

6966

2015-2016 Regular Sessions

I N   A S S E M B L Y

April 15, 2015

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Introduced by M. of A. GOTTFRIED -- read once and referred to the  
Committee on Health

AN ACT to amend the public health law and the surrogate's court procedure act, in relation to restoring medical futility as a basis for both surrogate consent to a do not resuscitate order and for a do not resuscitate order for a patient without a surrogate

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

1     Section 1. Legislative findings. Under New York's former do not resus-  
2     cite (hereinafter "DNR") law, article 29-B of the public health law, a  
3     surrogate could consent to a DNR order if the patient met any one of  
4     four clinical criteria, one of which was a finding by two physicians  
5     that resuscitation was "medically futile," which was defined to mean  
6     that resuscitation "will be unsuccessful in restoring cardiac and  
7     respiratory function or that the patient will experience repeated arrest  
8     in a short time period before death occurs." The former DNR law also  
9     allowed a DNR order to be entered for a patient who did not have a  
10    surrogate on that basis. That law applied to all patients, including  
11    developmentally disabled patients.

12    In 2010, the former DNR law was superseded by the Family Health Care  
13    Decisions Act (hereinafter "FHCD") which established standards for the  
14    withdrawal or withholding of a broad range of life-sustaining treat-  
15    ments. Accordingly, the FHCD did not have a standard specifically  
16    relating to medically futile resuscitation. Similarly, Surrogate's Court  
17    Procedure Act (hereinafter "SPCA") S1750-b does not have a standard  
18    specifically relating to medically futile resuscitation for develop-  
19    mentally disabled patients.

20    The legislature finds that the broader FHCD and SPCA S1750-b stand-  
21    ards are difficult to apply to situations in which resuscitation would  
22    be medically futile. Accordingly, this bill restores the former DNR

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

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law's medical futility standard as an alternative basis for writing a DNR order under the FHCDA and under SCPA S1750-b.

S 2. Subparagraphs (i) and (ii) of paragraph (a) of subdivision 5 of section 2994-d of the public health law, as added by chapter 8 of the laws of 2010, are amended and a new subparagraph (iii) is added to read as follows:

(i) Treatment would be an extraordinary burden to the patient and an attending physician determines, with the independent concurrence of another physician, that, to a reasonable degree of medical certainty and in accord with accepted medical standards, (A) the patient has an illness or injury which can be expected to cause death within six months, whether or not treatment is provided; or (B) the patient is permanently unconscious; [or]

(ii) The provision of treatment would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances and the patient has an irreversible or incurable condition, as determined by an attending physician with the independent concurrence of another physician to a reasonable degree of medical certainty and in accord with accepted medical standards[.]; OR

(III) WITH RESPECT TO A DECISION TO ENTER AN ORDER NOT TO RESUSCITATE, AN ATTENDING PHYSICIAN DETERMINES, WITH THE INDEPENDENT CONCURRENCE OF A SECOND PHYSICIAN, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, THAT IN THE EVENT OF A CARDIAC OR RESPIRATORY ARREST, RESUSCITATION WOULD BE UNSUCCESSFUL IN RESTORING CARDIAC AND RESPIRATORY FUNCTION OR THAT THE PATIENT WILL EXPERIENCE REPEATED ARREST IN A SHORT TIME PERIOD BEFORE DEATH OCCURS.

S 3. Paragraph (b) of subdivision 5 of section 2994-g of the public health law, as added by chapter 8 of the laws of 2010, is amended to read as follows:

(b) If the attending physician, with independent concurrence of a second physician designated by the hospital, determines to a reasonable degree of medical certainty that:

(i) (A) life-sustaining treatment offers the patient no medical benefit because the patient will die imminently, even if the treatment is provided; and

[(ii)] (B) the provision of life-sustaining treatment would violate accepted medical standards, then such treatment may be withdrawn or withheld from an adult patient who has been determined to lack decision-making capacity pursuant to section twenty-nine hundred ninety-four-c of this article, without judicial approval. This paragraph shall not apply to any treatment necessary to alleviate pain or discomfort; OR

(II) IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST, RESUSCITATION WILL BE UNSUCCESSFUL IN RESTORING CARDIAC AND RESPIRATORY FUNCTION OR THAT THE PATIENT WILL EXPERIENCE REPEATED ARREST IN A SHORT TIME PERIOD BEFORE DEATH OCCURS, THEN AN ORDER NOT TO RESUSCITATE MAY BE ENTERED 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, WITHOUT JUDICIAL APPROVAL.

S 4. Subparagraphs (i) and (ii) of paragraph (b) of subdivision 4 of section 1750-b of the surrogate's court procedure act, as added by chapter 500 of the laws of 2002, are amended to read as follows:

(i) the [mentally retarded person] PERSON WITH DEVELOPMENTAL DISABILITIES has a medical condition as follows:

A. a terminal condition, [as defined in subdivision twenty-three of section twenty-nine hundred sixty-one of the public health law] WHICH

1 SHALL MEAN AN ILLNESS OR INJURY FROM WHICH THERE IS NO RECOVERY, AND  
2 WHICH CAN REASONABLY BE EXPECTED TO CAUSE DEATH WITHIN ONE YEAR; or

3 B. permanent unconsciousness; or

4 C. a medical condition other than such person's [mental retardation]  
5 DEVELOPMENTAL DISABILITY which requires life-sustaining treatment, is  
6 irreversible and which will continue indefinitely; [and] OR

7 D. IN THE CASE OF A DECISION TO ENTER AN ORDER NOT TO RESUSCITATE,  
8 THAT IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST SUCH RESUSCITATION  
9 WOULD BE UNSUCCESSFUL IN RESTORING CARDIAC AND RESPIRATORY FUNCTION OR  
10 THAT THE PATIENT WILL EXPERIENCE REPEATED ARREST IN A SHORT TIME PERIOD  
11 BEFORE DEATH OCCURS; AND

12 (ii) EXCEPT IN THE CASE OF A DECISION TO ENTER AN ORDER NOT TO RESUS-  
13 CITATE BASED ON CLAUSE D OF SUBPARAGRAPH (I) OF THIS PARAGRAPH, the  
14 life-sustaining treatment would impose an extraordinary burden on such  
15 person, in light of:

16 A. such person's medical condition, other than such person's [mental  
17 retardation] DEVELOPMENTAL DISABILITY; and

18 B. the expected outcome of the life-sustaining treatment, notwith-  
19 standing such person's [mental retardation] DEVELOPMENTAL DISABILITY;  
20 and

21 S 5. Subdivision 4 of section 1750-b of the surrogate's court proce-  
22 dure act is amended by adding new paragraph (f) to read as follows:

23 (F) IN THE CASE OF A PERSON FOR WHOM "GUARDIAN" MEANS A SURROGATE  
24 DECISION-MAKING COMMITTEE PURSUANT TO THIS SECTION, AN ORDER NOT TO  
25 RESUSCITATE MAY BE ENTERED, WITHOUT REVIEW OR APPROVAL BY SUCH COMMIT-  
26 TEE, IF THE ATTENDING PHYSICIAN DETERMINES, WITH THE INDEPENDENT CONCUR-  
27 RENCE OF A SECOND PHYSICIAN, TO A REASONABLE DEGREE OF MEDICAL CERTAIN-  
28 TY, THAT IN THE EVENT OF A CARDIAC OR RESPIRATORY ARREST RESUSCITATION  
29 WOULD BE UNSUCCESSFUL IN RESTORING CARDIAC AND RESPIRATORY FUNCTION OR  
30 THAT THE PATIENT WILL EXPERIENCE REPEATED ARREST IN A SHORT TIME PERIOD  
31 BEFORE DEATH OCCURS.

32 S 6. This act shall take effect on the ninetieth day after it shall  
33 have become a law.