

**2012 -- H 7735 SUBSTITUTE B**

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LC01722/SUB B  
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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2012**

A N A C T

RELATING TO HEALTH AND SAFETY

Introduced By: Representatives Bennett, Hull, Naughton, Handy, and Silva

Date Introduced: February 16, 2012

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1           SECTION 1. Section 23-4.11-2 of the General Laws in Chapter 23-4.11 entitled "Rights  
2 of the Terminally Ill Act" is hereby amended to read as follows:

3           **23-4.11-2. Definitions.** -- The following definitions govern the construction of this  
4 chapter:

5           (1) "Advance directive protocol" means a standardized, state-wide method developed for  
6 emergency medical services personnel by the department of health and approved by the  
7 ambulance service advisory board, of providing palliative care to, and withholding life-sustaining  
8 procedures from, a qualified patient.

9           (2) "Artificial feeding" means the provision of nutrition or hydration by parenteral,  
10 nasogastric, gastric or any means other than through per oral voluntary sustenance.

11           (3) "Attending physician" means the physician who has primary responsibility for the  
12 treatment and care of the patient.

13           (4) "Declaration" means a witnessed document executed in accordance with the  
14 requirements of ~~section~~ [sections](#) 23-4.11-3 [or 23-4.11-3.1](#).

15           (5) "Director" means the director of health.

16           (6) "Emergency medical services personnel" means paid or volunteer firefighters, law  
17 enforcement officers, first responders, emergency medical technicians, or other emergency  
18 services personnel acting within the ordinary course of their professions.

19           (7) ["Health care decision maker"](#) means a [person authorized by law or by the qualified](#)

1 patient to make health care decision for the qualified patient. The qualified patient may revoke at  
2 any time and in any manner the appointment of a health care decision maker.

3 ~~(7)~~(8) "Health care provider" means a person who is licensed, certified, or otherwise  
4 authorized by the law of this state to administer health care in the ordinary course of business or  
5 practice of a profession.

6 ~~(8)~~(9) "Life sustaining procedure" means any medical procedure or intervention that,  
7 when administered to a qualified patient, will serve only to prolong the dying process. "Life  
8 sustaining procedure" shall not include any medical procedure or intervention considered  
9 necessary by the attending physician to provide comfort and care or alleviate pain.

10 (10) "Medical orders for life sustaining treatment" or "MOLST" means a voluntary  
11 request that directs a health care provider regarding resuscitative and life-sustaining measures.

12 (11) "Medical orders for life sustaining treatment form" or "MOLST Form" means a  
13 document which directs health care providers regarding resuscitative and life-sustaining  
14 measures.

15 (12) "MOLST qualified health care provider" means the physician or registered nurse  
16 practitioner who is authorized by the patient to sign a MOLST form.

17 (13) "Physician assistant" shall mean a person licensed as a physician assistant under  
18 Rhode Island general laws, chapter 5-54.

19 ~~(9)~~(14) "Person" means an individual, corporation, business trust, estate, trust,  
20 partnership, association, government, governmental subdivision or agency, or any other legal  
21 entity.

22 ~~(10)~~(15) "Physician" means an individual licensed to practice medicine in this state.

23 ~~(11)~~(16) "Qualified patient" means a patient who has executed a declaration in  
24 accordance with this chapter and who has been determined by the attending physician to be in a  
25 terminal condition.

26 (17) "Registered nurse practitioner" shall mean a person licensed as such under Rhode  
27 Island general laws, chapter 5-34.

28 ~~(12)~~(18) "Reliable documentation" means a standardized, state-wide form of  
29 identification such as a nontransferable necklace or bracelet of uniform design, adopted by the  
30 director of health, with consultation from the local community emergency medical services  
31 agencies and licensed hospice and home health agencies, that signifies and certifies that a valid  
32 and current declaration is on file and that the individual is a qualified patient.

33 (19) "Request regarding resuscitative and life sustaining measures" means a written  
34 document, signed by: (i) A qualified patient with capacity, or a recognized health care decision

1 maker; and

2 (ii) The MOLST qualified health care provider, which directs a health care provider  
3 regarding resuscitative and life sustaining measures. Such a request regarding resuscitative and  
4 life sustaining measures is a medical order.

5 ~~(13)~~(20) "Terminal condition" means an incurable or irreversible condition that, without  
6 the administration of life sustaining procedures, will, in the opinion of the attending physician,  
7 result in death.

8 SECTION 2. Chapter 23-4.11 of the General Laws entitled "Rights of the Terminally Ill  
9 Act" is hereby amended by adding thereto the following sections:

10 **23-4.11-3.1. Medical Orders for Life Sustaining Treatment.** -- (a) The department of  
11 health shall establish rules and regulations, consistent with the provisions of this section, for the  
12 establishment of Medical Orders for Life Sustaining Treatment and the structure and content of  
13 Medical Orders for Life Sustaining Treatment forms.

14 (b)(1) A declaration by a qualified patient may be recorded as a medical order for life-  
15 sustaining treatment provided that:

16 (i) The medical orders for life-sustaining treatment and medical intervention and  
17 procedures are explained by a MOLST qualified health care provider to the qualified patient or  
18 health care decision maker. The MOLST qualified health care provider shall further inform the  
19 patient of the difference between an advance health care directive and MOLST medical order;

20 (ii) A MOLST qualified health care provider has conducted an evaluation of the qualified  
21 patient; and

22 (iii) A MOLST form documenting the declaration has been completed by a MOLST  
23 qualified health care provider based on qualified patient preferences and medical appropriateness,  
24 and has been signed by a MOLST qualified health care provider and the qualified patient or his or  
25 her recognized health care decision maker.

26 (2) A health care decision maker may execute the MOLST form if the qualified patient  
27 lacks capacity, or if the qualified patient has designated that the health care decision maker's  
28 authority is valid.

29 (3) A request regarding resuscitative measures may also be evidenced by the words "do  
30 not resuscitate" or the letters "DNR," in a qualified patient's medical record and/or through a  
31 mechanism established by the department of health consistent with the provisions of chapter 23-  
32 4.11.

33 (c)(1) A health care provider shall treat a qualified patient in accordance with the  
34 qualified patient's MOLST, subject to the provisions of this chapter.

1           (2) A qualified health care provider may conduct an evaluation of the qualified patient  
2 and if necessary, in consultation with the qualified patient or recognized health care decision  
3 maker, issue a new MOLST consistent with the most current information available about the  
4 qualified patient's health status and care preferences.

5           (3) The recognized health care decision maker of a qualified patient who is without  
6 capacity shall consult with the MOLST qualified health care provider prior to making a request to  
7 modify that a qualified patient's MOLST.

8           (d)(1) MOLST Form. A MOLST shall be documented on an easily identifiable form  
9 approved by the director. The director shall promulgate rules and regulations for the  
10 implementation of this section.

11           (2) The MOLST form shall be signed by the qualified patient, or the qualified patient's  
12 recognized health care decision maker, and a qualified MOLST health care provider.

13           (3) The MOLST form shall contain all other information as required by this section.

14           (e)(1) A MOLST shall apply regardless of whether the qualified patient executes the  
15 MOLST form within or outside a hospital or other health care setting.

16           (2) The MOLST form is valid within or outside a hospital or other health care setting.

17           (f)(1) Revocation. A qualified patient or his/her recognized health care decision maker  
18 may, at any time, revoke in any manner that communicates an intent to revoke his/her declaration  
19 by informing the MOLST qualified health care provider, other health care provider, or any  
20 member of the medical or nursing staff of the revocation of the declaration concerning life-  
21 sustaining or resuscitative measures.

22           (2) Any member of the medical or nursing staff informed of a revocation shall  
23 immediately notify a MOLST qualified health care provider of the revocation.

24           (3) The MOLST qualified health care provider informed of a revocation of MOLST made  
25 pursuant to this section shall immediately:

26           (i) Record the revocation in the qualified patient's medical record;

27           (ii) Cancel any orders implementing the decision to withhold or withdraw treatment; and

28           (iii) Notify the health care providers and staff directly responsible for the qualified  
29 patient's care of the revocation and any cancellations.

30           (4) If a decision to withhold or withdraw life-sustaining treatment has been made by a  
31 recognized health care decision maker pursuant to this section, and the MOLST qualified health  
32 care provider determines at any time that the decision is no longer appropriate or authorized  
33 because the qualified patient has regained decision-making capacity or because the qualified  
34 patient's condition has otherwise improved, the MOLST qualified health care provider shall

1 immediately:

2 (i) Include such determination in the qualified patient's medical record;

3 (ii) Cancel any orders or plans of care implementing the decision to withhold or withdraw

4 life-sustaining treatment;

5 (iii) Notify the health care decision maker who made the decision to withhold or

6 withdraw treatment; and

7 (iv) Notify the other health care providers, including the medical and nursing staff

8 directly responsible for the qualified patient's care, of any cancelled MOLST orders or plans of

9 care.

10 (g) If a qualified patient with a MOLST order is transferred from a hospital, a licensed

11 health facility, or the community, the MOLST order or plan shall remain effective until a MOLST

12 qualified health care provider first examines the transferred qualified patient, whereupon a

13 MOLST qualified health care provider shall issue appropriate orders to continue the prior order or

14 plan. Such orders may be issued without obtaining another consent to withhold or withdraw life-

15 sustaining treatment pursuant to this chapter.

16 (h) The MOLST is a voluntary option for qualified patients. No patient is required to

17 elect a MOLST.

18 SECTION 3. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO HEALTH AND SAFETY

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- 1           This act would provide a statutory framework for administration of “medical orders for
- 2 life sustaining treatment” or “MOLST” with respect to terminally ill patients.
- 3           This act would take effect upon passage.

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