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I N A S S E M B L Y

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Introduced by M. of A. GOTTFRIED, CLARK, FIELDS, GUNTHER, HOYT, PAULIN, SCHIMMINGER -- Multi-Sponsored by -- M. of A. CAHILL, GALEF, GLICK, JOHN, KELLNER, LAVINE, MCENENY, PHEFFER, N. RIVERA, WEISENBERG -- read once and referred to the Committee on Health -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the public health law, in relation to authorizing nurse practitioners to execute orders not to resuscitate; and to repeal subdivision 4 of section 2977 of such law relating to consent to nonhospital orders not to resuscitate

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

1 Section 1. Section 2960 of the public health law, as added by chapter
2 818 of the laws of 1987, is amended to read as follows:
3 S 2960. Legislative findings and purpose. The legislature finds that,
4 although cardiopulmonary resuscitation has proved invaluable in the
5 prevention of sudden, unexpected death, it is appropriate for an attend-
6 ing physician OR ATTENDING NURSE PRACTITIONER, in certain circumstances,
7 to issue an order not to attempt cardiopulmonary resuscitation of a
8 patient where appropriate consent has been obtained. The legislature
9 further finds that there is a need to clarify and establish the rights
10 and obligations of patients, their families, and health care providers
11 regarding cardiopulmonary resuscitation and the issuance of orders not
12 to resuscitate.
13 S 2. Subdivisions 2, 5 and 20 of section 2961 of the public health
14 law, subdivision 2 as amended by chapter 370 of the laws of 1991, subdivi-
15 sions 5 and 20 as added by chapter 818 of the laws of 1987, subdivi-
16 sion 20 as renumbered by chapter 370 of the laws of 1991, are amended
17 and two new subdivisions 2-a and 16-a are added to read as follows:
18 2. "Attending physician" means the physician selected by or assigned
19 to a patient in a hospital or, for the purpose of provisions herein

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

1 governing nonhospital orders not to resuscitate, a patient not in a
2 hospital, who has primary responsibility for the treatment and care of
3 the patient. Where more than one physician AND/OR NURSE PRACTITIONER
4 shares such responsibility, any such physician OR NURSE PRACTITIONER may
5 act as the attending physician OR ATTENDING NURSE PRACTITIONER pursuant
6 to this article.

7 2-A. "ATTENDING NURSE PRACTITIONER" MEANS THE NURSE PRACTITIONER
8 SELECTED BY OR ASSIGNED TO A PATIENT IN A HOSPITAL OR, FOR THE PURPOSE
9 OF PROVISIONS HEREIN GOVERNING NONHOSPITAL ORDERS NOT TO RESUSCITATE, A
10 PATIENT NOT IN A HOSPITAL, WHO HAS PRIMARY RESPONSIBILITY FOR THE TREAT-
11 MENT AND CARE OF THE PATIENT. WHERE MORE THAN ONE PHYSICIAN AND/OR NURSE
12 PRACTITIONER SHARES SUCH RESPONSIBILITY, ANY SUCH PHYSICIAN OR NURSE
13 PRACTITIONER MAY ACT AS THE ATTENDING PHYSICIAN OR ATTENDING NURSE PRAC-
14 TITIONER PURSUANT TO THIS ARTICLE.

15 5. "Close friend" means any person, eighteen years of age or older,
16 who presents an affidavit to an attending physician OR ATTENDING NURSE
17 PRACTITIONER stating that he OR SHE is a close friend of the patient and
18 that he OR SHE has maintained such regular contact with the patient as
19 to be familiar with the patient's activities, health, and religious or
20 moral beliefs and stating the facts and circumstances that demonstrate
21 such familiarity.

22 16-A. "NURSE PRACTITIONER" MEANS A NURSE PRACTITIONER CERTIFIED PURSU-
23 ANT TO SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, AND WHO IS
24 PRACTICING PURSUANT TO A WRITTEN PRACTICE AGREEMENT AND WRITTEN PRACTICE
25 PROTOCOLS ENTERED INTO WITH HIS OR HER COLLABORATING PHYSICIAN, IN
26 ACCORDANCE WITH SUBDIVISION THREE OF SECTION SIXTY-NINE HUNDRED TWO OF
27 THE EDUCATION LAW.

28 20. "Reasonably available" means that a person to be contacted can be
29 contacted with diligent efforts by an attending physician, ATTENDING
30 NURSE PRACTITIONER or another person acting on behalf of the attending
31 physician, THE ATTENDING NURSE PRACTITIONER or the hospital.

32 S 3. Subdivisions 2 and 3 of section 2962 of the public health law, as
33 added by chapter 818 of the laws of 1987, are amended to read as
34 follows:

35 2. It shall be lawful for the attending physician OR ATTENDING NURSE
36 PRACTITIONER to issue an order not to resuscitate a patient, provided
37 that the order has been issued pursuant to the requirements of this
38 article. The order shall be included in writing in the patient's chart.
39 An order not to resuscitate shall be effective upon issuance.

40 3. Before obtaining, pursuant to this article, the consent of the
41 patient, or of the surrogate of the patient, or parent or legal guardian
42 of the minor patient, to an order not to resuscitate, the attending
43 physician OR ATTENDING NURSE PRACTITIONER shall provide to the person
44 giving consent information about the patient's diagnosis and prognosis,
45 the reasonably foreseeable risks and benefits of cardiopulmonary resus-
46 citation for the patient, and the consequences of an order not to resus-
47 citate.

48 S 4. Paragraphs (a) and (d) of subdivision 2 of section 2964 of the
49 public health law, as added by chapter 818 of the laws of 1987, are
50 amended to read as follows:

51 (a) During hospitalization, an adult with capacity may express a deci-
52 sion consenting to an order not to resuscitate orally in the presence of
53 at least two witnesses eighteen years of age or older, one of whom is a
54 physician OR ATTENDING NURSE PRACTITIONER affiliated with the hospital
55 in which the patient is being treated. Any such decision shall be
56 recorded in the patient's medical chart.

(d) Prior to issuing an order not to resuscitate a patient who has expressed a decision consenting to an order not to resuscitate under specified medical conditions, the attending physician OR ATTENDING NURSE PRACTITIONER must make a determination, to a reasonable degree of medical certainty, that such conditions exist, and include the determination in the patient's medical chart.

S 5. The opening paragraph of paragraph (c) of subdivision 2 of section 2964 of the public health law, as added by chapter 818 of the laws of 1987, is amended to read as follows:

An attending physician OR ATTENDING NURSE PRACTITIONER who is provided with or informed of a decision pursuant to this subdivision shall record or include the decision in the patient's medical chart if the decision has not been recorded or included, and either:

S 6. The opening paragraph of paragraph (a) and paragraph (b) of subdivision 3 of section 2964 of the public health law, as added by chapter 818 of the laws of 1987, are amended to read as follows:

In the event that the attending physician OR ATTENDING NURSE PRACTITIONER determines, in writing, that, to a reasonable degree of medical certainty, an adult patient who has capacity would suffer immediate and severe injury from a discussion of cardiopulmonary resuscitation, the attending physician OR ATTENDING NURSE PRACTITIONER may issue an order not to resuscitate without obtaining the patient's consent, but only after:

(b) Where the provisions of this subdivision have been invoked, the attending physician OR ATTENDING NURSE PRACTITIONER shall reassess the patient's risk of injury from a discussion of cardiopulmonary resuscitation on a regular basis and shall consult the patient regarding resuscitation as soon as the medical basis for not consulting the patient no longer exists.

S 7. The opening paragraph of paragraph (c) of subdivision 3 of section 2965 of the public health law, as added by chapter 818 of the laws of 1987, such subdivision as renumbered by chapter 370 of the laws of 1991, is amended to read as follows:

A surrogate may consent to an order not to resuscitate on behalf of an adult patient only if there has been a determination by an attending physician OR ATTENDING NURSE PRACTITIONER with the concurrence of another physician selected by a person authorized by the hospital to make such selection, given after personal examination of the patient that, to a reasonable degree of medical certainty:

S 8. Paragraphs (a) and (b) of subdivision 4 of section 2965 of the public health law, paragraph (a) as amended by chapter 370 of the laws of 1991 and paragraph (b) as added by chapter 818 of the laws of 1987, such subdivision as renumbered by chapter 370 of the laws of 1991, are amended to read as follows:

(a) A surrogate shall express a decision consenting to an order not to resuscitate either (i) in writing, dated, and signed in the presence of one witness eighteen years of age or older who shall sign the decision, or (ii) orally, to two persons eighteen years of age or older, one of whom is a physician OR NURSE PRACTITIONER affiliated with the hospital in which the patient is being treated. Any such decision shall be recorded in the patient's medical chart.

(b) The attending physician OR ATTENDING NURSE PRACTITIONER who is provided with the decision of a surrogate shall include the decision in the patient's medical chart and, if the surrogate has consented to the issuance of an order not to resuscitate, shall either:

1 (i) promptly issue an order not to resuscitate the patient and inform
2 the hospital staff responsible for the patient's care of the order; or

3 (ii) promptly make the attending physician's OR ATTENDING NURSE PRAC-
4 TITIONER'S objection to the issuance of such an order known to the
5 surrogate and either make all reasonable efforts to arrange for the
6 transfer of the patient to another physician, if necessary, or promptly
7 refer the matter to the dispute mediation system.

8 S 9. Subdivision 1 of section 2966 of the public health law, as added
9 by chapter 818 of the laws of 1987, is amended to read as follows:

10 1. If no surrogate is reasonably available, willing to make a decision
11 regarding issuance of an order not to resuscitate, and competent to make
12 a decision regarding issuance of an order not to resuscitate on behalf
13 of an adult patient who lacks capacity and who had not previously
14 expressed a decision regarding cardiopulmonary resuscitation, an attend-
15 ing physician OR ATTENDING NURSE PRACTITIONER (a) may issue an order not
16 to resuscitate the patient, provided that the attending physician OR
17 ATTENDING NURSE PRACTITIONER determines, in writing, that, to a reason-
18 able degree of medical certainty, resuscitation would be medically
19 futile, and another physician selected by a person authorized by the
20 hospital to make such selection, after personal examination of the
21 patient, reviews and concurs in writing with such determination, or, (b)
22 shall issue an order not to resuscitate the patient, provided that,
23 pursuant to subdivision one of section twenty-nine hundred seventy-six
24 of this article, a court has granted a judgment directing the issuance
25 of such an order.

26 S 10. Subdivisions 1, 3 and 4 of section 2967 of the public health
27 law, subdivisions 1 and 4 as added by chapter 818 of the laws of 1987,
28 and subdivision 3 and paragraphs (a) and (b) of subdivision 4 as amended
29 by chapter 370 of the laws of 1991, are amended to read as follows:

30 1. An attending physician OR ATTENDING NURSE PRACTITIONER, in consul-
31 tation with a minor's parent or legal guardian, shall determine whether
32 a minor has the capacity to make a decision regarding resuscitation.

33 3. A parent or legal guardian may consent to an order not to resusci-
34 tate on behalf of a minor only if there has been a written determination
35 by the attending physician OR ATTENDING NURSE PRACTITIONER, with the
36 written concurrence of another physician selected by a person authorized
37 by the hospital to make such selections given after personal examination
38 of the patient, that, to a reasonable degree of medical certainty, the
39 minor suffers from one of the medical conditions set forth in paragraph
40 (c) of subdivision three of section twenty-nine hundred sixty-five of
41 this article. Each determination shall be included in the patient's
42 medical chart.

43 4. (a) A parent or legal guardian of a minor, in making a decision
44 regarding cardiopulmonary resuscitation, shall consider the minor
45 patient's wishes, including a consideration of the minor patient's reli-
46 gious and moral beliefs, and shall express a decision consenting to
47 issuance of an order not to resuscitate either (i) in writing, dated and
48 signed in the presence of one witness eighteen years of age or older who
49 shall sign the decision, or (ii) orally, to two persons eighteen years
50 of age or older, one of whom is a physician OR NURSE PRACTITIONER affil-
51 iated with the hospital in which the patient is being treated. Any such
52 decision shall be recorded in the patient's medical chart.

53 (b) The attending physician OR ATTENDING NURSE PRACTITIONER who is
54 provided with the decision of a minor's parent or legal guardian,
55 expressed pursuant to this subdivision, and of the minor if the minor
56 has capacity, shall include such decision or decisions in the minor's

1 medical chart and shall comply with the provisions of paragraph (b) of
2 subdivision four of section twenty-nine hundred sixty-five of this arti-
3 cle.

4 (c) If the attending physician OR ATTENDING NURSE PRACTITIONER has
5 actual notice of the opposition of a parent or non-custodial parent to
6 consent by another parent to an order not to resuscitate a minor, the
7 physician OR NURSE PRACTITIONER shall submit the matter to the dispute
8 mediation system and such order shall not be issued or shall be revoked
9 in accordance with the provisions of subdivision three of section twen-
10 ty-nine hundred seventy-two of this article.

11 S 11. Paragraph (b) of subdivision 2 of section 2967 of the public
12 health law, as amended by chapter 370 of the laws of 1991, is amended to
13 read as follows:

14 (b) Where the attending physician OR ATTENDING NURSE PRACTITIONER has
15 reason to believe that there is another parent or a non-custodial parent
16 who has not been informed of a decision to issue an order not to resus-
17 citate the minor, the attending physician OR ATTENDING NURSE PRACTITION-
18 ER, or someone acting on behalf of the attending physician OR ATTENDING
19 NURSE PRACTITIONER, shall make reasonable efforts to determine if the
20 uninformed parent or non-custodial parent has maintained substantial and
21 continuous contact with the minor and, if so, shall make diligent
22 efforts to notify that parent or non-custodial parent of the decision
23 prior to issuing the order.

24 S 12. Subdivisions 2 and 3 of section 2969 of the public health law,
25 subdivision 2 as amended by chapter 370 of the laws of 1991 and subdivi-
26 sion 3 as added by chapter 818 of the laws of 1987, are amended to read
27 as follows:

28 2. Any surrogate, parent, or legal guardian may at any time revoke his
29 or her consent to an order not to resuscitate a patient by (a) notifying
30 a physician or member of the nursing staff of the revocation of consent
31 in writing, dated and signed, or (b) orally notifying the attending
32 physician OR ATTENDING NURSE PRACTITIONER in the presence of a witness
33 eighteen years of age or older.

34 3. Any physician OR NURSE PRACTITIONER who is informed of or provided
35 with a revocation of consent pursuant to this section shall immediately
36 include the revocation in the patient's chart, cancel the order, and
37 notify the hospital staff responsible for the patient's care of the
38 revocation and cancellation. Any member of the nursing staff, OTHER THAN
39 A NURSE PRACTITIONER, who is informed of or provided with a revocation
40 of consent pursuant to this section shall immediately notify a physician
41 OR NURSE PRACTITIONER of such revocation.

42 S 13. Section 2970 of the public health law, as added by chapter 818
43 of the laws of 1987, subdivision 1 and paragraph (b) of subdivision 2 as
44 amended by chapter 370 of the laws of 1991, is amended to read as
45 follows:

46 S 2970. Physician AND NURSE PRACTITIONER review of the order not to
47 resuscitate. 1. For each patient for whom an order not to resuscitate
48 has been issued, the attending physician OR ATTENDING NURSE PRACTITIONER
49 shall review the patient's chart to determine if the order is still
50 appropriate in light of the patient's condition and shall indicate on
51 the patient's chart that the order has been reviewed:

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

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

6 (c) for a patient in a residential health care facility or an alter-
7 nate level of care patient in a hospital, each time the patient is
8 required to be seen by a physician OR NURSE PRACTITIONER but at least
9 every sixty days.

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

12 2. (a) If the attending physician OR ATTENDING NURSE PRACTITIONER
13 determines at any time that an order not to resuscitate is no longer
14 appropriate because the patient's medical condition has improved, the
15 physician OR NURSE PRACTITIONER shall immediately notify the person who
16 consented to the order. Except as provided in paragraph (b) of this
17 subdivision, if such person declines to revoke consent to the order, the
18 physician OR NURSE PRACTITIONER shall promptly (i) make reasonable
19 efforts to arrange for the transfer of the patient to another physician
20 or (ii) submit the matter to the dispute mediation system.

21 (b) If the order not to resuscitate was entered upon the consent of a
22 surrogate, parent, or legal guardian and the attending physician OR
23 ATTENDING NURSE PRACTITIONER who issued the order, or, if unavailable,
24 another attending physician OR ATTENDING NURSE PRACTITIONER at any time
25 determines that the patient does not suffer from one of the medical
26 conditions set forth in paragraph (c) of subdivision three of section
27 twenty-nine hundred sixty-five of this article, the attending physician
28 OR ATTENDING NURSE PRACTITIONER shall immediately include such determi-
29 nation in the patient's chart, cancel the order, and notify the person
30 who consented to the order and all hospital staff responsible for the
31 patient's care of the cancellation.

32 (c) If an order not to resuscitate was entered upon the consent of a
33 surrogate and the patient at any time gains or regains capacity, the
34 attending physician OR ATTENDING NURSE PRACTITIONER who issued the
35 order, or, if unavailable, another attending physician OR ATTENDING
36 NURSE PRACTITIONER shall immediately cancel the order and notify the
37 person who consented to the order and all hospital staff directly
38 responsible for the patient's care of the cancellation.

39 S 14. The opening paragraph and subdivision 2 of section 2971 of the
40 public health law, as amended by chapter 370 of the laws of 1991, are
41 amended to read as follows:

42 If a patient for whom an order not to resuscitate has been issued is
43 transferred from a hospital to a different hospital the order shall
44 remain effective, unless revoked pursuant to this article, until the
45 attending physician OR ATTENDING NURSE PRACTITIONER first examines the
46 transferred patient, whereupon the attending physician OR ATTENDING
47 NURSE PRACTITIONER must either:

48 2. Cancel the order not to resuscitate, provided the attending physi-
49 cian OR ATTENDING NURSE PRACTITIONER immediately notifies the person who
50 consented to the order and the hospital staff directly responsible for
51 the patient's care of the cancellation. Such cancellation does not
52 preclude the entry of a new order pursuant to this article.

53 S 15. Subdivisions 2 and 4 of section 2972 of the public health law,
54 subdivision 2 as amended by chapter 370 of the laws of 1991 and subdivi-
55 sion 4 as added by chapter 818 of the laws of 1987, are amended to read
56 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, ATTENDING NURSE PRACTITIONER or the hospital that is
5 caring for the patient and, if the patient is a minor, the patient's
6 parent, or among an attending physician, AN ATTENDING NURSE PRACTITION-
7 ER, a parent, non-custodial parent, or legal guardian of a minor
8 patient, any person on the surrogate list, the hospital that is caring
9 for the patient and, where the dispute involves a patient who is in or
10 is transferred from a mental hygiene facility, the facility director.

11 4. If a dispute between a patient who expressed a decision rejecting
12 cardiopulmonary resuscitation and an attending physician, ATTENDING
13 NURSE PRACTITIONER or the hospital that is caring for the patient is
14 submitted to the dispute mediation system, and either:

15 (a) the dispute mediation system has concluded its efforts to resolve
16 the dispute, or

17 (b) seventy-two hours have elapsed from the time of submission without
18 resolution of the dispute, whichever shall occur first, the attending
19 physician OR ATTENDING NURSE PRACTITIONER shall either: (i) promptly
20 issue an order not to resuscitate the patient or issue the order at such
21 time as the conditions, if any, specified in the decision are met, and
22 inform the hospital staff responsible for the patient's care of the
23 order; or (ii) promptly arrange for the transfer of the patient to
24 another physician or hospital.

25 S 16. Subdivision 1 of section 2973 of the public health law, as
26 amended by chapter 577 of the laws of 1993, is amended to read as
27 follows:

28 1. The patient, an attending physician, AN ATTENDING NURSE PRACTITION-
29 ER, a parent, non-custodial parent, or legal guardian of a minor
30 patient, any person on the surrogate list, the hospital that is caring
31 for the patient and, in disputes involving a patient who is in or is
32 transferred from a mental hygiene or correctional facility, the facility
33 director, may commence a special proceeding pursuant to article four of
34 the civil practice law and rules, in a court of competent jurisdiction,
35 with respect to any dispute arising under this article, except that the
36 decision of a patient not to consent to issuance of an order not to
37 resuscitate may not be subjected to judicial review. In any proceeding
38 brought pursuant to this subdivision challenging a decision regarding
39 issuance of an order not to resuscitate on the ground that the decision
40 is contrary to the patient's wishes or best interests, the person or
41 entity challenging the decision must show, by clear and convincing
42 evidence, that the decision is contrary to the patient's wishes includ-
43 ing consideration of the patient's religious and moral beliefs, or, in
44 the absence of evidence of the patient's wishes, that the decision is
45 contrary to the patient's best interests. In any other proceeding
46 brought pursuant to this subdivision, the court shall make its determi-
47 nation based upon the applicable substantive standards and procedures
48 set forth in this article.

49 S 17. Subdivision 1 of section 2976 of the public health law, as added
50 by chapter 818 of the laws of 1987, is amended to read as follows:

51 1. If no surrogate is reasonably available, willing to make a decision
52 regarding issuance of an order not to resuscitate, and competent to make
53 a decision regarding issuance of an order not to resuscitate on behalf
54 of an adult patient who lacks capacity and who had not previously
55 expressed a decision regarding cardiopulmonary resuscitation pursuant to
56 this article, an attending physician, ATTENDING NURSE PRACTITIONER or

1 hospital may commence a special proceeding pursuant to article four of
2 the civil practice law and rules, in a court of competent jurisdiction,
3 for a judgment directing the physician OR NURSE PRACTITIONER to issue an
4 order not to resuscitate where the patient has a terminal condition, is
5 permanently unconscious, or resuscitation would impose an extraordinary
6 burden on the patient in light of the patient's medical condition and
7 the expected outcome of resuscitation for the patient, and issuance of
8 an order not to resuscitate is consistent with the patient's wishes
9 including a consideration of the patient's religious and moral beliefs
10 or, in the absence of evidence of the patient's wishes, the patient's
11 best interests.

12 S 18. Subdivisions 4, 5, 7, 8 and 9 of section 2977 of the public
13 health law, subdivision 4 as amended by chapter 577 of the laws of 1993
14 and subdivisions 5, 7, 8 and 9 as added by chapter 370 of the laws of
15 1991, are amended to read as follows:

16 4. (a) Consent to a nonhospital order not to resuscitate shall be
17 governed by sections twenty-nine hundred sixty-four through twenty-nine
18 hundred sixty-seven of this article, provided, however, that an adult
19 with capacity, whether or not hospitalized or a health care agent, may
20 also consent to a nonhospital order not to resuscitate orally to the
21 attending physician OR ATTENDING NURSE PRACTITIONER.

22 (b) When the concurrence of a second physician is sought to fulfill
23 the requirements for the issuance of an order not to resuscitate for
24 patients in a correctional facility, such second physician shall be
25 selected by the chief medical officer of the department of corrections
26 or his or her designee.

27 This paragraph shall not apply to the issuance of an order not to
28 resuscitate pursuant to section [two thousand nine] TWENTY-NINE hundred
29 sixty-six of this article.

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

36 5. The attending physician OR ATTENDING NURSE PRACTITIONER shall
37 record the issuance of a nonhospital order not to resuscitate in the
38 patient's medical chart.

39 7. An attending physician OR ATTENDING NURSE PRACTITIONER who has
40 issued a nonhospital order not to resuscitate, and who transfers care of
41 the patient to another physician, shall inform the physician of the
42 order.

43 8. For each patient for whom a nonhospital order not to resuscitate
44 has been issued, the attending physician OR ATTENDING NURSE PRACTITIONER
45 shall review whether the order is still appropriate in light of the
46 patient's condition each time he or she examines the patient, whether in
47 the hospital or elsewhere, but at least every ninety days, provided that
48 the review need not occur more than once every seven days. The attend-
49 ing physician OR ATTENDING NURSE PRACTITIONER shall record the review in
50 the patient's medical chart record provided, however, that a registered
51 nurse who provides direct care to the patient may record the review in
52 the chart record at the direction of the physician. In such case, the
53 attending physician shall include a confirmation of the review in the
54 patient's medical chart within fourteen days of such review. Failure to
55 comply with this subdivision shall not render a nonhospital order not to
56 resuscitate ineffective.

1 9. A person who has consented to a nonhospital order not to resusci-
2 tate may at any time revoke his or her consent to the order by any act
3 evidencing a specific intent to revoke such consent. Any health care
4 professional informed of a revocation of consent to a nonhospital order
5 not to resuscitate shall notify the attending physician OR ATTENDING
6 NURSE PRACTITIONER of the revocation. An attending physician OR ATTEND-
7 ING NURSE PRACTITIONER who is informed that a nonhospital order not to
8 resuscitate has been revoked shall record the revocation in the
9 patient's medical chart, cancel the order and make diligent efforts to
10 retrieve the form issuing the order, and the standard bracelet, if any.
11 S 19. Subdivision 4 of section 2977 of the public health law, as
12 amended by chapter 308 of the laws of 1993, is REPEALED.
13 S 20. This act shall take effect on the one hundred eightieth day
14 after it shall have become a law, provided that effective immediately
15 any rules and regulations necessary to implement the provisions of this
16 act are authorized and directed to be amended, repealed and/or promul-
17 gated on or before such date.