## 2017 SESSION

ENGROSSED

17103741D **SENATE BILL NO. 1511** 1 2 Senate Amendments in [] - February 6, 2017 3 A BILL to amend and reenact §§ 54.1-2983.2 and 54.1-2986.2 of the Code of Virginia, relating to 4 advance directives. 5 6 7 Patron Prior to Engrossment—Senator Deeds 8 Referred to Committee on Education and Health 9 10 Be it enacted by the General Assembly of Virginia: 1. That §§ 54.1-2983.2 and 54.1-2986.2 of the Code of Virginia are amended and reenacted as 11 12 follows: 13 § 54.1-2983.2. Capacity; required determinations. 14 A. Every adult shall be presumed to be capable of making an informed decision unless he is 15 determined to be incapable of making an informed decision in accordance with this article. A determination that a patient is incapable of making an informed decision may apply to a particular 16 17 health care decision, to a specified set of health care decisions, or to all health care decisions. No person shall be deemed incapable of making an informed decision based solely on a particular clinical 18 19 diagnosis. 20 B. Prior Except as provided in subsection C, prior to providing, continuing, withholding, or 21 withdrawing health care pursuant to an authorization that has been obtained or will be sought pursuant 22 to this article and prior to, or as soon as reasonably practicable after initiating health care for which 23 authorization has been obtained or will be sought pursuant to this article, and no less frequently than 24 every 180 days while the need for health care continues, the attending physician shall certify in writing 25 upon personal examination of the patient that the patient is incapable of making an informed decision regarding health care and shall obtain written certification from a capacity reviewer that, based upon a 26 27 personal examination of the patient, the patient is incapable of making an informed decision. However, certification by a capacity reviewer shall not be required if the patient is unconscious or experiencing a 28 29 profound impairment of consciousness due to trauma, stroke, or other acute physiological condition. The 30 capacity reviewer providing written certification that a patient is incapable of making an informed decision, if required, shall not be otherwise currently involved in the treatment of the person assessed, 31 32 unless an independent capacity reviewer is not reasonably available. The cost of the assessment shall be 33 considered for all purposes a cost of the patient's health care. 34 C. If a person has executed an advance directive granting an agent the authority to consent to the 35 person's admission to a facility as defined in § 37.2-100 for mental health treatment [ and if the advance directive so authorizes], the person's agent may exercise such authority after a determination 36 37 that the person is incapable of making an informed decision regarding such admission has been made 38 by (i) the attending physician, (ii) a psychiatrist or licensed clinical psychologist, (iii) a licensed 39 psychiatric nurse practitioner, or (iv) a designee of the local community services board as defined in § 37.2-809. Such determination shall be made in writing following an in-person examination of the 40 41 person and certified by the physician, psychiatrist, licensed clinical psychologist, licensed psychiatric 42 nurse practitioner, or designee of the local community services board who performed the examination prior to admission or as soon as reasonably practicable thereafter. Admission of a person to a facility 43 as defined in § 37.2-100 for mental health treatment upon the authorization of the person's agent shall 44 be subject to the requirements of § 37.2-805.1. When a person has been admitted to a facility for mental 45 health treatment upon the authorization of an agent following such a determination, such agent may 46 47 authorize specific health care for the person, consistent with the provisions of the person's advance **48** directive, only upon a determination that the person is incapable of making an informed decision 49 regarding such health care in accordance with subsection B. 50 D. If, at any time, a patient is determined to be incapable of making an informed decision, the 51 patient shall be notified, as soon as practical and to the extent he is capable of receiving such notice, that such determination has been made before providing, continuing, withholding, or withdrawing health 52 53 care as authorized by this article. Such notice shall also be provided, as soon as practical, to the patient's 54 agent or person authorized by § 54.1-2986 to make health care decisions on his behalf. 55 D. E. A single physician may, at any time, upon personal evaluation, determine that a patient who

has previously been determined to be incapable of making an informed decision is now capable of 56 making an informed decision, provided such determination is set forth in writing. 57 58

## § 54.1-2986.2. Health care decisions in the event of patient protest.

59 A. Except as provided in subsection B or C, the provisions of this article shall not authorize SB1511E

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60 providing, continuing, withholding or withdrawing health care if the patient's attending physician knows 61 that such action is protested by the patient.

B. A patient's agent may make a health care decision over the protest of a patient who is incapable 62 63 of making an informed decision if:

64 1. The patient's advance directive explicitly authorizes the patient's agent to make the health care 65 decision at issue, even over the patient's later protest, and the patient's an attending licensed physician 66 or, a licensed clinical psychologist, a licensed physician assistant, a licensed nurse practitioner, a licensed professional counselor, or a licensed clinical social worker who is familiar with the patient 67 attested in writing at the time the advance directive was made that the patient was capable of making an 68 69 informed decision and understood the consequences of the provision; 70

2. The decision does not involve withholding or withdrawing life-prolonging procedures; and

3. The health care that is to be provided, continued, withheld or withdrawn is determined and 71 72 documented by the patient's attending physician to be medically appropriate and is otherwise permitted 73 by law.

74 C. In cases in which a patient has not explicitly authorized his agent to make the health care decision 75 at issue over the patient's later protest, a patient's agent or person authorized to make decisions pursuant to § 54.1-2986 may make a decision over the protest of a patient who is incapable of making an 76 77 informed decision if:

1. The decision does not involve withholding or withdrawing life-prolonging procedures;

79 2. The decision does not involve (i) admission to a facility as defined in § 37.2-100 or (ii) treatment 80 or care that is subject to regulations adopted pursuant to § 37.2-400;

- 3. The health care decision is based, to the extent known, on the patient's religious beliefs and basic 81 values and on any preferences previously expressed by the patient in an advance directive or otherwise 82 regarding such health care or, if they are unknown, is in the patient's best interests; 83
- 84 4. The health care that is to be provided, continued, withheld, or withdrawn has been determined and 85 documented by the patient's attending physician to be medically appropriate and is otherwise permitted by law; and 86

87 5. The health care that is to be provided, continued, withheld, or withdrawn has been affirmed and 88 documented as being ethically acceptable by the health care facility's patient care consulting committee, 89 if one exists, or otherwise by two physicians not currently involved in the patient's care or in the 90 determination of the patient's capacity to make health care decisions.

91 D. A patient's protest shall not revoke the patient's advance directive unless it meets the requirements 92 of § 54.1-2985.

93 E. If a patient protests the authority of a named agent or any person authorized to make health care 94 decisions by § 54.1-2986, except for the patient's guardian, the protested individual shall have no authority under this article to make health care decisions on his behalf unless the patient's advance 95 96 directive explicitly confers continuing authority on his agent, even over his later protest. If the protested 97 individual is denied authority under this subsection, authority to make health care decisions shall be 98 determined by any other provisions of the patient's advance directive, or in accordance with § 54.1-2986 99 or in accordance with any other provision of law.