SENATE BILL 759

J2, N2 9lr3030 CF HB 250

By: Senator Dyson

Introduced and read first time: February 6, 2009 Assigned to: Finance and Judicial Proceedings

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 28, 2009

CHAPTER _____

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Public Health - Authority to Certify Incapacity or Certificates of Death Nurse Practitioners

- 4 FOR the purpose of authorizing certain nurse practitioners to make a certain determination of incapacity or debilitation under certain circumstances; 5 6 authorizing certain nurse practitioners to fill out and sign a certain certificate of 7 death under certain circumstances; authorizing certain nurse practitioners to 8 certify that certain patients are incapable of making a certain decision under 9 certain circumstances; authorizing certain nurse practitioners to certify that 10 certain patients are in a certain health condition; and generally relating to nurse practitioners and authority to certify incapacity or death death 11 12 certificates.
- 13 BY repealing and reenacting, with amendments,
- 14 Article Estates and Trusts
- 15 Section 13-906
- 16 Annotated Code of Maryland
- 17 (2001 Replacement Volume and 2008 Supplement)
- 18 BY repealing and reenacting, with amendments,
- 19 Article Health General
- 20 Section 4–212, 5–602(e), 5–606, and 5–608(a) 4–212
- 21 Annotated Code of Maryland
- 22 (2005 Replacement Volume and 2008 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

${1 \atop 2}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:								
3	Article - Estates and Trusts								
4	13-906.								
5	(a) (1) A determination of incapacity or debilitation under this subtitle								
6	shall:								
7	(i) Be made by the attending physician OR NURSE								
8	PRACTITIONER to a reasonable degree of medical certainty;								
9	(ii) Be in writing; and								
10	(iii) Contain the attending physician's OR NURSE								
11	PRACTITIONER'S opinion regarding the cause and nature of the parent's incapacity or								
12	debilitation, and the extent and probable duration of the incapacity or debilitation.								
13	(2) If a standby guardian's identity is known to an attending physician								
14	OR NURSE PRACTITIONER, the attending physician OR NURSE PRACTITIONER								
15	shall provide a copy of a determination of incapacity or debilitation to the standby								
16	guardian.								
17	(b) If requested by a standby guardian, an attending physician OR NURSE								
18	PRACTITIONER shall make a determination regarding the parent's incapacity or								
19	debilitation for purposes of this subtitle.								
20	(e) If the parent is able to comprehend the information, a standby guardian								
21	shall inform the parent of:								
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22	(1) The beginning of the standby guardian's authority as a result of a								
23	determination of incapacity; and								
24	(2) The parent's right to revoke the authority promptly after receipt of								
25	the determination of incapacity.								
26	Article - Health - General								
27	4–212.								
28	(a) This section does not apply to a fetal death.								
29	(b) (1) A certificate of death regardless of age of decedent shall be filled								
30	out and signed by:								

$\frac{1}{2}$	of the body; or	(i)	The medical examiner, if the medical examiner takes charge
3 4 5	physician or [phy deceased.	(ii) ⁄sician'	If the medical examiner does not take charge of the body, the s collaborating] nurse practitioner who last attended the
6 7 8	(2) nurse practitioner death:		medical examiner, physician, or [physician's collaborating] fill in only the following information on the certificate of
9		(i)	The name of the deceased.
10		(ii)	The cause of death and medical certification.
L 1		(iii)	The date and hour of death.
12		(iv)	The place where death occurred.
l3 l4	(3) regardless of age o	_	other information that is required on the certificate of death lent shall be filled in:
15		(i)	By the person who has charge of the body; or
16 17	person who last ha	(ii) d char	If the State Anatomy Board has charge of the body, by the ge of the body before it was sent to the State Anatomy Board.
18 19 20 21	practitioner in cha	th cert	nedical certification shall be completed within 24 hours after ificate by the physician or [physician's collaborating] nurse the patient's care for the illness or condition which resulted in ry is required by the medical examiner.
22 23 24 25		oratin	ne absence or inability of the attending physician or g] nurse practitioner or with the attending physician's or [g] nurse practitioner's approval, the certificate may be
26		(i)	The attending physician's associate;
27 28	which death occurr	(ii) red; or	The chief medical officer or designee of the institution in
29 30 31	provided the indiv to natural causes.	(iii) idual ł	The physician who performed an autopsy upon the decedent, has access to the medical history of the case and death is due

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- 1 The person completing the cause of death and medical certification 2 shall attest to the accuracy by signature or by an approved electronic process. 3 The funeral director or person acting as the funeral director shall 4 in all cases obtain the medical certification from the person responsible for its completion or obtain assurance that the medical certification has been provided to the 5 6 Secretary by an approved electronic process. 7 Each individual concerned with carrying out this subtitle promptly shall (c) 8 notify the medical examiner if: 9 **(1)** The deceased was not under treatment by a physician **OR NURSE** 10 **PRACTITIONER** during the terminal illness; 11 (2)The cause of death is unknown; or 12 (3)The individual considers any of the following conditions to be the cause of death or to have contributed to the death: 13 14 (i) An accident, including a fall with a fracture or other injury. Homicide. 15 (ii) 16 (iii) Suicide. 17 Other external manner of death. (iv) Alcoholism. 18 (\mathbf{v}) 19 Criminal or suspected criminal abortion. (vi) 20 (d) If, within 24 hours after taking charge of a body, the medical (1)21examiner has not determined the cause of death, the medical examiner shall enter 22 "investigation pending" in the cause of death section of the death certificate. 23As soon as the medical examiner determines the cause of death, 24the medical examiner shall send to the Secretary a report of the cause of death, for 25entry on the certificate. 26 A physician or [physician's collaborating] nurse practitioner who 27 fills out a certificate of death shall give it or transmit it by approved electronic media. 28 including facsimile, to the mortician within 24 hours after the death occurred.
 - (2) A medical examiner who fills out a certificate of death shall give it or transmit it by approved electronic media, including facsimile, to the mortician within 24 hours after the medical examiner took charge of the body.

- 1 (f) (1) If a death occurs on a common carrier in the United States and the 2 body is removed from the carrier in this State, the death shall be registered in this 3 State, and the place where it is first removed shall be considered the place of death. 4 When a death occurs on a common carrier while in international waters or air space or 5 in a foreign country or its air space and the body is first removed from the carrier in 6 this State, the death shall be registered in this State, but the certificate shall show the 7 actual place of death insofar as can be determined.
- 8 (2) The individual in charge or the owner of the common carrier or a designee shall file a certificate of death within 24 hours after the body is removed from the carrier.
- 11 (3) If the death occurred under any of the conditions or circumstances set forth in subsection (c) of this section, the medical examiner shall be notified.
 - (g) A mortician who obtains a certificate of death under this section shall file the certificate within 72 hours after the death.
 - (h) (1) Except as authorized under this subtitle, an individual who has a duty to fill out and sign a certificate of death may not execute more than one certificate for a death.
 - (2) The attending physician, the [physician's collaborating] nurse practitioner, or a medical examiner who takes charge of a body may file a replacement death certificate if a correction that the physician, the [physician's collaborating] nurse practitioner, or medical examiner authorizes cannot be entered legibly on the original certificate.
- 23 5-602.

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- (e) (1) Unless otherwise provided in the document, an advance directive shall become effective when the declarant's attending physician and a second physician OR A NURSE PRACTITIONER certify in writing that the patient is incapable of making an informed decision.
- (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.
- 31 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

1	regarding the treatment. The certification shall be based on a personal examination of
2	the patient.
3	(2) If a patient is unconscious, or unable to communicate by any
4	means, the certification of a second physician OR NURSE PRACTITIONER is not
5	required under paragraph (1) of this subsection.
6	(3) When authorization is sought for treatment of a mental illness, the
7	second physician OR NURSE PRACTITIONER may not be otherwise currently involved
8	in the treatment of the person assessed.
9	(4) The cost of an assessment to certify incapacity under this
10	subsection shall be considered for all purposes a cost of the patient's treatment.
11	(b) A health care provider may not withhold or withdraw life-sustaining
12	procedures on the basis of an advance directive where no agent has been appointed or
13	on the basis of the authorization of a surrogate, unless:
14	(1) The patient's attending physician and a second physician OR A
15	NURSE PRACTITIONER have certified that the patient is in a terminal condition or
16	has an end-stage condition; or
17	(2) Two physicians, one of whom is a neurologist, neurosurgeon, or
18	other physician who has special expertise in the evaluation of cognitive functioning,
19	certify that the patient is in a persistent vegetative state.
20	5–608.
21	(a) (1) Certified or licensed emergency medical services personnel shall be
22	directed by protocol to follow emergency medical services "do not resuscitate orders"
23	pertaining to adult patients in the outpatient setting in accordance with protocols
24	established by the Maryland Institute for Emergency Medical Services Systems in
25	conjunction with the State Board of Physicians.
26	(2) Emergency medical services "do not resuscitate orders" may not
27	authorize the withholding of medical interventions, or therapies deemed necessary to
28	provide comfort care or to alleviate pain.
29	(3) A health care provider, other than certified or licensed emergency
30	medical services personnel, who sees, in a valid form, an emergency medical services
31	"do not resuscitate order" described in paragraph (1) of this subsection that is not
32	superseded by a subsequent physician's order OR NURSE PRACTITIONER'S ORDER:

(i)

"do not resuscitate order"; and

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May, before a patient's cardiac or respiratory arrest, provide,

withhold, or withdraw treatment in accordance with the emergency medical services

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SECTION October 1, 2009.	BE IT	FURT	HER I	ENACT	ED, Th	at this	Act sha	all take	effec
Approved:									
	 						Go	vernor.	
	 				Pr	esident	t of the	Senate.	

Speaker of the House of Delegates.