

BY: Education, Health, and Environmental Affairs Committee

AMENDMENTS TO HOUSE BILL NO. 592  
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 7, after “unavailable;” insert “authorizing certain certifications of incapacity to be made by certain physicians or certain nurse practitioners;”; in line 9, strike “altering a certain definition” and substitute “defining certain terms”; and in line 23, after “(2)” insert “and 5-606(a)”.

AMENDMENT NO. 2

On page 3, in line 27, after “POWERS” insert “AND RIGHTS”.

On page 4, strike in their entirety lines 9 and 10 and substitute:

“I ALSO WANT MY AGENT TO:

1. RIDE WITH ME IN AN AMBULANCE IF EVER I NEED TO BE RUSHED TO THE HOSPITAL; AND
2. BE ABLE TO VISIT ME IF I AM IN A HOSPITAL OR ANY OTHER HEALTH CARE FACILITY.”

AMENDMENT NO. 3

On page 7, strike beginning with “IN” in line 6 down through “STANDARDS” in line 7 and substitute “THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS”; and strike beginning with “IN” in line 31 down through “STANDARDS” in line 32 and substitute “THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, I WANT TO”

(Over)

RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS”.

On page 8, in line 3, strike “KEEP GETTING WORSE” and substitute “CONTINUE IN ITS COURSE”; and strike beginning with “IN” in line 20 down through “STANDARDS” in line 21 and substitute “THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS”.

AMENDMENT NO. 4

On page 10, in line 10, strike “: DONATION OF ORGANS OR BODY”.

On page 11, after line 8, insert:

“PART III: DISPOSITION OF BODY AND FUNERAL ARRANGEMENTS

I WANT THE FOLLOWING PERSON TO MAKE DECISIONS ABOUT THE DISPOSITION OF MY BODY AND MY FUNERAL ARRANGEMENTS:

(EITHER INITIAL THE FIRST OR FILL IN THE SECOND.)

THE HEALTH CARE AGENT WHO I NAMED IN MY ADVANCE DIRECTIVE.

\_\_\_\_\_

((OR))

THIS PERSON:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

(HOME AND CELL)

IF I HAVE WRITTEN MY WISHES BELOW, THEY SHOULD BE FOLLOWED. IF NOT, THE PERSON I HAVE NAMED SHOULD DECIDE BASED ON CONVERSATIONS WE HAVE HAD, MY RELIGIOUS OR OTHER BELIEFS AND VALUES, MY PERSONALITY, AND HOW I REACTED TO OTHER PEOPLES’ FUNERAL ARRANGEMENTS.

MY WISHES ABOUT THE DISPOSITION OF MY BODY AND MY FUNERAL ARRANGEMENTS ARE:

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and in line 9, strike “III” and substitute “IV”.

AMENDMENT NO. 5

On page 12, after line 17, insert:

“5-606.

(a) (1) Prior to providing, withholding, or withdrawing treatment for which authorization has been obtained or will be sought under this subtitle, the attending physician and a second physician OR A NURSE PRACTITIONER, one of whom shall have examined the patient within 2 hours before making the certification, shall certify in writing that the patient is incapable of making an informed decision regarding the treatment. The certification shall be based on a personal examination of the patient.

(2) If a patient is unconscious, or unable to communicate by any means, the certification of a second physician OR A NURSE PRACTITIONER is not required under paragraph (1) of this subsection.

(3) When authorization is sought for treatment of a mental illness, the second physician OR NURSE PRACTITIONER may not be otherwise currently involved in the treatment of the person assessed.

(4) The cost of an assessment to certify incapacity under this subsection shall be considered for all purposes a cost of the patient’s treatment.”.

(Over)