH CARE DECISIONS FOR THE PATIENT SHALL BE GOVERNED BY SUCH
21 ARTICLE, AND SHALL HAVE PRIORITY OVER DECISIONS BY ANY OTHER PERSON
22 EXCEPT THE PATIENT OR AS OTHERWISE PROVIDED IN THE HEALTH CARE PROXY.

23 3. PRIOR TO SEEKING OR RELYING UPON A HEALTH CARE DECISION BY A SURRO-
24 GATE FOR A PATIENT UNDER THIS ARTICLE, IF (I) THE ATTENDING PHYSICIAN
25 HAS REASON TO BELIEVE THAT THE PATIENT HAS A HISTORY OF RECEIVING
26 SERVICES FOR MENTAL RETARDATION OR A DEVELOPMENTAL DISABILITY; (II) IT
27 REASONABLY APPEARS TO THE ATTENDING PHYSICIAN THAT THE PATIENT HAS
28 MENTAL RETARDATION OR A DEVELOPMENTAL DISABILITY; OR (III) THE ATTENDING
29 PHYSICIAN HAS REASON TO BELIEVE THAT THE PATIENT HAS BEEN TRANSFERRED
30 FROM A MENTAL HYGIENE FACILITY OPERATED OR LICENSED BY THE OFFICE OF
31 MENTAL HEALTH, THEN SUCH PHYSICIAN SHALL MAKE REASONABLE EFFORTS TO
32 DETERMINE WHETHER PARAGRAPHS (A), (B) OR (C) OF THIS SUBDIVISION ARE
33 APPLICABLE:

34 (A) IF THE PATIENT HAS A GUARDIAN APPOINTED BY A COURT PURSUANT TO
35 ARTICLE SEVENTEEN-A OF THE SURROGATE'S COURT PROCEDURE ACT, HEALTH CARE
36 DECISIONS FOR THE PATIENT SHALL BE GOVERNED BY SECTION SEVENTEEN HUNDRED
37 FIFTY-B OF THAT ARTICLE AND NOT BY THIS ARTICLE.

38 (B) IF A PATIENT DOES NOT HAVE A GUARDIAN APPOINTED BY A COURT PURSU-
39 ANT TO ARTICLE SEVENTEEN-A OF THE SURROGATE'S COURT PROCEDURE ACT BUT
40 FALLS WITHIN THE CLASS OF PERSONS DESCRIBED IN PARAGRAPH (A) OF SUBDIVI-
41 SION ONE OF SECTION SEVENTEEN HUNDRED FIFTY-B OF SUCH ACT, DECISIONS TO
42 WITHDRAW OR WITHHOLD LIFE-SUSTAINING TREATMENT FOR THE PATIENT SHALL BE
43 GOVERNED BY SECTION SEVENTEEN HUNDRED FIFTY-B OF THE SURROGATE'S COURT
44 PROCEDURE ACT AND NOT BY THIS ARTICLE.

45 (C) IF A HEALTH CARE DECISION FOR A PATIENT CANNOT BE MADE UNDER PARA-
46 GRAPHS (A) OR (B) OF THIS SUBDIVISION, BUT CONSENT FOR THE DECISION MAY
47 BE PROVIDED PURSUANT TO THE MENTAL HYGIENE LAW OR REGULATIONS OF THE
48 OFFICE OF MENTAL HEALTH OR THE OFFICE OF MENTAL RETARDATION AND DEVELOP-
49 MENTAL DISABILITIES, THEN THE DECISION SHALL BE GOVERNED BY SUCH STATUTE
50 OR REGULATIONS AND NOT BY THIS ARTICLE.

51 4. IF, AFTER REASONABLE EFFORTS, IT IS DETERMINED THAT A HEALTH CARE
52 DECISION FOR THE PATIENT CANNOT BE MADE PURSUANT TO SUBDIVISION TWO OR
53 THREE OF THIS SECTION, THEN THE HEALTH CARE DECISION SHALL BE MADE
54 PURSUANT TO THIS ARTICLE.

55 S 2994-C. DETERMINATION OF INCAPACITY. 1. PRESUMPTION OF CAPACITY. FOR
56 PURPOSES OF THIS ARTICLE, EVERY ADULT SHALL BE PRESUMED TO HAVE DECI-

SION-MAKING CAPACITY UNLESS DETERMINED OTHERWISE PURSUANT TO THIS SECTION OR PURSUANT TO COURT ORDER, OR UNLESS A GUARDIAN IS AUTHORIZED TO DECIDE ABOUT HEALTH CARE FOR THE ADULT PURSUANT TO ARTICLE EIGHTY-ONE OF THE MENTAL HYGIENE LAW.

2. INITIAL DETERMINATION BY ATTENDING PHYSICIAN. AN ATTENDING PHYSICIAN SHALL MAKE AN INITIAL DETERMINATION THAT AN ADULT PATIENT LACKS DECISION-MAKING CAPACITY TO A REASONABLE DEGREE OF MEDICAL CERTAINTY. SUCH DETERMINATION SHALL INCLUDE AN ASSESSMENT OF THE CAUSE AND EXTENT OF THE PATIENT'S INCAPACITY AND THE LIKELIHOOD THAT THE PATIENT WILL REGAIN DECISION-MAKING CAPACITY.

3. CONCURRING DETERMINATIONS. (A) AN INITIAL DETERMINATION THAT A PATIENT LACKS DECISION-MAKING CAPACITY SHALL BE SUBJECT TO A CONCURRING DETERMINATION, INDEPENDENTLY MADE, WHERE REQUIRED BY THIS SUBDIVISION. A CONCURRING DETERMINATION SHALL INCLUDE AN ASSESSMENT OF THE CAUSE AND EXTENT OF THE PATIENT'S INCAPACITY AND THE LIKELIHOOD THAT THE PATIENT WILL REGAIN DECISION-MAKING CAPACITY, AND SHALL BE INCLUDED IN THE PATIENT'S MEDICAL RECORD. HOSPITALS SHALL ADOPT WRITTEN POLICIES IDENTIFYING THE TRAINING AND CREDENTIALS OF HEALTH OR SOCIAL SERVICES PRACTITIONERS QUALIFIED TO PROVIDE CONCURRING DETERMINATIONS OF INCAPACITY.

(B) (I) IN A RESIDENTIAL HEALTH CARE FACILITY, A HEALTH OR SOCIAL SERVICES PRACTITIONER EMPLOYED BY OR OTHERWISE FORMALLY AFFILIATED WITH THE FACILITY MUST INDEPENDENTLY DETERMINE WHETHER AN ADULT PATIENT LACKS DECISION-MAKING CAPACITY.

(II) IN A GENERAL HOSPITAL A HEALTH OR SOCIAL SERVICES PRACTITIONER EMPLOYED BY OR OTHERWISE FORMALLY AFFILIATED WITH THE FACILITY MUST INDEPENDENTLY DETERMINE WHETHER AN ADULT PATIENT LACKS DECISION-MAKING CAPACITY IF THE SURROGATE'S DECISION CONCERNS THE WITHDRAWAL OR WITHHOLDING OF LIFE-SUSTAINING TREATMENT.

(C) (I) IF THE ATTENDING PHYSICIAN MAKES AN INITIAL DETERMINATION THAT A PATIENT LACKS DECISION-MAKING CAPACITY BECAUSE OF MENTAL ILLNESS, EITHER SUCH PHYSICIAN MUST HAVE THE FOLLOWING QUALIFICATIONS, OR ANOTHER PHYSICIAN WITH THE FOLLOWING QUALIFICATIONS MUST INDEPENDENTLY DETERMINE WHETHER THE PATIENT LACKS DECISION-MAKING CAPACITY: A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN NEW YORK STATE, WHO IS A DIPLOMATE OR ELIGIBLE TO BE CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY OR WHO IS CERTIFIED BY THE AMERICAN OSTEOPATHIC BOARD OF NEUROLOGY AND PSYCHIATRY OR IS ELIGIBLE TO BE CERTIFIED BY THAT BOARD. A RECORD OF SUCH CONSULTATION SHALL BE INCLUDED IN THE PATIENT'S MEDICAL RECORD.

(II) IF THE ATTENDING PHYSICIAN MAKES AN INITIAL DETERMINATION THAT A PATIENT LACKS DECISION-MAKING CAPACITY BECAUSE OF MENTAL RETARDATION OR A DEVELOPMENTAL DISABILITY, EITHER SUCH PHYSICIAN MUST HAVE THE FOLLOWING QUALIFICATIONS, OR ANOTHER PROFESSIONAL WITH THE FOLLOWING QUALIFICATIONS MUST INDEPENDENTLY DETERMINE WHETHER THE PATIENT LACKS DECISION-MAKING CAPACITY: A PHYSICIAN OR CLINICAL PSYCHOLOGIST WHO EITHER IS EMPLOYED BY A SCHOOL NAMED IN SECTION 13.17 OF THE MENTAL HYGIENE LAW, OR WHO HAS BEEN EMPLOYED FOR A MINIMUM OF TWO YEARS TO RENDER CARE AND SERVICE IN A FACILITY OPERATED OR LICENSED BY THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, OR WHO HAS BEEN APPROVED BY THE COMMISSIONER OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES IN ACCORDANCE WITH REGULATIONS PROMULGATED BY SUCH COMMISSIONER. SUCH REGULATIONS SHALL REQUIRE THAT A PHYSICIAN OR CLINICAL PSYCHOLOGIST POSSESS SPECIALIZED TRAINING OR THREE YEARS EXPERIENCE IN TREATING DEVELOPMENTAL DISABILITIES. A RECORD OF SUCH CONSULTATION SHALL BE INCLUDED IN THE PATIENT'S MEDICAL RECORD.

(D) IF AN ATTENDING PHYSICIAN HAS DETERMINED THAT THE PATIENT LACKS DECISION-MAKING CAPACITY AND IF THE HEALTH OR SOCIAL SERVICES PRACTI-

1 TIONER CONSULTED FOR A CONCURRING DETERMINATION DISAGREES WITH THE
2 ATTENDING PHYSICIAN'S DETERMINATION, THE MATTER SHALL BE REFERRED TO THE
3 ETHICS REVIEW COMMITTEE IF IT CANNOT OTHERWISE BE RESOLVED.

4 4. INFORMING THE PATIENT AND SURROGATE. NOTICE OF A DETERMINATION THAT
5 A SURROGATE WILL MAKE HEALTH CARE DECISIONS BECAUSE THE ADULT PATIENT
6 HAS BEEN DETERMINED TO LACK DECISION-MAKING CAPACITY SHALL PROMPTLY BE
7 GIVEN:

8 (A) TO THE PATIENT, WHERE THERE IS ANY INDICATION OF THE PATIENT'S
9 ABILITY TO COMPREHEND THE INFORMATION;

10 (B) TO AT LEAST ONE PERSON ON THE SURROGATE LIST HIGHEST IN ORDER OF
11 PRIORITY LISTED WHEN PERSONS IN PRIOR CLASSES ARE NOT REASONABLY AVAIL-
12 ABLE PURSUANT TO SUBDIVISION ONE OF SECTION TWENTY-NINE HUNDRED NINETY-
13 FOUR-D OF THIS ARTICLE;

14 (C) IF THE PATIENT WAS TRANSFERRED FROM A MENTAL HYGIENE FACILITY, TO
15 THE DIRECTOR OF THE MENTAL HYGIENE FACILITY AND TO THE MENTAL HYGIENE
16 LEGAL SERVICE UNDER ARTICLE FORTY-SEVEN OF THE MENTAL HYGIENE LAW.

17 5. LIMITED PURPOSE OF DETERMINATION. A DETERMINATION MADE PURSUANT TO
18 THIS SECTION THAT AN ADULT PATIENT LACKS DECISION-MAKING CAPACITY SHALL
19 NOT BE CONSTRUED AS A FINDING THAT THE PATIENT LACKS CAPACITY FOR ANY
20 OTHER PURPOSE.

21 6. PRIORITY OF PATIENT'S DECISION. NOTWITHSTANDING A DETERMINATION
22 PURSUANT TO THIS SECTION THAT AN ADULT PATIENT LACKS DECISION-MAKING
23 CAPACITY, IF THE PATIENT OBJECTS TO THE DETERMINATION OF INCAPACITY, OR
24 TO THE CHOICE OF A SURROGATE OR TO A HEALTH CARE DECISION MADE BY A
25 SURROGATE OR MADE PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-FOUR-G
26 OF THIS ARTICLE, THE PATIENT'S OBJECTION OR DECISION SHALL PREVAIL
27 UNLESS: (A) A COURT OF COMPETENT JURISDICTION HAS DETERMINED THAT THE
28 PATIENT LACKS DECISION-MAKING CAPACITY OR THE PATIENT IS OR HAS BEEN
29 ADJUDGED INCOMPETENT FOR ALL PURPOSES AND, IN THE CASE OF A PATIENT'S
30 OBJECTION TO TREATMENT, MAKES ANY OTHER FINDING REQUIRED BY LAW TO
31 AUTHORIZE THE TREATMENT, OR (B) ANOTHER LEGAL BASIS EXISTS FOR OVERRID-
32 ING THE PATIENT'S DECISION.

33 7. CONFIRMATION OF CONTINUED LACK OF DECISION-MAKING CAPACITY. AN
34 ATTENDING PHYSICIAN SHALL CONFIRM THE ADULT PATIENT'S CONTINUED LACK OF
35 DECISION-MAKING CAPACITY BEFORE COMPLYING WITH HEALTH CARE DECISIONS
36 MADE PURSUANT TO THIS ARTICLE, OTHER THAN THOSE DECISIONS MADE AT OR
37 ABOUT THE TIME OF THE INITIAL DETERMINATION. A CONCURRING DETERMINATION
38 OF THE PATIENT'S CONTINUED LACK OF DECISION-MAKING CAPACITY SHALL BE
39 REQUIRED IF THE SUBSEQUENT HEALTH CARE DECISION CONCERNS THE WITHHOLDING
40 OR WITHDRAWAL OF LIFE-SUSTAINING TREATMENT. HEALTH CARE PROVIDERS SHALL
41 NOT BE REQUIRED TO INFORM THE PATIENT OR SURROGATE OF THE CONFIRMATION.

42 S 2994-D. HEALTH CARE DECISIONS FOR ADULT PATIENTS BY SURROGATES. 1.
43 IDENTIFYING THE SURROGATE. ONE PERSON FROM THE FOLLOWING LIST FROM THE
44 CLASS HIGHEST IN PRIORITY WHEN PERSONS IN PRIOR CLASSES ARE NOT REASON-
45 ABLY AVAILABLE, WILLING, AND COMPETENT TO ACT, SHALL BE THE SURROGATE
46 FOR AN ADULT PATIENT WHO LACKS DECISION-MAKING CAPACITY. HOWEVER, SUCH
47 PERSON MAY DESIGNATE ANY OTHER PERSON ON THE LIST TO BE SURROGATE,
48 PROVIDED NO ONE IN A CLASS HIGHER IN PRIORITY THAN THE PERSON DESIGNATED
49 OBJECTS:

50 (A) A GUARDIAN AUTHORIZED TO DECIDE ABOUT HEALTH CARE PURSUANT TO
51 ARTICLE EIGHTY-ONE OF THE MENTAL HYGIENE LAW;

52 (B) THE SPOUSE, IF NOT LEGALLY SEPARATED FROM THE PATIENT, OR THE
53 DOMESTIC PARTNER;

54 (C) A SON OR DAUGHTER EIGHTEEN YEARS OF AGE OR OLDER;

55 (D) A PARENT;

56 (E) A BROTHER OR SISTER EIGHTEEN YEARS OF AGE OR OLDER;

1 (F) A CLOSE FRIEND.

2 2. RESTRICTIONS ON WHO MAY BE A SURROGATE. AN OPERATOR, ADMINISTRATOR,
3 OR EMPLOYEE OF A HOSPITAL OR A MENTAL HYGIENE FACILITY FROM WHICH THE
4 PATIENT WAS TRANSFERRED, OR A PHYSICIAN WHO HAS PRIVILEGES AT THE HOSPI-
5 TAL OR A HEALTH CARE PROVIDER UNDER CONTRACT WITH THE HOSPITAL MAY NOT
6 SERVE AS THE SURROGATE FOR ANY ADULT WHO IS A PATIENT OF SUCH HOSPITAL,
7 UNLESS SUCH INDIVIDUAL IS RELATED TO THE PATIENT BY BLOOD, MARRIAGE,
8 DOMESTIC PARTNERSHIP, OR ADOPTION, OR IS A CLOSE FRIEND OF THE PATIENT
9 WHOSE FRIENDSHIP WITH THE PATIENT PRECEDED THE PATIENT'S ADMISSION TO
10 THE FACILITY. IF A PHYSICIAN SERVES AS SURROGATE, THE PHYSICIAN SHALL
11 NOT ACT AS THE PATIENT'S ATTENDING PHYSICIAN AFTER HIS OR HER AUTHORITY
12 AS SURROGATE BEGINS.

13 3. AUTHORITY AND DUTIES OF SURROGATE. (A) SCOPE OF SURROGATE'S AUTHOR-
14 ITY.

15 (I) SUBJECT TO THE STANDARDS AND LIMITATIONS OF THIS ARTICLE, THE
16 SURROGATE SHALL HAVE THE AUTHORITY TO MAKE ANY AND ALL HEALTH CARE DECIS-
17 SIONS ON THE ADULT PATIENT'S BEHALF THAT THE PATIENT COULD MAKE.

18 (II) NOTHING IN THIS ARTICLE SHALL OBLIGATE HEALTH CARE PROVIDERS TO
19 SEEK THE CONSENT OF A SURROGATE IF AN ADULT PATIENT HAS ALREADY MADE A
20 DECISION ABOUT THE PROPOSED HEALTH CARE, EXPRESSED ORALLY OR IN WRITING,
21 INCLUDING A DECISION ABOUT WITHDRAWING OR WITHHOLDING LIFE-SUSTAINING
22 TREATMENT. IF AN ATTENDING PHYSICIAN RELIES ON THE PATIENT'S PRIOR DECIS-
23 SION, THE PHYSICIAN SHALL RECORD THE PRIOR DECISION IN THE PATIENT'S
24 MEDICAL RECORD. IF A SURROGATE HAS ALREADY BEEN DESIGNATED FOR THE
25 PATIENT, THE ATTENDING PHYSICIAN SHALL MAKE REASONABLE EFFORTS TO NOTIFY
26 THE SURROGATE PRIOR TO IMPLEMENTING THE DECISION.

27 (B) COMMENCEMENT OF SURROGATE'S AUTHORITY. THE SURROGATE'S AUTHORITY
28 SHALL COMMENCE UPON A DETERMINATION, MADE PURSUANT TO SECTION
29 TWENTY-NINE HUNDRED NINETY-FOUR-C OF THIS ARTICLE, THAT THE ADULT
30 PATIENT LACKS DECISION-MAKING CAPACITY AND UPON IDENTIFICATION OF A
31 SURROGATE PURSUANT TO SUBDIVISION ONE OF THIS SECTION. IN THE EVENT AN
32 ATTENDING PHYSICIAN DETERMINES THAT THE PATIENT HAS REGAINED
33 DECISION-MAKING CAPACITY, THE AUTHORITY OF THE SURROGATE SHALL CEASE.

34 (C) RIGHT AND DUTY TO BE INFORMED. NOTWITHSTANDING ANY LAW TO THE
35 CONTRARY, THE SURROGATE SHALL HAVE THE RIGHT TO RECEIVE MEDICAL INFORMA-
36 TION AND MEDICAL RECORDS NECESSARY TO MAKE INFORMED DECISIONS ABOUT THE
37 PATIENT'S HEALTH CARE. HEALTH CARE PROVIDERS SHALL PROVIDE AND THE
38 SURROGATE SHALL SEEK INFORMATION NECESSARY TO MAKE AN INFORMED DECISION,
39 INCLUDING INFORMATION ABOUT THE PATIENT'S DIAGNOSIS, PROGNOSIS, THE
40 NATURE AND CONSEQUENCES OF PROPOSED HEALTH CARE, AND THE BENEFITS AND
41 RISKS OF AND ALTERNATIVE TO PROPOSED HEALTH CARE.

42 4. DECISION-MAKING STANDARDS. (A) THE SURROGATE SHALL MAKE HEALTH CARE
43 DECISIONS:

44 (I) IN ACCORDANCE WITH THE PATIENT'S WISHES, INCLUDING THE PATIENT'S
45 RELIGIOUS AND MORAL BELIEFS; OR

46 (II) IF THE PATIENT'S WISHES ARE NOT REASONABLY KNOWN AND CANNOT WITH
47 REASONABLE DILIGENCE BE ASCERTAINED, IN ACCORDANCE WITH THE PATIENT'S
48 BEST INTERESTS. AN ASSESSMENT OF THE PATIENT'S BEST INTERESTS SHALL
49 INCLUDE: CONSIDERATION OF THE DIGNITY AND UNIQUENESS OF EVERY PERSON;
50 THE POSSIBILITY AND EXTENT OF PRESERVING THE PATIENT'S LIFE; THE PRESER-
51 VATION, IMPROVEMENT OR RESTORATION OF THE PATIENT'S HEALTH OR FUNCTION-
52 ING; THE RELIEF OF THE PATIENT'S SUFFERING; AND ANY MEDICAL CONDITION
53 AND SUCH OTHER CONCERNS AND VALUES AS A REASONABLE PERSON IN THE
54 PATIENT'S CIRCUMSTANCES WOULD WISH TO CONSIDER.

55 (B) IN ALL CASES, THE SURROGATE'S ASSESSMENT OF THE PATIENT'S WISHES
56 AND BEST INTERESTS SHALL BE PATIENT-CENTERED; HEALTH CARE DECISIONS

1 SHALL BE MADE ON AN INDIVIDUALIZED BASIS FOR EACH PATIENT, AND SHALL BE
2 CONSISTENT WITH THE VALUES OF THE PATIENT, INCLUDING THE PATIENT'S RELI-
3 GIOUS AND MORAL BELIEFS, TO THE EXTENT REASONABLY POSSIBLE.

4 5. DECISIONS TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT. IN
5 ADDITION TO THE STANDARDS SET FORTH IN SUBDIVISION FOUR OF THIS SECTION,
6 DECISIONS BY SURROGATES TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREAT-
7 MENT SHALL BE AUTHORIZED ONLY IF THE FOLLOWING CONDITIONS ARE SATISFIED,
8 AS APPLICABLE:

9 (A)(I) TREATMENT WOULD BE AN EXTRAORDINARY BURDEN TO THE PATIENT AND
10 AN ATTENDING PHYSICIAN DETERMINES, WITH THE INDEPENDENT CONCURRENCE OF
11 ANOTHER PHYSICIAN, THAT, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY AND
12 IN ACCORD WITH ACCEPTED MEDICAL STANDARDS, (A) THE PATIENT HAS AN
13 ILLNESS OR INJURY WHICH CAN BE EXPECTED TO CAUSE DEATH WITHIN SIX
14 MONTHS, WHETHER OR NOT TREATMENT IS PROVIDED; OR (B) THE PATIENT IS
15 PERMANENTLY UNCONSCIOUS; OR

16 (II) THE PROVISION OF TREATMENT WOULD INVOLVE SUCH PAIN, SUFFERING OR
17 OTHER BURDEN THAT IT WOULD REASONABLY BE DEEMED INHUMANE OR EXTRAOR-
18 DINARILY BURDENSOME UNDER THE CIRCUMSTANCES AND THE PATIENT HAS AN IRRE-
19 VERSIBLE OR INCURABLE CONDITION, AS DETERMINED BY AN ATTENDING PHYSICIAN
20 WITH THE INDEPENDENT CONCURRENCE OF ANOTHER PHYSICIAN TO A REASONABLE
21 DEGREE OF MEDICAL CERTAINTY AND IN ACCORD WITH ACCEPTED MEDICAL STAND-
22 ARDS.

23 (B) IN A RESIDENTIAL HEALTH CARE FACILITY, A SURROGATE SHALL HAVE THE
24 AUTHORITY TO REFUSE LIFE-SUSTAINING TREATMENT UNDER SUBPARAGRAPH (II) OF
25 PARAGRAPH (A) OF THIS SUBDIVISION ONLY IF THE ETHICS REVIEW COMMITTEE,
26 INCLUDING AT LEAST ONE PHYSICIAN WHO IS NOT DIRECTLY RESPONSIBLE FOR THE
27 PATIENT'S CARE, OR A COURT OF COMPETENT JURISDICTION, REVIEWS THE DECISION
28 AND DETERMINES THAT IT MEETS THE STANDARDS SET FORTH IN THIS ARTICLE.
29 THIS REQUIREMENT SHALL NOT APPLY TO A DECISION TO WITHHOLD CARDIOPULMONARY
30 RESUSCITATION.

31 (C) IN A GENERAL HOSPITAL, IF THE ATTENDING PHYSICIAN OBJECTS TO A
32 SURROGATE'S DECISION, UNDER SUBPARAGRAPH (II) OF PARAGRAPH (A) OF THIS
33 SUBDIVISION, TO WITHDRAW OR WITHHOLD NUTRITION AND HYDRATION PROVIDED BY
34 MEANS OF MEDICAL TREATMENT, THE DECISION SHALL NOT BE IMPLEMENTED UNTIL
35 THE ETHICS REVIEW COMMITTEE, INCLUDING AT LEAST ONE PHYSICIAN WHO IS NOT
36 DIRECTLY RESPONSIBLE FOR THE PATIENT'S CARE, OR A COURT OF COMPETENT
37 JURISDICTION, REVIEWS THE DECISION AND DETERMINES THAT IT MEETS THE
38 STANDARDS SET FORTH IN THIS SUBDIVISION AND SUBDIVISION FOUR OF THIS
39 SECTION.

40 (D) PROVIDING NUTRITION AND HYDRATION ORALLY, WITHOUT RELIANCE ON
41 MEDICAL TREATMENT, IS NOT HEALTH CARE UNDER THIS ARTICLE AND IS NOT
42 SUBJECT TO THIS ARTICLE.

43 (E) EXPRESSION OF DECISIONS. THE SURROGATE SHALL EXPRESS A DECISION TO
44 WITHDRAW OR WITHHOLD LIFE-SUSTAINING TREATMENT EITHER ORALLY OR IN WRIT-
45 ING.

46 S 2994-E. DECISIONS ABOUT LIFE-SUSTAINING TREATMENT FOR MINOR
47 PATIENTS. 1. AUTHORITY OF PARENT OR GUARDIAN. THE PARENT OR GUARDIAN OF
48 A MINOR PATIENT SHALL HAVE THE AUTHORITY TO MAKE DECISIONS ABOUT
49 LIFE-SUSTAINING TREATMENT, INCLUDING DECISIONS TO WITHHOLD OR WITHDRAW
50 SUCH TREATMENT, SUBJECT TO THE PROVISIONS OF THIS SECTION AND SUBDIVI-
51 SION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE.

52 2. DECISION-MAKING STANDARDS AND PROCEDURES FOR MINOR PATIENT. (A) THE
53 PARENT OR GUARDIAN OF A MINOR PATIENT SHALL MAKE DECISIONS IN ACCORDANCE
54 WITH THE MINOR'S BEST INTERESTS, CONSISTENT WITH THE STANDARDS SET FORTH
55 IN SUBDIVISION FOUR OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS

1 ARTICLE, TAKING INTO ACCOUNT THE MINOR'S WISHES AS APPROPRIATE UNDER THE
2 CIRCUMSTANCES.

3 (B) AN ATTENDING PHYSICIAN, IN CONSULTATION WITH A MINOR'S PARENT OR
4 GUARDIAN, SHALL DETERMINE WHETHER A MINOR PATIENT HAS DECISION-MAKING
5 CAPACITY FOR A DECISION TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREAT-
6 MENT. IF THE MINOR HAS SUCH CAPACITY, A PARENT'S OR GUARDIAN'S DECISION
7 TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT FOR THE MINOR MAY NOT
8 BE IMPLEMENTED WITHOUT THE MINOR'S CONSENT.

9 (C) WHERE A PARENT OR GUARDIAN OF A MINOR PATIENT HAS MADE A DECISION
10 TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT AND AN ATTENDING
11 PHYSICIAN HAS REASON TO BELIEVE THAT THE MINOR PATIENT HAS A PARENT OR
12 GUARDIAN WHO HAS NOT BEEN INFORMED OF THE DECISION, INCLUDING A NON-CUS-
13 TODIAL PARENT OR GUARDIAN, AN ATTENDING PHYSICIAN OR SOMEONE ACTING ON
14 HIS OR HER BEHALF, SHALL MAKE REASONABLE EFFORTS TO DETERMINE IF THE
15 UNINFORMED PARENT OR GUARDIAN HAS MAINTAINED SUBSTANTIAL AND CONTINUOUS
16 CONTACT WITH THE MINOR AND, IF SO, SHALL MAKE DILIGENT EFFORTS TO NOTIFY
17 THAT PARENT OR GUARDIAN PRIOR TO IMPLEMENTING THE DECISION.

18 3. DECISION-MAKING STANDARDS AND PROCEDURES FOR EMANCIPATED MINOR
19 PATIENT. (A) IF AN ATTENDING PHYSICIAN DETERMINES THAT A PATIENT IS AN
20 EMANCIPATED MINOR PATIENT WITH DECISION-MAKING CAPACITY, THE PATIENT
21 SHALL HAVE THE AUTHORITY TO DECIDE ABOUT LIFE-SUSTAINING TREATMENT. SUCH
22 AUTHORITY SHALL INCLUDE A DECISION TO WITHHOLD OR WITHDRAW LIFE-SUSTAIN-
23 ING TREATMENT IF AN ATTENDING PHYSICIAN AND THE ETHICS REVIEW COMMITTEE
24 DETERMINE THAT THE DECISION ACCORDS WITH THE STANDARDS FOR SURROGATE
25 DECISIONS FOR ADULTS, AND THE ETHICS REVIEW COMMITTEE APPROVES THE DECISION.
26

27 (B) IF THE HOSPITAL CAN WITH REASONABLE EFFORTS ASCERTAIN THE IDENTITY
28 OF THE PARENTS OR GUARDIAN OF AN EMANCIPATED MINOR PATIENT, THE HOSPITAL
29 SHALL NOTIFY SUCH PERSONS PRIOR TO WITHHOLDING OR WITHDRAWING LIFE-SUS-
30 TAINING TREATMENT PURSUANT TO THIS SUBDIVISION.

31 S 2994-F. OBLIGATIONS OF ATTENDING PHYSICIAN. 1. AN ATTENDING PHYSI-
32 CIAN INFORMED OF A DECISION TO WITHDRAW OR WITHHOLD LIFE-SUSTAINING
33 TREATMENT MADE PURSUANT TO THE STANDARDS OF THIS ARTICLE SHALL RECORD
34 THE DECISION IN THE PATIENT'S MEDICAL RECORD, REVIEW THE MEDICAL BASIS
35 FOR THE DECISION, AND SHALL EITHER: (A) IMPLEMENT THE DECISION, OR (B)
36 PROMPTLY MAKE HIS OR HER OBJECTION TO THE DECISION AND THE REASONS FOR
37 THE OBJECTION KNOWN TO THE DECISION-MAKER, AND EITHER MAKE ALL REASON-
38 ABLE EFFORTS TO ARRANGE FOR THE TRANSFER OF THE PATIENT TO ANOTHER
39 PHYSICIAN, IF NECESSARY, OR PROMPTLY REFER THE MATTER TO THE ETHICS
40 REVIEW COMMITTEE.

41 2. IF AN ATTENDING PHYSICIAN HAS ACTUAL NOTICE OF THE FOLLOWING
42 OBJECTIONS OR DISAGREEMENTS, HE OR SHE SHALL PROMPTLY REFER THE MATTER
43 TO THE ETHICS REVIEW COMMITTEE IF THE OBJECTION OR DISAGREEMENT CANNOT
44 OTHERWISE BE RESOLVED:

45 (A) A HEALTH OR SOCIAL SERVICES PRACTITIONER CONSULTED FOR A CONCUR-
46 RING DETERMINATION THAT AN ADULT PATIENT LACKS DECISION-MAKING CAPACITY
47 DISAGREES WITH THE ATTENDING PHYSICIAN'S DETERMINATION; OR

48 (B) ANY PERSON ON THE SURROGATE LIST OBJECTS TO THE DESIGNATION OF THE
49 SURROGATE PURSUANT TO SUBDIVISION ONE OF SECTION TWENTY-NINE HUNDRED
50 NINETY-FOUR-D OF THIS ARTICLE; OR

51 (C) ANY PERSON ON THE SURROGATE LIST OBJECTS TO A SURROGATE'S DECI-
52 SION; OR

53 (D) A PARENT OR GUARDIAN OF A MINOR PATIENT OBJECTS TO THE DECISION BY
54 ANOTHER PARENT OR GUARDIAN OF THE MINOR; OR

55 (E) A MINOR PATIENT REFUSES LIFE-SUSTAINING TREATMENT, AND THE MINOR'S
56 PARENT OR GUARDIAN WISHES THE TREATMENT TO BE PROVIDED, OR THE MINOR

PATIENT OBJECTS TO AN ATTENDING PHYSICIAN'S DETERMINATION ABOUT DECISION-MAKING CAPACITY OR RECOMMENDATION ABOUT LIFE-SUSTAINING TREATMENT.

3. NOTWITHSTANDING THE PROVISIONS OF THIS SECTION OR SUBDIVISION ONE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-Q OF THIS ARTICLE, IF A SURROGATE DIRECTS THE PROVISION OF LIFE-SUSTAINING TREATMENT, THE DENIAL OF WHICH IN REASONABLE MEDICAL JUDGMENT WOULD BE LIKELY TO RESULT IN THE DEATH OF THE PATIENT, A HOSPITAL OR INDIVIDUAL HEALTH CARE PROVIDER THAT DOES NOT WISH TO PROVIDE SUCH TREATMENT SHALL NONETHELESS COMPLY WITH THE SURROGATE'S DECISION PENDING EITHER TRANSFER OF THE PATIENT TO A WILLING HOSPITAL OR INDIVIDUAL HEALTH CARE PROVIDER, OR JUDICIAL REVIEW IN ACCORDANCE WITH SECTION TWENTY-NINE HUNDRED NINETY-FOUR-R OF THIS ARTICLE.

S 2994-G. HEALTH CARE DECISIONS FOR ADULT PATIENTS WITHOUT SURROGATES.

1. IDENTIFYING ADULT PATIENTS WITHOUT SURROGATES. WITHIN A REASONABLE TIME AFTER ADMISSION AS AN INPATIENT TO THE HOSPITAL OF EACH ADULT PATIENT, THE HOSPITAL SHALL MAKE REASONABLE EFFORTS TO DETERMINE IF THE PATIENT HAS APPOINTED A HEALTH CARE AGENT OR HAS A GUARDIAN, OR IF AT LEAST ONE INDIVIDUAL IS AVAILABLE TO SERVE AS THE PATIENT'S SURROGATE IN THE EVENT THE PATIENT LACKS OR LOSES DECISION-MAKING CAPACITY. WITH RESPECT TO A PATIENT WHO LACKS CAPACITY, IF NO SUCH HEALTH CARE AGENT, GUARDIAN OR POTENTIAL SURROGATE IS IDENTIFIED, THE HOSPITAL SHALL IDENTIFY, TO THE EXTENT REASONABLY POSSIBLE, THE PATIENT'S WISHES AND PREFERENCES, INCLUDING THE PATIENT'S RELIGIOUS AND MORAL BELIEFS, ABOUT PENDING HEALTH CARE DECISIONS, AND SHALL RECORD ITS FINDINGS IN THE PATIENT'S MEDICAL RECORD.

2. DECISION-MAKING STANDARDS AND PROCEDURES. (A) THE PROCEDURES SPECIFIED IN THIS AND THE FOLLOWING SUBDIVISIONS OF THIS SECTION APPLY TO HEALTH CARE DECISIONS FOR ADULT PATIENTS WHO WOULD QUALIFY FOR SURROGATE DECISION-MAKING UNDER THIS ARTICLE BUT FOR WHOM NO SURROGATE IS REASONABLY AVAILABLE, WILLING OR COMPETENT TO ACT.

(B) ANY HEALTH CARE DECISION MADE PURSUANT TO THIS SECTION SHALL BE MADE IN ACCORDANCE WITH THE STANDARDS SET FORTH IN SUBDIVISION FOUR OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE AND SHALL NOT BE BASED ON THE FINANCIAL INTERESTS OF THE HOSPITAL OR ANY OTHER HEALTH CARE PROVIDER. THE SPECIFIC PROCEDURES TO BE FOLLOWED DEPEND ON WHETHER THE DECISION INVOLVES ROUTINE MEDICAL TREATMENT, MAJOR MEDICAL TREATMENT, OR THE WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING TREATMENT, AND THE LOCATION WHERE THE TREATMENT IS PROVIDED.

3. ROUTINE MEDICAL TREATMENT. (A) FOR PURPOSES OF THIS SUBDIVISION, "ROUTINE MEDICAL TREATMENT" MEANS ANY TREATMENT, SERVICE, OR PROCEDURE TO DIAGNOSE OR TREAT AN INDIVIDUAL'S PHYSICAL OR MENTAL CONDITION, SUCH AS THE ADMINISTRATION OF MEDICATION, THE EXTRACTION OF BODILY FLUIDS FOR ANALYSIS, OR DENTAL CARE PERFORMED WITH A LOCAL ANESTHETIC, FOR WHICH HEALTH CARE PROVIDERS ORDINARILY DO NOT SEEK SPECIFIC CONSENT FROM THE PATIENT OR AUTHORIZED REPRESENTATIVE. IT SHALL NOT INCLUDE THE LONG-TERM PROVISION OF TREATMENT SUCH AS VENTILATOR SUPPORT OR A NASOGASTRIC TUBE BUT SHALL INCLUDE SUCH TREATMENT WHEN PROVIDED AS PART OF POST-OPERATIVE CARE OR IN RESPONSE TO AN ACUTE ILLNESS AND RECOVERY IS REASONABLY EXPECTED WITHIN ONE MONTH OR LESS.

(B) AN ATTENDING PHYSICIAN SHALL BE AUTHORIZED TO DECIDE ABOUT ROUTINE MEDICAL TREATMENT FOR AN ADULT PATIENT WHO HAS BEEN DETERMINED TO LACK DECISION-MAKING CAPACITY PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-FOUR-C OF THIS ARTICLE. NOTHING IN THIS SUBDIVISION SHALL REQUIRE HEALTH CARE PROVIDERS TO OBTAIN SPECIFIC CONSENT FOR TREATMENT WHERE SPECIFIC CONSENT IS NOT OTHERWISE REQUIRED BY LAW.

1 4. MAJOR MEDICAL TREATMENT. (A) FOR PURPOSES OF THIS SUBDIVISION,
2 "MAJOR MEDICAL TREATMENT" MEANS ANY TREATMENT, SERVICE OR PROCEDURE TO
3 DIAGNOSE OR TREAT AN INDIVIDUAL'S PHYSICAL OR MENTAL CONDITION: (I)
4 WHERE GENERAL ANESTHETIC IS USED; OR (II) WHICH INVOLVES ANY SIGNIFICANT
5 RISK; OR (III) WHICH INVOLVES ANY SIGNIFICANT INVASION OF BODILY INTEG-
6 RITY REQUIRING AN INCISION, PRODUCING SUBSTANTIAL PAIN, DISCOMFORT,
7 DEBILITATION OR HAVING A SIGNIFICANT RECOVERY PERIOD; OR (IV) WHICH
8 INVOLVES THE USE OF PHYSICAL RESTRAINTS, AS SPECIFIED IN REGULATIONS
9 PROMULGATED BY THE COMMISSIONER, EXCEPT IN AN EMERGENCY; OR (V) WHICH
10 INVOLVES THE USE OF PSYCHOACTIVE MEDICATIONS, EXCEPT WHEN PROVIDED AS
11 PART OF POST-OPERATIVE CARE OR IN RESPONSE TO AN ACUTE ILLNESS AND
12 TREATMENT IS REASONABLY EXPECTED TO BE ADMINISTERED OVER A PERIOD OF
13 FORTY-EIGHT HOURS OR LESS, OR WHEN PROVIDED IN AN EMERGENCY.

14 (B) A DECISION TO PROVIDE MAJOR MEDICAL TREATMENT, MADE IN ACCORDANCE
15 WITH THE FOLLOWING REQUIREMENTS, SHALL BE AUTHORIZED FOR AN ADULT
16 PATIENT WHO HAS BEEN DETERMINED TO LACK DECISION-MAKING CAPACITY PURSU-
17 ANT TO SECTION TWENTY-NINE HUNDRED NINETY-FOUR-C OF THIS ARTICLE.

18 (I) AN ATTENDING PHYSICIAN SHALL MAKE A RECOMMENDATION IN CONSULTATION
19 WITH HOSPITAL STAFF DIRECTLY RESPONSIBLE FOR THE PATIENT'S CARE.

20 (II) IN A GENERAL HOSPITAL, AT LEAST ONE OTHER PHYSICIAN DESIGNATED BY
21 THE HOSPITAL MUST INDEPENDENTLY DETERMINE THAT HE OR SHE CONCURS THAT
22 THE RECOMMENDATION IS APPROPRIATE.

23 (III) IN A RESIDENTIAL HEALTH CARE FACILITY THE MEDICAL DIRECTOR OF
24 THE FACILITY, OR A PHYSICIAN DESIGNATED BY THE MEDICAL DIRECTOR, MUST
25 INDEPENDENTLY DETERMINE THAT HE OR SHE CONCURS THAT THE RECOMMENDATION
26 IS APPROPRIATE; PROVIDED THAT IF THE MEDICAL DIRECTOR IS THE PATIENT'S
27 ATTENDING PHYSICIAN, A DIFFERENT PHYSICIAN DESIGNATED BY THE RESIDENTIAL
28 HEALTH CARE FACILITY MUST MAKE THIS INDEPENDENT DETERMINATION. ANY
29 HEALTH OR SOCIAL SERVICES PRACTITIONER EMPLOYED BY OR OTHERWISE FORMALLY
30 AFFILIATED WITH THE FACILITY MAY PROVIDE A SECOND OPINION FOR DECISIONS
31 ABOUT PHYSICAL RESTRAINTS MADE PURSUANT TO THIS SUBDIVISION.

32 5. DECISIONS TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT. (A) A
33 COURT OF COMPETENT JURISDICTION MAY MAKE A DECISION TO WITHHOLD OR WITH-
34 DRAW LIFE-SUSTAINING TREATMENT FOR AN ADULT PATIENT WHO HAS BEEN DETER-
35 MINED TO LACK DECISION-MAKING CAPACITY PURSUANT TO SECTION TWENTY-NINE
36 HUNDRED NINETY-FOUR-C OF THIS ARTICLE IF THE COURT FINDS THAT THE DECIS-
37 SION ACCORDS WITH STANDARDS FOR DECISIONS FOR ADULTS SET FORTH IN SUBDI-
38 VISIONS FOUR AND FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF
39 THIS ARTICLE.

40 (B) IF THE ATTENDING PHYSICIAN, WITH INDEPENDENT CONCURRENCE OF A
41 SECOND PHYSICIAN DESIGNATED BY THE HOSPITAL, DETERMINES TO A REASONABLE
42 DEGREE OF MEDICAL CERTAINTY THAT:

43 (I) LIFE-SUSTAINING TREATMENT OFFERS THE PATIENT NO MEDICAL BENEFIT
44 BECAUSE THE PATIENT WILL DIE IMMINENTLY, EVEN IF THE TREATMENT IS
45 PROVIDED; AND

46 (II) THE PROVISION OF LIFE-SUSTAINING TREATMENT WOULD VIOLATE ACCEPTED
47 MEDICAL STANDARDS, THEN SUCH TREATMENT MAY BE WITHDRAWN OR WITHHELD FROM
48 AN ADULT PATIENT WHO HAS BEEN DETERMINED TO LACK DECISION-MAKING CAPACI-
49 TY PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-FOUR-C OF THIS ARTI-
50 CLE, WITHOUT JUDICIAL APPROVAL. THIS PARAGRAPH SHALL NOT APPLY TO ANY
51 TREATMENT NECESSARY TO ALLEVIATE PAIN OR DISCOMFORT.

52 6. PHYSICIAN OBJECTION. IF A PHYSICIAN CONSULTED FOR A CONCURRING
53 OPINION OBJECTS TO AN ATTENDING PHYSICIAN'S RECOMMENDATION OR DETERMI-
54 NATION MADE PURSUANT TO THIS SECTION, OR A MEMBER OF THE HOSPITAL STAFF
55 DIRECTLY RESPONSIBLE FOR THE PATIENT'S CARE OBJECTS TO AN ATTENDING
56 PHYSICIAN'S RECOMMENDATION ABOUT MAJOR MEDICAL TREATMENT OR TREATMENT

1 WITHOUT MEDICAL BENEFIT, THE MATTER SHALL BE REFERRED TO THE ETHICS
2 REVIEW COMMITTEE IF IT CANNOT BE OTHERWISE RESOLVED.

3 S 2994-I. SPECIFIC POLICIES FOR ORDERS NOT TO RESUSCITATE. AN ORDER
4 NOT TO RESUSCITATE SHALL BE WRITTEN IN THE PATIENT'S MEDICAL RECORD.
5 CONSENT TO AN ORDER NOT TO RESUSCITATE SHALL NOT CONSTITUTE CONSENT TO
6 WITHHOLD OR WITHDRAW TREATMENT OTHER THAN CARDIOPULMONARY RESUSCITATION.

7 S 2994-J. REVOCATION OF CONSENT. 1. A PATIENT, SURROGATE, OR PARENT OR
8 GUARDIAN OF A MINOR PATIENT MAY AT ANY TIME REVOKE HIS OR HER CONSENT TO
9 WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT BY INFORMING AN ATTENDING
10 PHYSICIAN OR A MEMBER OF THE MEDICAL OR NURSING STAFF OF THE REVOCATION.

11 2. AN ATTENDING PHYSICIAN INFORMED OF A REVOCATION OF CONSENT MADE
12 PURSUANT TO THIS SECTION SHALL IMMEDIATELY:

13 (A) RECORD THE REVOCATION IN THE PATIENT'S MEDICAL RECORD;

14 (B) CANCEL ANY ORDERS IMPLEMENTING THE DECISION TO WITHHOLD OR WITH-
15 DRAW TREATMENT; AND

16 (C) NOTIFY THE HOSPITAL STAFF DIRECTLY RESPONSIBLE FOR THE PATIENT'S
17 CARE OF THE REVOCATION AND ANY CANCELLATIONS.

18 3. ANY MEMBER OF THE MEDICAL OR NURSING STAFF INFORMED OF A REVOCATION
19 MADE PURSUANT TO THIS SECTION SHALL IMMEDIATELY NOTIFY AN ATTENDING
20 PHYSICIAN OF THE REVOCATION.

21 S 2994-K. IMPLEMENTATION AND REVIEW OF DECISIONS. 1. HOSPITALS SHALL
22 ADOPT WRITTEN POLICIES REQUIRING IMPLEMENTATION AND REGULAR REVIEW OF
23 DECISIONS TO WITHHOLD OR WITHDREW LIFE-SUSTAINING TREATMENT IN ACCORD-
24 ANCE WITH ACCEPTED MEDICAL STANDARDS. HOSPITALS SHALL ALSO DEVELOP POLI-
25 CIES IN ACCORD WITH ACCEPTED MEDICAL STANDARDS REGARDING DOCUMENTATION
26 OF CLINICAL DETERMINATIONS AND DECISIONS BY SURROGATES AND HEALTH CARE
27 PROVIDERS PURSUANT TO THIS ARTICLE.

28 2. IF A DECISION TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT HAS
29 BEEN MADE PURSUANT TO THIS ARTICLE, AND AN ATTENDING PHYSICIAN DETER-
30 MINES AT ANY TIME THAT THE DECISION IS NO LONGER APPROPRIATE OR AUTHOR-
31 IZED BECAUSE THE PATIENT HAS REGAINED DECISION-MAKING CAPACITY OR
32 BECAUSE THE PATIENT'S CONDITION HAS OTHERWISE IMPROVED, THE PHYSICIAN
33 SHALL IMMEDIATELY:

34 (A) INCLUDE SUCH DETERMINATION IN THE PATIENT'S MEDICAL RECORD;

35 (B) CANCEL ANY ORDERS OR PLANS OF CARE IMPLEMENTING THE DECISION TO
36 WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT;

37 (C) NOTIFY THE PERSON WHO MADE THE DECISION TO WITHHOLD OR WITHDRAW
38 TREATMENT, OR, IF THAT PERSON IS NOT REASONABLY AVAILABLE, TO AT LEAST
39 ONE PERSON ON THE SURROGATE LIST HIGHEST IN ORDER OF PRIORITY LISTED
40 WHEN PERSONS IN PRIOR CLASSES ARE NOT REASONABLY AVAILABLE PURSUANT TO
41 SUBDIVISION ONE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS
42 ARTICLE; AND

43 (D) NOTIFY THE HOSPITAL STAFF DIRECTLY RESPONSIBLE FOR THE PATIENT'S
44 CARE OF ANY CANCELLED ORDERS OR PLANS OF CARE.

45 S 2994-L. INTERINSTITUTIONAL TRANSFERS. IF A PATIENT WITH AN ORDER TO
46 WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT IS TRANSFERRED FROM A
47 MENTAL HYGIENE FACILITY TO A HOSPITAL OR FROM A HOSPITAL TO A DIFFERENT
48 HOSPITAL, ANY SUCH ORDER OR PLAN SHALL REMAIN EFFECTIVE UNTIL AN ATTEND-
49 ING PHYSICIAN FIRST EXAMINES THE TRANSFERRED PATIENT, WHEREUPON AN
50 ATTENDING PHYSICIAN MUST EITHER:

51 1. ISSUE APPROPRIATE ORDERS TO CONTINUE THE PRIOR ORDER OR PLAN. SUCH
52 ORDERS MAY BE ISSUED WITHOUT OBTAINING ANOTHER CONSENT TO WITHHOLD OR
53 WITHDRAW LIFE-SUSTAINING TREATMENT PURSUANT TO THIS ARTICLE; OR

54 2. CANCEL SUCH ORDER, IF THE ATTENDING PHYSICIAN DETERMINES THAT THE
55 ORDER IS NO LONGER APPROPRIATE OR AUTHORIZED. BEFORE CANCELING THE ORDER
56 THE ATTENDING PHYSICIAN SHALL MAKE REASONABLE EFFORTS TO NOTIFY THE

PERSON WHO MADE THE DECISION TO WITHHOLD OR WITHDRAW TREATMENT AND THE HOSPITAL STAFF DIRECTLY RESPONSIBLE FOR THE PATIENT'S CARE OF ANY SUCH CANCELLATION. IF SUCH NOTICE CANNOT REASONABLY BE MADE PRIOR TO CANCELLING THE ORDER OR PLAN, THE ATTENDING PHYSICIAN SHALL MAKE SUCH NOTICE AS SOON AS REASONABLY PRACTICABLE AFTER CANCELLATION.

S 2994-M. ETHICS REVIEW COMMITTEES. 1. ESTABLISHMENT OF AN ETHICS REVIEW COMMITTEE, WRITTEN POLICY. EACH HOSPITAL SHALL ESTABLISH AT LEAST ONE ETHICS REVIEW COMMITTEE OR PARTICIPATE IN AN ETHICS REVIEW COMMITTEE THAT SERVES MORE THAN ONE HOSPITAL, AND SHALL ADOPT A WRITTEN POLICY GOVERNING COMMITTEE FUNCTIONS, COMPOSITION, AND PROCEDURE, IN ACCORDANCE WITH THE REQUIREMENTS OF THIS ARTICLE. A HOSPITAL MAY DESIGNATE AN EXISTING COMMITTEE, OR SUBCOMMITTEE THEREOF, TO CARRY OUT THE FUNCTIONS OF THE ETHICS REVIEW COMMITTEE PROVIDED THE REQUIREMENTS OF THIS SECTION ARE SATISFIED.

2. FUNCTIONS OF THE ETHICS REVIEW COMMITTEE. (A) THE ETHICS REVIEW COMMITTEE SHALL CONSIDER AND RESPOND TO ANY HEALTH CARE MATTER PRESENTED TO IT BY A PERSON CONNECTED WITH THE CASE.

(B) THE ETHICS REVIEW COMMITTEE RESPONSE TO A HEALTH CARE MATTER MAY INCLUDE:

(I) PROVIDING ADVICE ON THE ETHICAL ASPECTS OF PROPOSED HEALTH CARE;
(II) MAKING A RECOMMENDATION ABOUT PROPOSED HEALTH CARE; OR
(III) PROVIDING ASSISTANCE IN RESOLVING DISPUTES ABOUT PROPOSED HEALTH CARE.

(C) RECOMMENDATIONS AND ADVICE BY THE ETHICS REVIEW COMMITTEE SHALL BE ADVISORY AND NONBINDING, EXCEPT AS SPECIFIED IN SUBDIVISION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE AND SUBDIVISION THREE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-E OF THIS ARTICLE.

3. COMMITTEE MEMBERSHIP. THE MEMBERSHIP OF ETHICS REVIEW COMMITTEES MUST BE INTERDISCIPLINARY AND MUST INCLUDE AT LEAST FIVE MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN OR COMMITMENT TO PATIENT'S RIGHTS OR TO THE MEDICAL, PUBLIC HEALTH, OR SOCIAL NEEDS OF THOSE WHO ARE ILL. AT LEAST THREE ETHICS REVIEW COMMITTEE MEMBERS MUST BE HEALTH OR SOCIAL SERVICES PRACTITIONERS, AT LEAST ONE OF WHOM MUST BE A REGISTERED NURSE AND ONE OF WHOM MUST BE A PHYSICIAN. AT LEAST ONE MEMBER MUST BE A PERSON WITHOUT ANY GOVERNANCE, EMPLOYMENT OR CONTRACTUAL RELATIONSHIP WITH THE HOSPITAL. IN A RESIDENTIAL HEALTH CARE FACILITY THE FACILITY MUST OFFER THE RESIDENTS' COUNCIL OF THE FACILITY (OR OF ANOTHER FACILITY THAT PARTICIPATES IN THE COMMITTEE) THE OPPORTUNITY TO APPOINT UP TO TWO PERSONS TO THE ETHICS REVIEW COMMITTEE, NONE OF WHOM MAY BE A RESIDENT OF OR A FAMILY MEMBER OF A RESIDENT OF SUCH FACILITY, AND BOTH OF WHOM SHALL BE PERSONS WHO HAVE EXPERTISE IN OR A DEMONSTRATED COMMITMENT TO PATIENT RIGHTS OR TO THE CARE AND TREATMENT OF THE ELDERLY OR NURSING HOME RESIDENTS THROUGH PROFESSIONAL OR COMMUNITY ACTIVITIES, OTHER THAN ACTIVITIES PERFORMED AS A HEALTH CARE PROVIDER.

4. PROCEDURES FOR ETHICS REVIEW COMMITTEE. (A) THESE PROCEDURES ARE REQUIRED ONLY WHEN: (I) THE ETHICS REVIEW COMMITTEE IS CONVENED TO REVIEW A DECISION BY A SURROGATE TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT FOR: (A) A PATIENT IN A RESIDENTIAL HEALTH CARE FACILITY PURSUANT TO PARAGRAPH (B) OF SUBDIVISION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE; (B) A PATIENT IN A GENERAL HOSPITAL PURSUANT TO PARAGRAPH (C) OF SUBDIVISION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE; OR (C) AN EMANCIPATED MINOR PATIENT PURSUANT TO SUBDIVISION THREE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-E OF THIS ARTICLE; OR (II) WHEN A PERSON CONNECTED WITH THE CASE REQUESTS THE ETHICS REVIEW COMMITTEE TO PROVIDE ASSISTANCE IN RESOLVING A DISPUTE ABOUT PROPOSED CARE. NOTHING IN THIS SECTION SHALL

1 BAR HEALTH CARE PROVIDERS FROM FIRST STRIVING TO RESOLVE DISPUTES
2 THROUGH LESS FORMAL MEANS, INCLUDING THE INFORMAL SOLICITATION OF
3 ETHICAL ADVICE FROM ANY SOURCE.

4 (B)(I) A PERSON CONNECTED WITH THE CASE MAY NOT PARTICIPATE AS AN
5 ETHICS REVIEW COMMITTEE MEMBER IN THE CONSIDERATION OF THAT CASE.

6 (II) THE ETHICS REVIEW COMMITTEE SHALL RESPOND PROMPTLY, AS REQUIRED
7 BY THE CIRCUMSTANCES, TO ANY REQUEST FOR ASSISTANCE IN RESOLVING A
8 DISPUTE OR CONSIDERATION OF A DECISION TO WITHHOLD OR WITHDRAW LIFE-SUS-
9 TAINING TREATMENT PURSUANT TO PARAGRAPHS (B) AND (C) OF SUBDIVISION FIVE
10 OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE MADE BY A
11 PERSON CONNECTED WITH THE CASE. THE COMMITTEE SHALL PERMIT PERSONS
12 CONNECTED WITH THE CASE TO PRESENT THEIR VIEWS TO THE COMMITTEE, AND TO
13 HAVE THE OPTION OF BEING ACCOMPANIED BY AN ADVISOR WHEN PARTICIPATING IN
14 A COMMITTEE MEETING.

15 (III) THE ETHICS REVIEW COMMITTEE SHALL PROMPTLY PROVIDE THE PATIENT,
16 WHERE THERE IS ANY INDICATION OF THE PATIENT'S ABILITY TO COMPREHEND THE
17 INFORMATION, THE SURROGATE, OTHER PERSONS ON THE SURROGATE LIST DIRECTLY
18 INVOLVED IN THE DECISION OR DISPUTE REGARDING THE PATIENT'S CARE, ANY
19 PARENT OR GUARDIAN OF A MINOR PATIENT DIRECTLY INVOLVED IN THE DECISION
20 OR DISPUTE REGARDING THE MINOR PATIENT'S CARE, AN ATTENDING PHYSICIAN,
21 THE HOSPITAL, AND OTHER PERSONS THE COMMITTEE DEEMS APPROPRIATE, WITH
22 THE FOLLOWING:

23 (A) NOTICE OF ANY PENDING CASE CONSIDERATION CONCERNING THE PATIENT,
24 INCLUDING, FOR PATIENTS, PERSONS ON THE SURROGATE LIST, PARENTS AND
25 GUARDIANS, INFORMATION ABOUT THE ETHICS REVIEW COMMITTEE'S PROCEDURES,
26 COMPOSITION AND FUNCTION; AND

27 (B) THE COMMITTEE'S RESPONSE TO THE CASE, INCLUDING A WRITTEN STATE-
28 MENT OF THE REASONS FOR APPROVING OR DISAPPROVING THE WITHHOLDING OR
29 WITHDRAWAL OF LIFE-SUSTAINING TREATMENT FOR DECISIONS CONSIDERED PURSU-
30 ANT TO SUBPARAGRAPH (II) OF PARAGRAPH (A) OF SUBDIVISION FIVE OF SECTION
31 TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE. THE COMMITTEE'S
32 RESPONSE TO THE CASE SHALL BE INCLUDED IN THE PATIENT'S MEDICAL RECORD.

33 (IV) FOLLOWING ETHICS REVIEW COMMITTEE CONSIDERATION OF A CASE
34 CONCERNING THE WITHDRAWAL OR WITHHOLDING OF LIFE-SUSTAINING TREATMENT,
35 TREATMENT SHALL NOT BE WITHDRAWN OR WITHHELD UNTIL THE PERSONS IDENTI-
36 FIED IN SUBPARAGRAPH (III) OF THIS PARAGRAPH HAVE BEEN INFORMED OF THE
37 COMMITTEE'S RESPONSE TO THE CASE.

38 5. ACCESS TO MEDICAL RECORDS AND INFORMATION; PATIENT CONFIDENTIALITY.
39 ETHICS REVIEW COMMITTEE MEMBERS AND CONSULTANTS SHALL HAVE ACCESS TO
40 MEDICAL INFORMATION AND MEDICAL RECORDS NECESSARY TO PERFORM THEIR FUNC-
41 TION UNDER THIS ARTICLE. ANY SUCH INFORMATION OR RECORDS DISCLOSED TO
42 COMMITTEE MEMBERS, CONSULTANTS, OR OTHERS SHALL BE KEPT CONFIDENTIAL
43 EXCEPT TO THE EXTENT NECESSARY TO ACCOMPLISH THE PURPOSES OF THIS ARTI-
44 CLE OR AS OTHERWISE PROVIDED BY LAW.

45 6. ETHICS REVIEW COMMITTEE CONFIDENTIALITY. NOTWITHSTANDING ANY OTHER
46 PROVISIONS OF LAW, THE PROCEEDINGS AND RECORDS OF AN ETHICS REVIEW
47 COMMITTEE SHALL BE KEPT CONFIDENTIAL AND SHALL NOT BE RELEASED BY
48 COMMITTEE MEMBERS, COMMITTEE CONSULTANTS, OR OTHER PERSONS PRIVY TO SUCH
49 PROCEEDINGS AND RECORDS; THE PROCEEDINGS AND RECORDS OF AN ETHICS REVIEW
50 COMMITTEE SHALL NOT BE SUBJECT TO DISCLOSURE OR INSPECTION IN ANY
51 MANNER, INCLUDING UNDER ARTICLE SIX OF THE PUBLIC OFFICERS LAW OR ARTI-
52 CLE THIRTY-ONE OF THE CIVIL PRACTICE LAW AND RULES; AND, NO PERSON SHALL
53 TESTIFY AS TO THE PROCEEDINGS OR RECORDS OF AN ETHICS REVIEW COMMITTEE,
54 NOR SHALL SUCH PROCEEDINGS AND RECORDS OTHERWISE BE ADMISSIBLE AS
55 EVIDENCE IN ANY ACTION OR PROCEEDING OF ANY KIND IN ANY COURT OR BEFORE
56 ANY OTHER TRIBUNAL, BOARD, AGENCY OR PERSON, EXCEPT THAT:

(A) ETHICS REVIEW COMMITTEE PROCEEDINGS AND RECORDS, IN CASES WHERE A COMMITTEE APPROVES OR DISAPPROVES OF THE WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING TREATMENT PURSUANT TO SUBDIVISION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS ARTICLE, OR SUBDIVISION THREE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-E OF THIS ARTICLE, MAY BE OBTAINED BY OR RELEASED TO THE DEPARTMENT;

(B) NOTHING IN THIS SUBDIVISION SHALL PROHIBIT THE PATIENT, THE SURROGATE, OTHER PERSONS ON THE SURROGATE LIST, OR A PARENT OR GUARDIAN OF A MINOR PATIENT FROM VOLUNTARILY DISCLOSING, RELEASING OR TESTIFYING ABOUT COMMITTEE PROCEEDINGS OR RECORDS; AND

(C) NOTHING IN THIS SUBDIVISION SHALL PROHIBIT THE STATE COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES OR ANY AGENCY OR PERSON WITHIN OR UNDER CONTRACT WITH THE COMMISSION WHICH PROVIDES PROTECTION AND ADVOCACY SERVICES FROM REQUIRING ANY INFORMATION, REPORT OR RECORD FROM A HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF SECTION 45.09 OF THE MENTAL HYGIENE LAW.

S 2994-N. CONSCIENCE OBJECTIONS. 1. PRIVATE HOSPITALS. NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO REQUIRE A PRIVATE HOSPITAL TO HONOR A HEALTH CARE DECISION MADE PURSUANT TO THIS ARTICLE IF:

(A) THE DECISION IS CONTRARY TO A FORMALLY ADOPTED POLICY OF THE HOSPITAL THAT IS EXPRESSLY BASED ON SINCERELY HELD RELIGIOUS BELIEFS OR SINCERELY HELD MORAL CONVICTIONS CENTRAL TO THE FACILITY'S OPERATING PRINCIPLES;

(B) THE HOSPITAL HAS INFORMED THE PATIENT, FAMILY, OR SURROGATE OF SUCH POLICY PRIOR TO OR UPON ADMISSION, IF REASONABLY POSSIBLE; AND

(C) THE PATIENT IS TRANSFERRED PROMPTLY TO ANOTHER HOSPITAL THAT IS REASONABLY ACCESSIBLE UNDER THE CIRCUMSTANCES AND WILLING TO HONOR THE DECISION AND PENDING TRANSFER THE HOSPITAL COMPLIES WITH SUBDIVISION THREE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-F OF THIS ARTICLE. IF THE PATIENT'S FAMILY OR SURROGATE IS UNABLE OR UNWILLING TO ARRANGE SUCH A TRANSFER, THE HOSPITAL MAY INTERVENE TO FACILITATE SUCH A TRANSFER. IF SUCH A TRANSFER IS NOT EFFECTED, THE HOSPITAL SHALL SEEK JUDICIAL RELIEF IN ACCORDANCE WITH SECTION TWENTY-NINE HUNDRED NINETY-FOUR-R OF THIS ARTICLE OR HONOR THE DECISION.

2. INDIVIDUAL HEALTH CARE PROVIDERS. NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO REQUIRE AN INDIVIDUAL AS A HEALTH CARE PROVIDER TO HONOR A HEALTH CARE DECISION MADE PURSUANT TO THIS ARTICLE IF:

(A) THE DECISION IS CONTRARY TO THE INDIVIDUAL'S SINCERELY HELD RELIGIOUS BELIEFS OR SINCERELY HELD MORAL CONVICTION; AND

(B) THE INDIVIDUAL HEALTH CARE PROVIDER PROMPTLY INFORMS THE PERSON WHO MADE THE DECISION AND THE HOSPITAL OF HIS OR HER REFUSAL TO HONOR THE DECISION. IN SUCH EVENT, THE HOSPITAL SHALL PROMPTLY TRANSFER RESPONSIBILITY FOR THE PATIENT TO ANOTHER INDIVIDUAL HEALTH CARE PROVIDER WILLING TO HONOR THE DECISION. THE INDIVIDUAL HEALTH CARE PROVIDER SHALL COOPERATE IN FACILITATING SUCH TRANSFER AND COMPLY WITH SUBDIVISION THREE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-F OF THIS ARTICLE.

S 2994-O. IMMUNITY. 1. ETHICS REVIEW COMMITTEE. NO PERSON SHALL BE SUBJECT TO CRIMINAL OR CIVIL LIABILITY, OR BE DEEMED TO HAVE ENGAGED IN UNPROFESSIONAL CONDUCT, FOR ACTS PERFORMED REASONABLY AND IN GOOD FAITH PURSUANT TO THIS ARTICLE AS A MEMBER OF OR AS A CONSULTANT TO AN ETHICS REVIEW COMMITTEE OR AS A PARTICIPANT IN AN ETHICS REVIEW COMMITTEE MEETING.

2. PROVIDERS. NO HEALTH CARE PROVIDER OR EMPLOYEE THEREOF SHALL BE SUBJECTED TO CRIMINAL OR CIVIL LIABILITY, OR BE DEEMED TO HAVE ENGAGED IN UNPROFESSIONAL CONDUCT, FOR HONORING REASONABLY AND IN GOOD FAITH A

1 HEALTH CARE DECISION MADE PURSUANT TO THIS ARTICLE OR FOR OTHER ACTIONS
2 TAKEN REASONABLY AND IN GOOD FAITH PURSUANT TO THIS ARTICLE.

3 3. SURROGATES AND GUARDIANS. NO PERSON SHALL BE SUBJECTED TO CRIMINAL
4 OR CIVIL LIABILITY FOR MAKING A HEALTH CARE DECISION REASONABLY AND IN
5 GOOD FAITH PURSUANT TO THIS ARTICLE OR FOR OTHER ACTIONS TAKEN REASON-
6 ABLY AND IN GOOD FAITH PURSUANT TO THIS ARTICLE.

7 S 2994-P. LIABILITY FOR HEALTH CARE COSTS. LIABILITY FOR THE COST OF
8 HEALTH CARE PROVIDED TO AN ADULT PATIENT PURSUANT TO THIS ARTICLE SHALL
9 BE THE SAME AS IF THE HEALTH CARE WERE PROVIDED PURSUANT TO THE
10 PATIENT'S DECISION. NO PERSON SHALL BECOME LIABLE FOR THE COST OF HEALTH
11 CARE FOR A MINOR SOLELY BY VIRTUE OF MAKING A DECISION AS A GUARDIAN OF
12 A MINOR PURSUANT TO THIS ARTICLE.

13 S 2994-Q. EFFECT ON OTHER RIGHTS. 1. NOTHING IN THIS ARTICLE CREATES,
14 EXPANDS, DIMINISHES, IMPAIRS, OR SUPERSEDES ANY AUTHORITY THAT AN INDIV-
15 IDUAL MAY HAVE UNDER LAW TO MAKE OR EXPRESS DECISIONS, WISHES, OR
16 INSTRUCTIONS REGARDING HEALTH CARE ON HIS OR HER OWN BEHALF, INCLUDING
17 DECISIONS ABOUT LIFE-SUSTAINING TREATMENT.

18 2. NOTHING IN THIS ARTICLE SHALL AFFECT EXISTING LAW CONCERNING
19 IMPLIED CONSENT TO HEALTH CARE IN AN EMERGENCY.

20 3. NOTHING IN THIS ARTICLE IS INTENDED TO PERMIT OR PROMOTE SUICIDE,
21 ASSISTED SUICIDE, OR EUTHANASIA.

22 4. THIS ARTICLE SHALL NOT AFFECT EXISTING LAW WITH RESPECT TO STERILI-
23 ZATION.

24 5. NOTHING IN THIS ARTICLE DIMINISHES THE DUTY OF PARENTS AND LEGAL
25 GUARDIANS UNDER EXISTING LAW TO CONSENT TO TREATMENT FOR MINORS.

26 S 2994-R. SPECIAL PROCEEDING AUTHORIZED; COURT ORDERS; HEALTH CARE
27 GUARDIAN FOR MINOR PATIENT. 1. SPECIAL PROCEEDING. ANY PERSON CONNECTED
28 WITH THE CASE AND ANY MEMBER OF THE HOSPITAL ETHICS REVIEW COMMITTEE MAY
29 COMMENCE A SPECIAL PROCEEDING PURSUANT TO ARTICLE FOUR OF THE CIVIL
30 PRACTICE LAW AND RULES IN A COURT OF COMPETENT JURISDICTION WITH RESPECT
31 TO ANY MATTER ARISING UNDER THIS ARTICLE.

32 2. COURT ORDERS DESIGNATING SURROGATE. A COURT OF COMPETENT JURISDIC-
33 TION MAY DESIGNATE ANY INDIVIDUAL FROM THE SURROGATE LIST TO ACT AS
34 SURROGATE, REGARDLESS OF THAT INDIVIDUAL'S PRIORITY ON THE LIST, IF THE
35 COURT DETERMINES THAT SUCH APPOINTMENT WOULD BEST ACCORD WITH THE
36 PATIENT'S WISHES OR, IF THE PATIENT'S WISHES ARE NOT REASONABLY KNOWN,
37 WITH THE PATIENT'S BEST INTERESTS. UNLESS OTHERWISE DETERMINED BY A
38 COURT, NO SURROGATE DECISION MADE PRIOR TO AN ORDER DESIGNATING A SURRO-
39 GATE SHALL BE DEEMED TO HAVE BEEN INVALID BECAUSE OF THE ISSUANCE OF A
40 DESIGNATING ORDER.

41 3. COURT ORDERS TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT. A
42 COURT OF COMPETENT JURISDICTION MAY AUTHORIZE THE WITHHOLDING OR WITH-
43 DRAWAL OF LIFE-SUSTAINING TREATMENT FROM A PERSON IF THE COURT DETER-
44 MINES THAT THE PERSON LACKS DECISION-MAKING CAPACITY, AND WITHDRAWING OR
45 WITHHOLDING THE TREATMENT WOULD ACCORD WITH THE STANDARDS SET FORTH IN
46 SUBDIVISION FIVE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-D OF THIS
47 ARTICLE.

48 4. HEALTH CARE GUARDIAN FOR A MINOR PATIENT. (A) NO APPOINTMENT SHALL
49 BE MADE PURSUANT TO THIS SUBDIVISION IF A PARENT OR LEGAL GUARDIAN OF
50 THE PERSON IS AVAILABLE, WILLING, AND COMPETENT TO DECIDE ABOUT TREAT-
51 MENT FOR THE MINOR.

52 (B) THE FOLLOWING PERSONS MAY COMMENCE A SPECIAL PROCEEDING IN A COURT
53 OF COMPETENT JURISDICTION TO SEEK APPOINTMENT AS THE HEALTH CARE GUARDI-
54 AN OF A MINOR PATIENT SOLELY FOR THE PURPOSE OF DECIDING ABOUT LIFE-SUS-
55 TAINING TREATMENT PURSUANT TO THIS ARTICLE:

56 (I) THE HOSPITAL ADMINISTRATOR;

1 (II) AN ATTENDING PHYSICIAN;

2 (III) THE LOCAL COMMISSIONER OF SOCIAL SERVICES OR THE LOCAL COMMIS-
3 SIONER OF HEALTH, AUTHORIZED TO MAKE MEDICAL TREATMENT DECISIONS FOR THE
4 MINOR PURSUANT TO SECTION THREE HUNDRED EIGHTY-THREE-B OF THE SOCIAL
5 SERVICES LAW; OR

6 (IV) AN INDIVIDUAL, EIGHTEEN YEARS OF AGE OR OLDER, WHO HAS ASSUMED
7 CARE OF THE MINOR FOR A SUBSTANTIAL AND CONTINUOUS PERIOD OF TIME.

8 (C) NOTICE OF THE PROCEEDING SHALL BE GIVEN TO THE PERSONS IDENTIFIED
9 IN SECTION SEVENTEEN HUNDRED FIVE OF THE SURROGATE'S COURT PROCEDURE
10 ACT.

11 (D) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, SEEKING APPOINTMENT OR
12 BEING APPOINTED AS A HEALTH CARE GUARDIAN SHALL NOT OTHERWISE AFFECT THE
13 LEGAL STATUS OR RIGHTS OF THE INDIVIDUAL SEEKING OR OBTAINING SUCH
14 APPOINTMENT.

15 S 2994-S. REMEDY. 1. ANY HOSPITAL OR ATTENDING PHYSICIAN THAT REFUSES
16 TO HONOR A HEALTH CARE DECISION BY A SURROGATE MADE PURSUANT TO THIS
17 ARTICLE AND IN ACCORD WITH THE STANDARDS SET FORTH IN THIS ARTICLE SHALL
18 NOT BE ENTITLED TO COMPENSATION FOR TREATMENT, SERVICES, OR PROCEDURES
19 REFUSED BY THE SURROGATE, EXCEPT THAT THIS SUBDIVISION SHALL NOT APPLY:

20 (A) WHEN A HOSPITAL OR PHYSICIAN EXERCISES THE RIGHTS GRANTED BY
21 SECTION TWENTY-NINE HUNDRED NINETY-FOUR-N OF THIS ARTICLE, PROVIDED THAT
22 THE PHYSICIAN OR HOSPITAL PROMPTLY FULFILLS THE OBLIGATIONS SET FORTH IN
23 SECTION TWENTY-NINE HUNDRED NINETY-FOUR-N OF THIS ARTICLE;

24 (B) WHILE A MATTER IS UNDER CONSIDERATION BY THE ETHICS REVIEW COMMIT-
25 TEE, PROVIDED THAT THE MATTER IS PROMPTLY REFERRED TO AND CONSIDERED BY
26 THE COMMITTEE;

27 (C) IN THE EVENT OF A DISPUTE BETWEEN INDIVIDUALS ON THE SURROGATE
28 LIST; OR

29 (D) IF THE PHYSICIAN OR HOSPITAL PREVAILS IN ANY LITIGATION CONCERNING
30 THE SURROGATE'S DECISION TO REFUSE THE TREATMENT, SERVICES OR PROCEDURE.
31 NOTHING IN THIS SECTION SHALL DETERMINE OR AFFECT HOW DISPUTES AMONG
32 INDIVIDUALS ON THE SURROGATE LIST ARE RESOLVED.

33 2. THE REMEDY PROVIDED IN THIS SECTION IS IN ADDITION TO AND CUMULA-
34 TIVE WITH ANY OTHER REMEDIES AVAILABLE AT LAW OR IN EQUITY OR BY ADMIN-
35 ISTRATIVE PROCEEDINGS TO A PATIENT, A HEALTH CARE AGENT APPOINTED PURSU-
36 ANT TO ARTICLE TWENTY-NINE-C OF THIS CHAPTER, OR A PERSON AUTHORIZED TO
37 MAKE HEALTH CARE DECISIONS PURSUANT TO THIS ARTICLE, INCLUDING INJUNC-
38 TIVE AND DECLARATORY RELIEF, AND ANY OTHER PROVISIONS OF THIS CHAPTER
39 GOVERNING FINES, PENALTIES, OR FORFEITURES.

40 S 2994-T. REGULATIONS. 1. THE COMMISSIONER SHALL ESTABLISH SUCH REGU-
41 LATIONS AS MAY BE NECESSARY TO IMPLEMENT THIS ARTICLE.

42 2. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONERS OF THE
43 OFFICE OF MENTAL HEALTH AND THE OFFICE OF MENTAL RETARDATION AND DEVEL-
44 OPMENTAL DISABILITIES, SHALL PROMULGATE REGULATIONS IDENTIFYING THE
45 CREDENTIALS OF HEALTH CARE PROFESSIONALS QUALIFIED TO PROVIDE AN INDE-
46 PENDENT DETERMINATION, PURSUANT TO SUBDIVISION THREE OF SECTION TWENTY-
47 NINE HUNDRED NINETY-FOUR-C OF THIS ARTICLE, THAT A PATIENT LACKS DECI-
48 SION-MAKING CAPACITY BECAUSE OF MENTAL ILLNESS OR DEVELOPMENTAL
49 DISABILITY.

50 S 2994-U. RIGHTS TO BE PUBLICIZED. THE COMMISSIONER SHALL PREPARE A
51 STATEMENT SUMMARIZING THE RIGHTS, DUTIES, AND REQUIREMENTS OF THIS ARTI-
52 CLE AND SHALL REQUIRE THAT A COPY OF SUCH STATEMENT BE FURNISHED TO
53 PATIENTS OR TO PERSONS ON THE SURROGATE LIST KNOWN TO THE HOSPITAL, OR
54 TO THE PARENTS OR GUARDIANS OF MINOR PATIENTS, AT OR PRIOR TO ADMISSION
55 TO THE HOSPITAL, OR WITHIN A REASONABLE TIME THEREAFTER, AND TO EACH
56 MEMBER OF THE HOSPITAL'S STAFF DIRECTLY INVOLVED WITH PATIENT CARE.

ARTICLE 29-CCC

NONHOSPITAL ORDERS NOT TO RESUSCITATE

SECTION 2994-AA. DEFINITIONS.

2994-BB. GENERAL PROVISIONS.

2994-CC. CONSENT TO A NONHOSPITAL ORDER NOT TO RESUSCITATE.

2994-DD. MANAGING A NONHOSPITAL ORDER NOT TO RESUSCITATE.

2994-EE. OBLIGATION TO HONOR A NONHOSPITAL ORDER NOT TO RESUSCITATE.

2994-FF. INTERINSTITUTIONAL TRANSFER.

2994-GG. IMMUNITY.

S 2994-AA. DEFINITIONS. 1. "ADULT" MEANS ANY PERSON WHO IS EIGHTEEN YEARS OF AGE OR OLDER, OR IS THE PARENT OF A CHILD OR HAS MARRIED.

2. "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS PRIMARY RESPONSIBILITY FOR THE TREATMENT AND CARE OF THE PATIENT. WHERE MORE THAN ONE PHYSICIAN SHARES SUCH RESPONSIBILITY, ANY SUCH PHYSICIAN MAY ACT AS THE ATTENDING PHYSICIAN PURSUANT TO THIS ARTICLE.

3. "CAPACITY" MEANS THE ABILITY TO UNDERSTAND AND APPRECIATE THE NATURE AND CONSEQUENCES OF A NONHOSPITAL ORDER NOT TO RESUSCITATE, INCLUDING THE BENEFITS AND DISADVANTAGES OF SUCH AN ORDER, AND TO REACH AN INFORMED DECISION REGARDING THE ORDER.

4. "CARDIOPULMONARY RESUSCITATION" MEANS MEASURES, AS SPECIFIED IN REGULATIONS PROMULGATED BY THE COMMISSIONER, TO RESTORE CARDIAC FUNCTION OR TO SUPPORT VENTILATION IN THE EVENT OF A CARDIAC OR RESPIRATORY ARREST. SUCH TERM SHALL NOT INCLUDE MEASURES TO IMPROVE VENTILATION AND CARDIAC FUNCTION IN THE ABSENCE OF AN ARREST.

5. "EMERGENCY MEDICAL SERVICES PERSONNEL" MEANS THE PERSONNEL OF A SERVICE OR AGENCY ENGAGED IN PROVIDING INITIAL EMERGENCY MEDICAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO FIRST RESPONDERS, EMERGENCY MEDICAL TECHNICIANS, ADVANCED EMERGENCY MEDICAL TECHNICIANS AND PERSONNEL ENGAGED IN PROVIDING HEALTH CARE AT CORRECTIONAL FACILITIES, AS THAT TERM IS DEFINED IN SUBDIVISION FOUR OF SECTION TWO OF THE CORRECTION LAW.

6. "HEALTH CARE AGENT" MEANS A HEALTH CARE AGENT OF THE PATIENT DESIGNATED PURSUANT TO ARTICLE TWENTY-NINE-C OF THIS CHAPTER.

7. "HEALTH OR SOCIAL SERVICES PRACTITIONER" MEANS A REGISTERED PROFESSIONAL NURSE, NURSE PRACTITIONER, PHYSICIAN, PHYSICIAN ASSISTANT, PSYCHOLOGIST OR CERTIFIED, LICENSED MASTER SOCIAL WORKER OR LICENSED CLINICAL SOCIAL WORKER, LICENSED OR CERTIFIED PURSUANT TO THE EDUCATION LAW, ACTING WITHIN HIS OR HER SCOPE OF PRACTICE.

8. "HOME CARE SERVICES AGENCY" MEANS AN ENTITY CERTIFIED, LICENSED OR EXEMPT UNDER ARTICLE THIRTY-SIX OF THIS CHAPTER.

9. "HOSPICE" MEANS A HOSPICE AS DEFINED IN ARTICLE FORTY OF THIS CHAPTER.

10. "HOSPITAL" MEANS A GENERAL HOSPITAL AS DEFINED IN SUBDIVISION TEN OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER AND A RESIDENTIAL HEALTH CARE FACILITY AS DEFINED IN SUBDIVISION THREE OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER OR A HOSPITAL AS DEFINED IN SUBDIVISION TEN OF SECTION 1.03 OF THE MENTAL HYGIENE LAW OR A SCHOOL NAMED IN SECTION 13.17 OF THE MENTAL HYGIENE LAW.

11. "HOSPITAL EMERGENCY SERVICES PERSONNEL" MEANS THE PERSONNEL OF THE EMERGENCY SERVICE OF A GENERAL HOSPITAL, AS DEFINED IN SUBDIVISION TEN OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER, INCLUDING BUT NOT LIMITED TO EMERGENCY SERVICES ATTENDING PHYSICIANS, EMERGENCY SERVICES REGISTERED PROFESSIONAL NURSES, AND REGISTERED PROFESSIONAL NURSES, NURSING STAFF AND REGISTERED PHYSICIAN ASSISTANTS ASSIGNED TO THE GENERAL HOSPITAL'S EMERGENCY SERVICE.

12. "MENTAL HYGIENE FACILITY" MEANS A RESIDENTIAL FACILITY OPERATED OR LICENSED BY THE OFFICE OF MENTAL HEALTH OR THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES.

13. "NONHOSPITAL ORDER NOT TO RESUSCITATE" MEANS AN ORDER THAT DIRECTS EMERGENCY MEDICAL SERVICES PERSONNEL AND HOSPITAL EMERGENCY SERVICES PERSONNEL NOT TO ATTEMPT CARDIOPULMONARY RESUSCITATION IN THE EVENT A PATIENT SUFFERS CARDIAC OR RESPIRATORY ARREST.

14. "PATIENT" MEANS A PERSON WHO HAS BEEN OR WHO MAY BE ISSUED A NONHOSPITAL ORDER NOT TO RESUSCITATE.

15. "SURROGATE" MEANS A PERSON AUTHORIZED TO MAKE A HEALTH CARE DECISION ON BEHALF OF A PATIENT PURSUANT TO ARTICLE TWENTY-NINE-CC OF THIS CHAPTER.

S 2994-BB. GENERAL PROVISIONS. 1. (A) EMERGENCY MEDICAL SERVICES PERSONNEL, HOME CARE SERVICES AGENCY PERSONNEL, HOSPICE PERSONNEL, AND HOSPITAL EMERGENCY SERVICES PERSONNEL SHALL HONOR NONHOSPITAL ORDERS NOT TO RESUSCITATE, EXCEPT AS PROVIDED IN SECTION TWENTY-NINE HUNDRED NINETY-FOUR-EE OF THIS ARTICLE.

(B) A NONHOSPITAL ORDER NOT TO RESUSCITATE SHALL NOT CONSTITUTE AN ORDER TO WITHHOLD OR WITHDRAW TREATMENT OTHER THAN CARDIOPULMONARY RESUSCITATION.

2. A NONHOSPITAL ORDER NOT TO RESUSCITATE MAY BE ISSUED DURING HOSPITALIZATION TO TAKE EFFECT AFTER HOSPITALIZATION, OR MAY BE ISSUED FOR A PERSON WHO IS NOT A PATIENT IN, OR A RESIDENT OF, A HOSPITAL.

S 2994-CC. CONSENT TO A NONHOSPITAL ORDER NOT TO RESUSCITATE. 1. AN ADULT WITH DECISION-MAKING CAPACITY, A HEALTH CARE AGENT, OR A SURROGATE MAY CONSENT TO A NONHOSPITAL ORDER NOT TO RESUSCITATE ORALLY TO THE ATTENDING PHYSICIAN OR IN WRITING. IF A PATIENT CONSENTS TO A NONHOSPITAL ORDER NOT TO RESUSCITATE WHILE IN A CORRECTIONAL FACILITY, NOTICE OF THE PATIENT'S CONSENT SHALL BE GIVEN TO THE FACILITY DIRECTOR AND REASONABLE EFFORTS SHALL BE MADE TO NOTIFY AN INDIVIDUAL DESIGNATED BY THE PATIENT TO RECEIVE SUCH NOTICE PRIOR TO THE ISSUANCE OF THE NONHOSPITAL ORDER NOT TO RESUSCITATE. NOTIFICATION TO THE FACILITY DIRECTOR OR THE INDIVIDUAL DESIGNATED BY THE PATIENT SHALL NOT DELAY ISSUANCE OF A NONHOSPITAL ORDER NOT TO RESUSCITATE.

2. CONSENT BY A HEALTH CARE AGENT SHALL BE GOVERNED BY ARTICLE TWENTY-NINE-C OF THIS CHAPTER.

3. CONSENT BY A SURROGATE SHALL BE GOVERNED BY ARTICLE TWENTY-NINE-CC OF THIS CHAPTER, EXCEPT THAT: (A) A SECOND DETERMINATION OF CAPACITY SHALL BE MADE BY A HEALTH OR SOCIAL SERVICES PRACTITIONER; AND (B) THE AUTHORITY OF THE ETHICS REVIEW COMMITTEE SET FORTH IN ARTICLE TWENTY-NINE-CC OF THIS CHAPTER SHALL APPLY ONLY TO NONHOSPITAL ORDERS ISSUED IN A HOSPITAL.

4. (A) WHEN THE CONCURRENCE OF A SECOND PHYSICIAN IS SOUGHT TO FULFILL THE REQUIREMENTS FOR THE ISSUANCE OF A NONHOSPITAL ORDER NOT TO RESUSCITATE FOR PATIENTS IN A CORRECTIONAL FACILITY, SUCH SECOND PHYSICIAN SHALL BE SELECTED BY THE CHIEF MEDICAL OFFICER OF THE DEPARTMENT OF CORRECTIONAL SERVICES OR HIS OR HER DESIGNEE.

(B) WHEN THE CONCURRENCE OF A SECOND PHYSICIAN IS SOUGHT TO FULFILL THE REQUIREMENTS FOR THE ISSUANCE OF A NONHOSPITAL ORDER NOT TO RESUSCITATE FOR HOSPICE AND HOME CARE PATIENTS, SUCH SECOND PHYSICIAN SHALL BE SELECTED BY THE HOSPICE MEDICAL DIRECTOR OR HOSPICE NURSE COORDINATOR DESIGNATED BY THE MEDICAL DIRECTOR OR BY THE HOME CARE SERVICES AGENCY DIRECTOR OF PATIENT CARE SERVICES, AS APPROPRIATE TO THE PATIENT.

5. CONSENT BY A PATIENT OR A SURROGATE FOR A PATIENT IN A MENTAL HYGIENE FACILITY SHALL BE GOVERNED BY ARTICLE TWENTY-NINE-B OF THIS CHAPTER.

1 S 2994-DD. MANAGING A NONHOSPITAL ORDER NOT TO RESUSCITATE. 1. THE
2 ATTENDING PHYSICIAN SHALL RECORD THE ISSUANCE OF A NONHOSPITAL ORDER NOT
3 TO RESUSCITATE IN THE PATIENT'S MEDICAL RECORD.

4 2. A NONHOSPITAL ORDER NOT TO RESUSCITATE SHALL BE ISSUED UPON A STAN-
5 DARD FORM PRESCRIBED BY THE COMMISSIONER. THE COMMISSIONER SHALL ALSO
6 DEVELOP A STANDARD BRACELET THAT MAY BE WORN BY A PATIENT WITH A NONHOS-
7 PITAL ORDER NOT TO RESUSCITATE TO IDENTIFY THAT STATUS; PROVIDED, HOWEV-
8 ER, THAT NO PERSON MAY REQUIRE A PATIENT TO WEAR SUCH A BRACELET AND
9 THAT NO PERSON MAY REQUIRE A PATIENT TO WEAR SUCH A BRACELET AS A CONDI-
10 TION FOR HONORING A NONHOSPITAL ORDER NOT TO RESUSCITATE OR FOR PROVID-
11 ING HEALTH CARE SERVICES.

12 3. AN ATTENDING PHYSICIAN WHO HAS ISSUED A NONHOSPITAL ORDER NOT TO
13 RESUSCITATE, AND WHO TRANSFERS CARE OF THE PATIENT TO ANOTHER PHYSICIAN,
14 SHALL INFORM THE PHYSICIAN OF THE ORDER.

15 4. FOR EACH PATIENT FOR WHOM A NONHOSPITAL ORDER NOT TO RESUSCITATE
16 HAS BEEN ISSUED, THE ATTENDING PHYSICIAN SHALL REVIEW WHETHER THE ORDER
17 IS STILL APPROPRIATE IN LIGHT OF THE PATIENT'S CONDITION EACH TIME HE OR
18 SHE EXAMINES THE PATIENT, WHETHER IN THE HOSPITAL OR ELSEWHERE, BUT AT
19 LEAST EVERY NINETY DAYS, PROVIDED THAT THE REVIEW NEED NOT OCCUR MORE
20 THAN ONCE EVERY SEVEN DAYS. THE ATTENDING PHYSICIAN SHALL RECORD THE
21 REVIEW IN THE PATIENT'S MEDICAL RECORD PROVIDED, HOWEVER, THAT A REGIS-
22 TERED NURSE WHO PROVIDES DIRECT CARE TO THE PATIENT MAY RECORD THE
23 REVIEW IN THE MEDICAL RECORD AT THE DIRECTION OF THE PHYSICIAN. IN SUCH
24 CASE, THE ATTENDING PHYSICIAN SHALL INCLUDE A CONFIRMATION OF THE REVIEW
25 IN THE PATIENT'S MEDICAL RECORD WITHIN FOURTEEN DAYS OF SUCH REVIEW.
26 FAILURE TO COMPLY WITH THIS SUBDIVISION SHALL NOT RENDER A NONHOSPITAL
27 ORDER NOT TO RESUSCITATE INEFFECTIVE.

28 5. A PERSON WHO HAS CONSENTED TO A NONHOSPITAL ORDER NOT TO RESUSCI-
29 TATE MAY AT ANY TIME REVOKE HIS OR HER CONSENT TO THE ORDER BY ANY ACT
30 EVIDENCING A SPECIFIC INTENT TO REVOKE SUCH CONSENT. ANY HEALTH CARE
31 PROFESSIONAL INFORMED OF A REVOCATION OF CONSENT TO A NONHOSPITAL ORDER
32 NOT TO RESUSCITATE SHALL NOTIFY THE ATTENDING PHYSICIAN OF THE REVOCATION.
33 AN ATTENDING PHYSICIAN WHO IS INFORMED THAT A NONHOSPITAL ORDER
34 NOT TO RESUSCITATE HAS BEEN REVOKED SHALL RECORD THE REVOCATION IN THE
35 PATIENT'S MEDICAL RECORD, CANCEL THE ORDER AND MAKE DILIGENT EFFORTS TO
36 RETRIEVE THE FORM ISSUING THE ORDER, AND THE STANDARD BRACELET, IF ANY.

37 6. THE COMMISSIONER MAY AUTHORIZE THE USE OF ONE OR MORE ALTERNATIVE
38 FORMS FOR ISSUING A NONHOSPITAL ORDER NOT TO RESUSCITATE (IN PLACE OF
39 THE STANDARD FORM PRESCRIBED BY THE COMMISSIONER UNDER SUBDIVISION TWO
40 OF THIS SECTION). SUCH ALTERNATIVE FORM OR FORMS MAY ALSO BE USED TO
41 ISSUE A NON-HOSPITAL DO NOT INTUBATE ORDER. ANY SUCH ALTERNATIVE FORMS
42 INTENDED FOR USE FOR PERSONS WITH MENTAL RETARDATION OR DEVELOPMENTAL
43 DISABILITIES OR PERSONS WITH MENTAL ILLNESS WHO ARE INCAPABLE OF MAKING
44 THEIR OWN HEALTH CARE DECISIONS OR WHO HAVE A GUARDIAN OF THE PERSON
45 APPOINTED PURSUANT TO ARTICLE EIGHTY-ONE OF THE MENTAL HYGIENE LAW OR
46 ARTICLE SEVENTEEN-A OF THE SURROGATE'S COURT PROCEDURE ACT MUST ALSO BE
47 APPROVED BY THE COMMISSIONER OF MENTAL RETARDATION AND DEVELOPMENTAL
48 DISABILITIES OR THE COMMISSIONER OF MENTAL HEALTH, AS APPROPRIATE. AN
49 ALTERNATIVE FORM UNDER THIS SUBDIVISION SHALL OTHERWISE CONFORM WITH
50 APPLICABLE FEDERAL AND STATE LAW. THIS SUBDIVISION DOES NOT LIMIT,
51 RESTRICT OR IMPAIR THE USE OF AN ALTERNATIVE FORM FOR ISSUING AN ORDER
52 NOT TO RESUSCITATE IN A GENERAL HOSPITAL OR RESIDENTIAL HEALTH CARE
53 FACILITY UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER OR A HOSPITAL UNDER
54 SUBDIVISION TEN OF SECTION 1.03 OF THE MENTAL HYGIENE LAW OR A SCHOOL
55 UNDER SECTION 13.17 OF THE MENTAL HYGIENE LAW.

1 S 2994-EE. OBLIGATION TO HONOR A NONHOSPITAL ORDER NOT TO RESUSCITATE.
2 EMERGENCY MEDICAL SERVICES PERSONNEL, HOME CARE SERVICES AGENCY PERSON-
3 NEL, HOSPICE PERSONNEL, OR HOSPITAL EMERGENCY SERVICES PERSONNEL WHO ARE
4 PROVIDED WITH A NONHOSPITAL ORDER NOT TO RESUSCITATE, OR WHO IDENTIFY
5 THE STANDARD BRACELET ON THE PATIENT'S BODY, SHALL COMPLY WITH THE TERMS
6 OF SUCH ORDER; PROVIDED, HOWEVER, THAT:

7 1. EMERGENCY MEDICAL SERVICES PERSONNEL, HOME CARE SERVICES AGENCY
8 PERSONNEL, HOSPICE PERSONNEL, OR HOSPITAL EMERGENCY SERVICES PERSONNEL
9 MAY DISREGARD THE ORDER IF:

10 (A) THEY BELIEVE IN GOOD FAITH THAT CONSENT TO THE ORDER HAS BEEN
11 REVOKED, OR THAT THE ORDER HAS BEEN CANCELLED; OR

12 (B) FAMILY MEMBERS OR OTHERS ON THE SCENE, EXCLUDING SUCH PERSONNEL,
13 OBJECT TO THE ORDER AND PHYSICAL CONFRONTATION APPEARS LIKELY; AND

14 2. HOSPITAL EMERGENCY SERVICES PHYSICIANS MAY DIRECT THAT THE ORDER BE
15 DISREGARDED IF OTHER SIGNIFICANT AND EXCEPTIONAL MEDICAL CIRCUMSTANCES
16 WARRANT DISREGARDING THE ORDER.

17 S 2994-FF. INTERINSTITUTIONAL TRANSFER. IF A PATIENT WITH A NONHOSPI-
18 TAL ORDER NOT TO RESUSCITATE IS ADMITTED TO A HOSPITAL, THE ORDER SHALL
19 BE TREATED AS AN ORDER NOT TO RESUSCITATE FOR A PATIENT TRANSFERRED FROM
20 ANOTHER HOSPITAL, AND SHALL BE GOVERNED BY ARTICLE TWENTY-NINE-CC OF
21 THIS CHAPTER, EXCEPT THAT ANY SUCH ORDER FOR A PATIENT ADMITTED TO A
22 MENTAL HYGIENE FACILITY SHALL BE GOVERNED BY ARTICLE TWENTY-NINE-B OF
23 THIS CHAPTER.

24 S 2994-GG. IMMUNITY. NO PERSON SHALL BE SUBJECTED TO CRIMINAL PROSE-
25 CUTION OR CIVIL LIABILITY, OR BE DEEMED TO HAVE ENGAGED IN UNPROFES-
26 SIONAL CONDUCT, FOR HONORING REASONABLY AND IN GOOD FAITH PURSUANT TO
27 THIS SECTION A NONHOSPITAL ORDER NOT TO RESUSCITATE, FOR DISREGARDING A
28 NONHOSPITAL ORDER PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-FOUR-EE
29 OF THIS ARTICLE, OR FOR OTHER ACTIONS TAKEN REASONABLY AND IN GOOD FAITH
30 PURSUANT TO THIS SECTION.

31 S 3. Subdivision 1 of section 2805-q of the public health law, as
32 added by chapter 471 of the laws of 2004, is amended to read as follows:

33 1. No domestic partner OR SURROGATE AS DEFINED BY SUBDIVISION TWENTY-
34 NINE OF SECTION TWENTY-NINE HUNDRED NINETY-FOUR-A OF THIS CHAPTER shall
35 be denied any rights of visitation of his or her domestic partner OR OF
36 THE PATIENT OR RESIDENT FOR WHOM HE OR SHE IS THE SURROGATE, when such
37 rights are accorded to spouses and next-of-kin at any hospital, nursing
38 home or health care facility.

39 S 4. The article heading of article 29-B of the public health law, as
40 added by chapter 818 of the laws of 1987, is amended to read as follows:

41 ORDERS NOT TO RESUSCITATE FOR RESIDENTS OF MENTAL HYGIENE
42 FACILITIES

43 S 5. Subdivisions 7, 10, 13 and 16 of section 2961 of the public
44 health law are REPEALED.

45 S 6. Subdivisions 2, 4, 5, 9 and 19 of section 2961 of the public
46 health law, subdivisions 2 and 19 as amended and subdivision 9 as renum-
47 bered by chapter 370 of the laws of 1991 and subdivisions 4, 5 and 9 as
48 added by chapter 818 of the laws of 1987, are amended to read as
49 follows:

50 2. "Attending physician" means the physician selected by or assigned
51 to a patient in a hospital [or, for the purpose of provisions herein
52 governing nonhospital orders not to resuscitate, a patient not in a
53 hospital,] who has primary responsibility for the treatment and care of
54 the patient. Where more than one physician shares such responsibility,
55 any such physician may act as the attending physician pursuant to this
56 article.

1 4. "Cardiopulmonary resuscitation" means measures[, as specified in
2 regulations promulgated by the commissioner,] to restore cardiac func-
3 tion or to support ventilation in the event of a cardiac or respiratory
4 arrest. Cardiopulmonary resuscitation shall not include measures to
5 improve ventilation and cardiac functions in the absence of an arrest.

6 5. "Close friend" means any person, eighteen years of age or older,
7 who [presents an affidavit to an attending physician stating that he] is
8 a close friend of the patient [and that he], OR RELATIVE OF THE PATIENT
9 (OTHER THAN A SPOUSE, ADULT CHILD, PARENT, BROTHER OR SISTER) WHO has
10 maintained such regular contact with the patient as to be familiar with
11 the patient's activities, health, and religious or moral beliefs [and
12 stating the facts and circumstances that demonstrate such familiarity]
13 AND WHO PRESENTS A SIGNED STATEMENT TO THAT EFFECT TO THE ATTENDING
14 PHYSICIAN.

15 9. "Hospital" means [a general hospital as defined in subdivision ten
16 of section twenty-eight hundred one of this chapter and a residential
17 health care facility as defined in subdivision three of section twenty-
18 eight hundred one of this chapter or] a hospital as defined in subdivi-
19 sion ten of section 1.03 of the mental hygiene law or a school named in
20 section 13.17 of the mental hygiene law.

21 19. "Patient" means a person admitted to a hospital [or, for the
22 purpose of provisions herein governing nonhospital orders not to resus-
23 citate, a person who has or may be issued a nonhospital order not to
24 resuscitate].

25 S 7. Section 2961 of the public health law is amended by adding a new
26 subdivision 6-a to read as follows:

27 6-A. "DOMESTIC PARTNER" MEANS A PERSON WHO, WITH RESPECT TO ANOTHER
28 PERSON:

29 (A) IS FORMALLY A PARTY IN A DOMESTIC PARTNERSHIP OR SIMILAR RELATION-
30 SHIP WITH THE OTHER PERSON, ENTERED INTO PURSUANT TO THE LAWS OF THE
31 UNITED STATES OR OF ANY STATE, LOCAL OR FOREIGN JURISDICTION, OR REGIS-
32 TERED AS THE DOMESTIC PARTNER OF THE OTHER PERSON WITH ANY REGISTRY
33 MAINTAINED BY THE EMPLOYER OF EITHER PARTY OR ANY STATE, MUNICIPALITY,
34 OR FOREIGN JURISDICTION; OR

35 (B) IS FORMALLY RECOGNIZED AS A BENEFICIARY OR COVERED PERSON UNDER
36 THE OTHER PERSON'S EMPLOYMENT BENEFITS OR HEALTH INSURANCE; OR

37 (C) IS DEPENDENT OR MUTUALLY INTERDEPENDENT ON THE OTHER PERSON FOR
38 SUPPORT, AS EVIDENCED BY THE TOTALITY OF THE CIRCUMSTANCES INDICATING A
39 MUTUAL INTENT TO BE DOMESTIC PARTNERS INCLUDING BUT NOT LIMITED TO:
40 COMMON OWNERSHIP OR JOINT LEASING OF REAL OR PERSONAL PROPERTY; COMMON
41 HOUSEHOLDING, SHARED INCOME OR SHARED EXPENSES; CHILDREN IN COMMON;
42 SIGNS OF INTENT TO MARRY OR BECOME DOMESTIC PARTNERS UNDER PARAGRAPH (A)
43 OR (B) OF THIS SUBDIVISION; OR THE LENGTH OF THE PERSONAL RELATIONSHIP
44 OF THE PERSONS.

45 EACH PARTY TO A DOMESTIC PARTNERSHIP SHALL BE CONSIDERED TO BE THE
46 DOMESTIC PARTNER OF THE OTHER PARTY. "DOMESTIC PARTNER" SHALL NOT
47 INCLUDE A PERSON WHO IS RELATED TO THE OTHER PERSON BY BLOOD IN A MANNER
48 THAT WOULD BAR MARRIAGE TO THE OTHER PERSON IN NEW YORK STATE. "DOMESTIC
49 PARTNER" ALSO SHALL NOT INCLUDE ANY PERSON WHO IS LESS THAN EIGHTEEN
50 YEARS OF AGE OR WHO IS THE ADOPTED CHILD OF THE OTHER PERSON OR WHO IS
51 RELATED BY BLOOD IN A MANNER THAT WOULD BAR MARRIAGE IN NEW YORK STATE
52 TO A PERSON WHO IS THE LAWFUL SPOUSE OF THE OTHER PERSON.

53 S 8. Subdivision 1, paragraph (b) of subdivision 3 and subdivision 4
54 of section 2963 of the public health law, subdivisions 1 and 4 as added
55 by chapter 818 of the laws of 1987 and paragraph (b) of subdivision 3 as

1 amended by chapter 23 of the laws of 1994, are amended to read as
2 follows:

3 1. Every adult shall be presumed to have the capacity to make a deci-
4 sion regarding cardiopulmonary resuscitation unless determined otherwise
5 pursuant to this section or pursuant to a court order[. A lack of capac-
6 ity shall not be presumed from the fact that a committee of the property
7 or conservator has been appointed for the adult pursuant to article
8 seventy-seven or seventy-eight of the mental hygiene law, or that a
9 guardian has been appointed pursuant to article seventeen-A of the
10 surrogate's court procedure act] OR UNLESS A GUARDIAN IS AUTHORIZED TO
11 DECIDE ABOUT HEALTH CARE FOR THE ADULT PURSUANT TO ARTICLE EIGHTY-ONE OF
12 THE MENTAL HYGIENE LAW OR ARTICLE SEVENTEEN-A OF THE SURROGATE'S COURT
13 PROCEDURE ACT. THE ATTENDING PHYSICIAN SHALL NOT RELY ON THE PRESUMP-
14 TION STATED IN THIS SUBDIVISION IF CLINICAL INDICIA OF INCAPACITY ARE
15 PRESENT.

16 (b) If the attending physician [of a patient in a general hospital]
17 determines that a patient lacks capacity because of mental illness, the
18 concurring determination required by paragraph (a) of this subdivision
19 shall be provided by a physician licensed to practice medicine in New
20 York state, who is a diplomate or eligible to be certified by the Ameri-
21 can Board of Psychiatry and Neurology or who is certified by the Ameri-
22 can Osteopathic Board of Neurology and Psychiatry or is eligible to be
23 certified by that board.

24 4. Notice of a determination that the patient lacks capacity shall
25 promptly be given (a) to the patient, where there is any indication of
26 the patient's ability to comprehend such notice, together with a copy of
27 a statement prepared in accordance with section twenty-nine hundred
28 seventy-eight of this article, AND (b) to the person on the surrogate
29 list highest in order of priority listed, when persons in prior subpara-
30 graphs are not reasonably available[, and (c) if the patient is in or is
31 transferred from a mental hygiene facility, to the facility director].
32 Nothing in this subdivision shall preclude or require notice to more
33 than one person on the surrogate list.

34 S 9. Subdivisions 3 and 4 of section 2964 of the public health law
35 are REPEALED.

36 S 10. Paragraph (a) of subdivision 2 of section 2965 of the public
37 health law, as added by chapter 818 of the laws of 1987 and subpara-
38 graphs (i), (ii), (iii), (iv), (v) and (vi) as redesignated and such
39 subdivision as renumbered by chapter 370 of the laws of 1991, is amended
40 to read as follows:

41 (a) One person from the following list, to be chosen in order of
42 priority listed, when persons in the prior [subparagraphs] SUBPARAGRAPHS
43 are not reasonably available, willing to make a decision regarding issu-
44 ance of an order not to resuscitate, and competent to make a decision
45 regarding issuance of an order not to resuscitate, shall have the
46 authority to act as surrogate on behalf of the patient. HOWEVER, SUCH
47 PERSON MAY DESIGNATE ANY OTHER PERSON ON THE LIST TO BE SURROGATE,
48 PROVIDED NO ONE IN A HIGHER CLASS THAN THE PERSON DESIGNATED OBJECTS:

49 (i) a [committee of the person or] GUARDIAN AUTHORIZED TO DECIDE ABOUT
50 HEALTH CARE PURSUANT TO ARTICLE EIGHTY-ONE OF THE MENTAL HYGIENE LAW OR
51 a guardian OF A PERSON appointed [pursuant to] UNDER article seventeen-A
52 of the surrogate's court procedure act, provided that this paragraph
53 shall not be construed to require the appointment of a [committee of the
54 person or] guardian for the purpose of making the resuscitation deci-
55 sion;

(ii) the spouse, IF NOT LEGALLY SEPARATED FROM THE PATIENT, OR THE DOMESTIC PARTNER;
(iii) a son or daughter eighteen years of age or older;
(iv) a parent;
(v) a brother or sister eighteen years of age or older; and
(vi) a close friend.

S 11. Paragraph (c) of subdivision 4 and subdivision 5 of section 2965 of the public health law are REPEALED.

S 12. Paragraph (d) of subdivision 4 of section 2965 of the public health law, as added by chapter 818 of the laws of 1987 and such subdivision as renumbered by chapter 370 of the laws of 1991, is amended to read as follows:

[(d)] (C) If the attending physician has actual notice of opposition to a surrogate's consent to an order not to resuscitate by any person on the surrogate list[, or, if the patient is in or is transferred from a mental hygiene facility, by the facility director], the [physician] PHYSICIAN shall submit the matter to the dispute mediation system and such order shall not be issued or shall be revoked in accordance with the provisions of subdivision three of section twenty-nine hundred seventy-two of this article.

S 13. Subdivision 2 of section 2966 of the public health law is REPEALED.

S 14. Paragraph (c) of subdivision 2 of section 2967 of the public health law is REPEALED.

S 15. Subdivision 1 of section 2970 of the public health law, as amended by chapter 370 of the laws of 1991, is amended to read as follows:

1. For each patient for whom an order not to resuscitate has been issued, the attending physician shall review the patient's chart to determine if the order is still appropriate in light of the patient's condition and shall indicate on the patient's chart that the order has been reviewed[:

(a) for a patient, excluding outpatients described in paragraph (b) of this subdivision and alternate level of care patients, in a hospital, other than a residential health care facility, at least every seven days;

(b) for an outpatient whose order not to resuscitate is effective while the patient receives care in a hospital, each time the attending physician examines the patient, whether in the hospital or elsewhere, provided that the review need not occur more than once every seven days; and

(c) for a patient in a residential health care facility or an alternate level of care patient in a hospital,] each time the patient is required to be seen by a physician but at least every sixty days.

Failure to comply with this subdivision shall not render an order not to resuscitate ineffective.

S 16. Section 2971 of the public health law is amended by adding a new subdivision 3 to read as follows:

3. FOR PURPOSES OF THIS SECTION, AN ORDER NOT TO RESUSCITATE ISSUED BY A GENERAL HOSPITAL AS DEFINED IN SUBDIVISION TEN OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER, OR BY A RESIDENTIAL HEALTH CARE FACILITY AS DEFINED IN SUBDIVISION THREE OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER, SHALL BE DEEMED A HOSPITAL ORDER NOT TO RESUSCITATE.

S 17. Subdivision 2 of section 2972 of the public health law, as amended by chapter 370 of the laws of 1991, is amended to read as follows:

1 2. The dispute mediation system shall be authorized to mediate any
2 dispute, including disputes regarding the determination of the patient's
3 capacity, arising under this article between the patient and an attend-
4 ing physician or the hospital that is caring for the patient and, if the
5 patient is a minor, the patient's parent, or among an attending physi-
6 cian, a parent, non-custodial parent, or legal guardian of a minor
7 patient, any person on the surrogate list, AND the hospital that is
8 caring for the patient [and, where the dispute involves a patient who is
9 in or is transferred from a mental hygiene facility, the facility direc-
10 tor].

11 S 18. Subdivision 1 of section 2973 of the public health law, as
12 amended by chapter 577 of the laws of 1993, is amended to read as
13 follows:

14 1. The patient, an attending physician, a parent, non-custodial
15 parent, or legal guardian of a minor patient, any person on the surro-
16 gate list, the hospital that is caring for the patient and[, in disputes
17 involving a patient who is in or is transferred from a mental hygiene or
18 correctional facility,] the facility director, may commence a special
19 proceeding pursuant to article four of the civil practice law and rules,
20 in a court of competent jurisdiction, with respect to any dispute aris-
21 ing under this article, except that the decision of a patient not to
22 consent to issuance of an order not to resuscitate may not be subjected
23 to judicial review. In any proceeding brought pursuant to this subdivi-
24 sion challenging a decision regarding issuance of an order not to resus-
25 citate on the ground that the decision is contrary to the patient's
26 wishes or best interests, the person or entity challenging the decision
27 must show, by clear and convincing evidence, that the decision is
28 contrary to the patient's wishes including consideration of the
29 patient's religious and moral beliefs, or, in the absence of evidence of
30 the patient's wishes, that the decision is contrary to the patient's
31 best interests. In any other proceeding brought pursuant to this subdivi-
32 sion, the court shall make its determination based upon the applicable
33 substantive standards and procedures set forth in this article.

34 S 19. Section 2977 of the public health law is REPEALED.

35 S 20. Subdivision 1 of section 2978 of the public health law is
36 REPEALED and subdivision 2, as added by chapter 818 of the laws of 1987,
37 such section as renumbered by chapter 370 of the laws of 1991, is
38 amended to read as follows:

39 [2.] The commissioners of mental health and mental retardation and
40 developmental disabilities[, in consultation with the commissioner of
41 health,] shall establish such regulations as may be necessary for imple-
42 mentation of this article with respect to those persons in mental
43 hygiene facilities.

44 S 21. The opening paragraph of subdivision 1 of section 2979 of the
45 public health law, as added by chapter 818 of the laws of 1987, such
46 section as renumbered by chapter 370 of the laws of 1991, is amended to
47 read as follows:

48 The [commissioner of health, after consultation with the] commission-
49 ers of mental health and mental retardation and developmental disabili-
50 ties[,] shall prepare a statement summarizing the rights, duties, and
51 requirements of this article and shall require that a copy of such
52 statement:

53 S 22. Subdivisions 3 and 4 of section 2984 of the public health law,
54 as added by chapter 752 of the laws of 1990, are amended and a new
55 subdivision 5 is added to read as follows:

1 3. Notwithstanding subdivision two of this section, nothing in this
2 article shall be construed to require a private hospital to honor an
3 agent's health care decision that the hospital would not honor if the
4 decision had been made by the principal because the decision is contrary
5 to a formally adopted policy of the hospital that is expressly based on
6 religious beliefs or sincerely held moral convictions central to the
7 facility's operating principles and the hospital would be permitted by
8 law to refuse to honor the decision if made by the principal, provided:

9 (a) the hospital has informed the patient or the health care agent of
10 such policy prior to or upon admission, if reasonably possible; and

11 (b) the patient is transferred promptly to another hospital that is
12 reasonably accessible under the circumstances and is willing to honor
13 the agent's decision AND PENDING TRANSFER THE HOSPITAL COMPLIES WITH
14 SUBDIVISION FIVE OF THIS SECTION. If the agent is unable or unwilling
15 to arrange such a transfer, the hospital may intervene to facilitate
16 such a transfer. If such a transfer is not effected, the hospital shall
17 seek judicial relief IN ACCORDANCE WITH SECTION TWENTY-NINE HUNDRED
18 NINETY-TWO OF THIS ARTICLE or honor the agent's decision.

19 4. Notwithstanding subdivision two of this section, nothing in this
20 article shall be construed to require an individual as a health care
21 provider to honor an agent's health care decision that the individual
22 would not honor if the decision had been made by the principal because
23 the decision is contrary to the individual's religious beliefs or
24 sincerely held moral convictions, provided the individual health care
25 provider promptly informs the health care agent and the hospital of his
26 or her refusal to honor the agent's decision. In such event, the hospi-
27 tal shall promptly transfer responsibility for the patient to another
28 individual health care provider willing to honor the agent's decision.
29 The individual health care provider shall cooperate in facilitating such
30 transfer of the patient AND COMPLY WITH SUBDIVISION FIVE OF THIS
31 SECTION.

32 5. NOTWITHSTANDING THE PROVISIONS OF THIS SECTION OR SUBDIVISION TWO
33 OF SECTION TWENTY-NINE HUNDRED EIGHTY-NINE OF THIS ARTICLE, IF AN AGENT
34 DIRECTS THE PROVISION OF LIFE-SUSTAINING TREATMENT, THE DENIAL OF WHICH
35 IN REASONABLE MEDICAL JUDGMENT WOULD BE LIKELY TO RESULT IN THE DEATH OF
36 THE PATIENT, A HOSPITAL OR INDIVIDUAL HEALTH CARE PROVIDER THAT DOES NOT
37 WISH TO PROVIDE SUCH TREATMENT SHALL NONETHELESS COMPLY WITH THE AGENT'S
38 DECISION PENDING EITHER TRANSFER OF THE PATIENT TO A WILLING HOSPITAL OR
39 INDIVIDUAL HEALTH CARE PROVIDER, OR JUDICIAL REVIEW IN ACCORDANCE WITH
40 SECTION TWENTY-NINE HUNDRED NINETY-TWO OF THIS ARTICLE.

41 S 23. Section 2980 of the public health law is amended by adding a new
42 subdivision 9-a to read as follows:

43 9-A. "LIFE-SUSTAINING TREATMENT" MEANS ANY MEDICAL TREATMENT OR PROCE-
44 DURE WITHOUT WHICH THE PATIENT WILL DIE WITHIN A RELATIVELY SHORT TIME,
45 AS DETERMINED BY AN ATTENDING PHYSICIAN TO A REASONABLE DEGREE OF
46 MEDICAL CERTAINTY. FOR PURPOSES OF THIS ARTICLE, CARDIOPULMONARY RESUS-
47 CITATION IS PRESUMED TO BE A LIFE SUSTAINING TREATMENT WITHOUT THE
48 NECESSITY OF A DETERMINATION BY AN ATTENDING PHYSICIAN.

49 S 24. Paragraph 8 of subdivision (a) of section 81.22 of the mental
50 hygiene law, as amended by chapter 438 of the laws of 2004, is amended
51 to read as follows:

52 8. [consent to or refuse generally accepted routine or major medical
53 or dental treatment subject to the provisions of subdivision (e) of
54 section 81.29 of this article dealing with life sustaining treatment;
55 the guardian shall make treatment decisions consistent with the findings
56 under section 81.15 of this article and in accordance with the patient's

1 wishes, including the patient's religious and moral beliefs, or if the
2 patient's wishes are not known and cannot be ascertained with reasonable
3 diligence, in accordance with the person's best interests, including a
4 consideration of the dignity and uniqueness of every person, the possi-
5 bility and extent of preserving the person's life, the preservation,
6 improvement or restoration of the person's health or functioning, the
7 relief of the person's suffering, the adverse side effects associated
8 with the treatment, any less intrusive alternative treatments, and such
9 other concerns and values as a reasonable person in the incapacitated
10 person's circumstances would wish to consider] (I) FOR DECISIONS IN
11 HOSPITALS AS DEFINED BY SUBDIVISION EIGHTEEN OF SECTION TWENTY-NINE
12 HUNDRED NINETY-FOUR-A OF THE PUBLIC HEALTH LAW, ACT AS THE PATIENT'S
13 SURROGATE PURSUANT TO AND SUBJECT TO ARTICLE TWENTY-NINE-CC OF THE
14 PUBLIC HEALTH LAW, AND (II) IN ALL OTHER CIRCUMSTANCES, TO CONSENT TO OR
15 REFUSE GENERALLY ACCEPTED ROUTINE OR MAJOR MEDICAL OR DENTAL TREATMENT,
16 SUBJECT TO THE DECISION-MAKING STANDARD IN SUBDIVISION FOUR OF SECTION
17 TWENTY-NINE HUNDRED NINETY-FOUR-D OF THE PUBLIC HEALTH LAW;

18 S 25. Subdivision (e) of section 81.29 of the mental hygiene law is
19 REPEALED.

20 S 26. The opening paragraph and paragraphs (a) and (b) of subdivision
21 1 and the opening paragraph of subdivision 4 of section 1750-b of the
22 surrogate's court procedure act, the opening paragraph of subdivision 1
23 as amended and paragraphs (a) and (b) of subdivision 1 as added by chap-
24 ter 105 of the laws of 2007, the closing paragraph of paragraph (a) of
25 subdivision 1 as amended by chapter 12 of the laws of 2009 and the open-
26 ing paragraph of subdivision 4 as added by chapter 500 of the laws of
27 2002, are amended to read as follows:

28 Unless specifically prohibited by the court after consideration of the
29 determination, if any, regarding a mentally retarded person's capacity
30 to make health care decisions, which is required by section seventeen
31 hundred fifty of this article, the guardian of such person appointed
32 pursuant to section seventeen hundred fifty of this article shall have
33 the authority to make any and all health care decisions, as defined by
34 subdivision six of section twenty-nine hundred eighty of the public
35 health law, on behalf of the mentally retarded person that such person
36 could make if such person had capacity. Such decisions may include deci-
37 sions to withhold or withdraw life-sustaining treatment[, as defined in
38 subdivision (e) of section 81.29 of the mental hygiene law]. FOR
39 PURPOSES OF THIS SECTION, "LIFE-SUSTAINING TREATMENT" MEANS MEDICAL
40 TREATMENT, INCLUDING CARDIOPULMONARY RESUSCITATION AND NUTRITION AND
41 HYDRATION PROVIDED BY MEANS OF MEDICAL TREATMENT, WHICH IS SUSTAINING
42 LIFE FUNCTIONS AND WITHOUT WHICH, ACCORDING TO REASONABLE MEDICAL JUDG-
43 MENT, THE PATIENT WILL DIE WITHIN A RELATIVELY SHORT TIME PERIOD.
44 CARDIOPULMONARY RESUSCITATION IS PRESUMED TO BE LIFE-SUSTAINING TREAT-
45 MENT WITHOUT THE NECESSITY OF A MEDICAL JUDGMENT BY AN ATTENDING PHYSI-
46 CIAN. The provisions of this article are not intended to permit or
47 promote suicide, assisted suicide or euthanasia; accordingly, nothing in
48 this section shall be construed to permit a guardian to consent to any
49 act or omission to which the mentally retarded person could not consent
50 if such person had capacity.

51 (a) For the purposes of making a decision to withhold or withdraw
52 life-sustaining treatment pursuant to this section, in the case of a
53 person for whom no guardian has been appointed pursuant to section
54 seventeen hundred fifty or seventeen hundred fifty-a of this article, a
55 "guardian" shall also mean a family member of a person who (i) has
56 mental retardation, or (ii) has a developmental disability, as defined

1 in section 1.03 of the mental hygiene law, which (A) includes mental
2 retardation, or (B) results in a similar impairment of general intellec-
3 tual functioning or adaptive behavior so that such person is incapable
4 of managing himself or herself, and/or his or her affairs by reason of
5 such developmental disability. Qualified family members shall be
6 included in a prioritized list OF SAID FAMILY MEMBERS pursuant to regu-
7 lations established by the commissioner of mental retardation and devel-
8 opmental disabilities. Such family members must have a significant and
9 ongoing involvement in a person's life so as to have sufficient know-
10 ledge of their needs and, when reasonably known or ascertainable, the
11 person's wishes, including moral and religious beliefs. IN THE CASE OF
12 A PERSON WHO WAS A RESIDENT OF THE FORMER WILLOWBROOK STATE SCHOOL ON
13 MARCH SEVENTEENTH, NINETEEN HUNDRED SEVENTY-TWO AND THOSE INDIVIDUALS
14 WHO WERE IN COMMUNITY CARE STATUS ON THAT DATE AND SUBSEQUENTLY RETURNED
15 TO WILLOWBROOK OR A RELATED FACILITY, WHO ARE FULLY REPRESENTED BY THE
16 CONSUMER ADVISORY BOARD AND WHO HAVE NO GUARDIANS APPOINTED PURSUANT TO
17 THIS ARTICLE OR HAVE NO QUALIFIED FAMILY MEMBERS TO MAKE SUCH A DECI-
18 SION, THEN A "GUARDIAN" SHALL ALSO MEAN THE WILLOWBROOK CONSUMER ADVI-
19 SORY BOARD. A decision of such family member OR THE WILLOWBROOK CONSUMER
20 ADVISORY BOARD to withhold or withdraw life-sustaining treatment shall
21 be subject to all of the protections, procedures and safeguards which
22 apply to the decision of a guardian to withhold or withdraw life-sus-
23 taining treatment pursuant to this section.

24 In the case of a person for whom no guardian has been appointed pursu-
25 ant to this article or for whom there is no qualified family member OR
26 THE WILLOWBROOK CONSUMER ADVISORY BOARD available to make such a deci-
27 sion, a "guardian" shall also mean, notwithstanding the definitions in
28 section 80.03 of the mental hygiene law, a surrogate decision-making
29 committee, as defined in article eighty of the mental hygiene law. All
30 declarations and procedures, including expedited procedures, to comply
31 with this section shall be established by regulations promulgated by the
32 commission on quality of care and advocacy for persons with disabili-
33 ties.

34 (b) Regulations establishing the prioritized list OF QUALIFIED FAMILY
35 MEMBERS required by paragraph (a) of this subdivision shall be developed
36 by the commissioner of mental retardation and developmental disabilities
37 in conjunction with parents, advocates and family members of persons who
38 are mentally retarded. REGULATIONS TO IMPLEMENT THE AUTHORITY OF THE
39 WILLOWBROOK CONSUMER ADVISORY BOARD PURSUANT TO PARAGRAPH (A) OF THIS
40 SUBDIVISION MAY BE PROMULGATED BY THE COMMISSIONER OF THE OFFICE OF
41 MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES WITH ADVICE FROM THE
42 WILLOWBROOK CONSUMER ADVISORY BOARD.

43 The guardian shall have the affirmative obligation to advocate for the
44 full and efficacious provision of health care, including life-sustaining
45 treatment [as defined in subdivision (e) of section 81.29 of the mental
46 hygiene law]. In the event that a guardian makes a decision to withdraw
47 or withhold life-sustaining treatment from a mentally retarded person:

48 S 27. Issues to be considered by the task force on life and the law;
49 special advisory committee. The New York state task force on life and
50 the law (referred to in this section as the "task force"), a body
51 created by executive order number 56 (issued December 20, 1984), shall
52 consider and make regulatory and statutory recommendations relating to
53 the family health care decisions act (article 29-CC of the public health
54 law, referred to in this section as the "FHCD"), including the follow-
55 ing:

1 1. The task force shall consider whether the FHCDA should be amended
2 to incorporate procedures, standards and practices for decisions about
3 the withdrawal or withholding of life-sustaining treatment from patients
4 with mental illness or mental retardation or developmental disabilities,
5 and from patients residing in mental health facilities. The task force
6 shall form a special advisory committee to advise the task force in its
7 work under this subdivision. The special advisory committee shall
8 consist of six task force members, selected by the chair of the task
9 force, three persons selected by the commissioner of the office of
10 mental health, and three persons selected by the commissioner of the
11 office of mental retardation and developmental disabilities. The special
12 advisory committee shall solicit comments from a broader range of inter-
13 ested persons.

14 2. The task force shall consider whether the FHCDA should be amended
15 to apply to health care decisions in settings other than general hospi-
16 tals and residential health care facilities.

17 S 28. This act shall take effect immediately; provided that sections
18 one through twenty-five of this act shall take effect on the first day
19 of June next succeeding the date on which this act shall have become a
20 law; and provided further that effective immediately it shall be lawful
21 for a hospital, as defined in subdivision eighteen of section 2994-a of
22 the public health law, as added by this act to adopt a policy that is
23 consistent with the requirements of article 29-CC of the public health
24 law as added by section two of this act or the mental hygiene law as
25 amended by sections twenty-four and twenty-five of this act and for a
26 health care provider to accept and carry out a health care decision in
27 accordance with such requirements for a patient in a hospital that has
28 adopted such policy.