

STATE OF NEW YORK

4966

2021-2022 Regular Sessions

IN SENATE

February 19, 2021

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law and the surrogate's court procedure act, in relation to conforming and improving the process for determining incapacity

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivisions 2, 3, 4, 5, 6 and 7 of section 2983 of the
2 public health law are renumbered subdivisions 3, 4, 5, 6, 7 and 8.

3 § 2. Subdivision 1 of section 2983 of the public health law, as
4 amended by chapter 708 of the laws of 2019, is amended to read as
5 follows:

6 1. [~~Determination~~] Initial determination by attending practitioner.
7 [~~(a) A~~] An initial determination that a principal lacks capacity to make
8 health care decisions shall be made by the attending practitioner to a
9 reasonable degree of medical certainty. The determination shall be made
10 in writing and shall contain such attending practitioner's opinion
11 regarding the cause and nature of the principal's incapacity as well as
12 its extent and probable duration. The determination shall be included in
13 the patient's medical record. [~~For a decision to withdraw or withhold~~
14 ~~life-sustaining treatment, the attending practitioner who makes the~~
15 ~~determination that a principal lacks capacity to make health care deci-~~
16 ~~sions must consult with another physician, physician assistant, or nurse~~
17 ~~practitioner to confirm such determination. Such consultation shall also~~
18 ~~be included within the patient's medical record.] A practitioner who has
19 been appointed as a patient's agent shall not make the determination of
20 the patient's capacity to make health care decisions.~~

21 2. Concurring determinations for life-sustaining treatment decisions.
22 For a decision to withdraw or withhold life-sustaining treatment, the
23 following shall apply:

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

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1 (a) The initial determination that a patient lacks capacity shall be
2 subject to a concurring determination, independently made by a health or
3 social services practitioner. A concurring determination shall include
4 an assessment of the cause and extent of the patient's incapacity and
5 the likelihood that the patient will regain decision-making capacity,
6 and shall be included in the patient's medical record. Hospitals shall
7 adopt written policies identifying the training and credentials of
8 health or social services practitioners qualified to provide concurring
9 determinations of incapacity conducted for hospital patients.

10 (b) If an attending practitioner of a patient in a general hospital or
11 mental hygiene facility determines that a patient lacks capacity because
12 of mental illness, [~~the attending practitioner who makes the determi-~~
13 ~~nation must be, or must consult, for the purpose of confirming the~~
14 ~~determination, with a qualified psychiatrist]~~ either such practitioner
15 or the concurring practitioner must have the following qualifications: a
16 practitioner licensed to practice medicine in New York state, who is a
17 diplomat or eligible to be certified by the American Board of Psychia-
18 try and Neurology or who is certified by the American Osteopathic Board
19 of Neurology and Psychiatry or is eligible to be certified by that
20 board. A record of such consultation shall be included in the patient's
21 medical record.

22 (c) If the attending practitioner determines that a patient lacks
23 capacity because of a developmental disability, [~~the attending practi-~~
24 ~~tioner who makes the determination must be, or must consult, for the~~
25 ~~purpose of confirming the determination, with]~~ either such practitioner
26 or the concurring practitioner must have the following qualifications:
27 either (i) for a patient in a hospital, a health or social services
28 practitioner qualified by training or experience to make such determi-
29 nation in accordance with written policies adopted by the hospital; or
30 (ii) for a patient in any setting, a physician, nurse practitioner,
31 physician assistant, or clinical psychologist who either is employed by
32 a developmental disabilities services office named in section 13.17 of
33 the mental hygiene law, or who has been employed for a minimum of two
34 years to render care and service in a facility operated or licensed by
35 the office for people with developmental disabilities, or has been
36 approved by the commissioner of developmental disabilities in accordance
37 with regulations promulgated by such commissioner. Such regulations
38 shall require that a physician, nurse practitioner, physician assistant,
39 or clinical psychologist possess specialized training or three years
40 experience in treating developmental disabilities. A record of such
41 consultation shall be included in the patient's medical record.

42 [~~(d) A physician, physician assistant, or nurse practitioner who has~~
43 ~~been appointed as a patient's agent shall not make the determination of~~
44 ~~the patient's capacity to make health care decisions.]~~

45 § 3. Subdivision 3 of section 2994-c of the public health law, as
46 amended by chapter 708 of the laws of 2019, is amended to read as
47 follows:

48 3. Concurring determinations for life-sustaining treatment decisions.
49 For a decision to withdraw or withhold life-sustaining treatment, the
50 following shall apply: (a) An initial determination that a patient lacks
51 decision-making capacity shall be subject to a concurring determination,
52 independently made, [~~where required by this subdivision]~~ by a health or
53 social services practitioner employed or otherwise formally affiliated
54 with the hospital. A concurring determination shall include an assess-
55 ment of the cause and extent of the patient's incapacity and the likeli-
56 hood that the patient will regain decision-making capacity, and shall be

1 included in the patient's medical record. Hospitals shall adopt written
2 policies identifying the training and credentials of health or social
3 services practitioners qualified to provide concurring determinations of
4 incapacity.

5 ~~(b) [(i) In a residential health care facility, a health or social
6 services practitioner employed by or otherwise formally affiliated with
7 the facility must independently determine whether an adult patient lacks
8 decision-making capacity.]~~

9 ~~(ii) In a general hospital a health or social services practitioner
10 employed by or otherwise formally affiliated with the facility must
11 independently determine whether an adult patient lacks decision making
12 capacity if the surrogate's decision concerns the withdrawal or with-
13 holding of life-sustaining treatment.]~~

14 ~~(iii)]~~ With respect to decisions regarding hospice care for a patient
15 in a general hospital or residential health care facility, the health or
16 social services practitioner must be employed by or otherwise formally
17 affiliated with the general hospital or residential health care facili-
18 ty.

19 (c) (i) If the attending practitioner makes an initial determination
20 that a patient lacks decision-making capacity because of mental illness,
21 either such physician or the concurring practitioner must have the
22 following qualifications~~[, or another physician with the following qual-
23 ifications must independently determine whether the patient lacks deci-
24 sion-making capacity]~~: a physician licensed to practice medicine in New
25 York state, who is a diplomate or eligible to be certified by the Ameri-
26 can Board of Psychiatry and Neurology or who is certified by the Ameri-
27 can Osteopathic Board of Neurology and Psychiatry or is eligible to be
28 certified by that board. A record of such consultation shall be included
29 in the patient's medical record.

30 (ii) If the attending practitioner makes an initial determination that
31 a patient lacks decision-making capacity because of a developmental
32 disability, either such physician, nurse practitioner ~~[or]~~, physician
33 assistant, or the concurring practitioner must have the following quali-
34 fications~~[, or another professional with the following qualifications
35 must independently determine whether the patient lacks decision making
36 capacity]~~: either (A) a health or social services practitioner quali-
37 fied by training experience to make such determination in accordance
38 with the written policies adopted by the hospital, or (B) a physician or
39 clinical psychologist who either is employed by a developmental disabil-
40 ities services office named in section 13.17 of the mental hygiene law,
41 or who has been employed for a minimum of two years to render care and
42 service in a facility operated or licensed by the office for people with
43 developmental disabilities, or has been approved by the commissioner of
44 developmental disabilities in accordance with regulations promulgated by
45 such commissioner. Such regulations shall require that a physician or
46 clinical psychologist possess specialized training or three years expe-
47 rience in treating developmental disabilities. A record of such consul-
48 tation shall be included in the patient's medical record.

49 (d) If an attending practitioner has determined that the patient lacks
50 decision-making capacity and if the health or social services practi-
51 tioner consulted for a concurring determination disagrees with the
52 attending practitioner's determination, the matter shall be referred to
53 the ethics review committee if it cannot otherwise be resolved.

54 § 4. Subdivisions 3 and 4 of section 2994-cc of the public health law,
55 as amended by chapter 708 of the laws of 2019, are amended to read as
56 follows:

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 or hospice.

4. (a) When the concurrence of a second ~~[physician, nurse practitioner or physician assistant]~~ health or social services practitioner 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, nurse practitioner or physician assistant]~~ health or social services practitioner shall be selected by the chief medical officer of the department of corrections and community supervision or his or her designee.

(b) When the concurrence of a second ~~[physician, nurse practitioner or physician assistant]~~ health or social services practitioner 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, nurse practitioner or physician assistant]~~ health or social services practitioner 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. Paragraph (a) of subdivision 4 of section 1750-b of the surrogate's court procedure act, as amended by chapter 198 of the laws of 2016, is amended to read as follows:

(a) The attending ~~[physician]~~ practitioner, as defined in subdivision two of section twenty-nine hundred eighty of the public health law, ~~[must confirm]~~ shall initially determine to a reasonable degree of medical certainty that the person who is intellectually disabled lacks capacity to make health care decisions. The determination thereof shall be included in the person who is intellectually disabled's medical record, and shall contain such attending ~~[physician's]~~ practitioner's opinion regarding the cause and nature of the person who is intellectually disabled's incapacity as well as its extent and probable duration. The attending ~~[physician]~~ practitioner who makes ~~[the confirmation]~~ such initial determination shall consult with another practitioner, physician, or a licensed psychologist, to further confirm the person who is intellectually disabled's lack of capacity. ~~[The]~~ If the attending practitioner makes an initial determination that a patient lacks capacity to make health care decisions because of intellectual disability, then the attending ~~[physician who makes the confirmation,]~~ practitioner or the physician or licensed psychologist with whom the attending ~~[physician]~~ practitioner consults ~~[,]~~ either (i) for a patient in a general hospital, residential health care facility or hospice, must [(i)] be qualified by training or experience to make such determination, in accordance with policies adopted by the general hospital, residential health care facility or hospice; or (ii) for a patient in any setting, must (A) be employed by a developmental disabilities services office named in section 13.17 of the mental hygiene law or employed by the office for people with developmental disabilities to provide treatment and care to people with developmental disabilities, or ~~[(ii)]~~ (B) have been employed for a minimum of two years to render care and service in a facility or program operated, licensed or authorized by the office for people with developmental disabilities, or ~~[(iii)]~~ (C) have been approved by the commissioner of the office for people with developmental

1 disabilities in accordance with regulations promulgated by such commis-
2 sioner. Such regulations shall require that a physician or licensed
3 psychologist possess specialized training or three years experience in
4 treating intellectual disability. A record of such consultation shall be
5 included in the person who is intellectually disabled's medical record.

6 § 6. Subdivision 4 of section 2982 of the public health law, as
7 amended by chapter 370 of the laws of 1991, is amended to read as
8 follows:

9 4. Priority over other surrogates. Health care decisions by an agent
10 on a principal's behalf pursuant to this article shall have priority
11 over decisions by any other person, except as otherwise provided in the
12 health care proxy or in subdivision [~~five~~] ~~six~~ of section two thousand
13 nine hundred eighty-three of this article.

14 § 7. Subdivision 2 of section 2984 of the public health law, as added
15 by chapter 752 of the laws of 1990, is amended to read as follows:

16 2. A health care provider shall comply with health care decisions made
17 by an agent in good faith under a health care proxy to the same extent
18 as if such decisions had been made by the principal, subject to any
19 limitations in the health care proxy and pursuant to the provisions of
20 subdivision [~~five~~] ~~six~~ of section two thousand nine hundred eighty-three
21 of this article.

22 § 8. Paragraph (b) of subdivision 7 of section 2983 of the public
23 health law, as amended by chapter 708 of the laws of 2019 and such
24 subdivision as renumbered by section one of this act, is amended to read
25 as follows:

26 (b) The notice requirements set forth in subdivision [~~three~~] ~~four~~ of
27 this section shall not apply to the confirmation required by this subdi-
28 vision.

29 § 9. This act shall take effect on the ninetieth day after it shall
30 have become a law, provided that the amendments to article 29-C of the
31 public health law made by section two of this act shall apply to the
32 decisions made pursuant to health care proxies created prior to the
33 effective date of this act as well as those created thereafter.