WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Committee Substitute

for

Senate Bill 628

By Senators Takubo, Mullins, Stollings, Plymale

AND UNGER

[Originating in the Committee on Health and Human

Resources; reported on February 27, 2016]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §30-3-10b; and to amend said code by adding thereto a new section, designated §30-14-12d, all relating to palliative or emergent treatment for terminally ill or critically injured incapacitated patients whose medical directives would otherwise be made under the authority of the Secretary of the Department of Health and Human Resources; defining certain terms; providing that a treating physician with concurrence of another treating physician may direct palliative or emergent medical care plan or treatment for terminally ill or critically injured incapacitated patients, including when not to resuscitate, when Department of Health and Human Resources delays in providing a directive for medical treatment; and providing that in order to direct palliative or emergent treatment plan, two treating physicians must concur that Department of Health and Human Resources delay has resulted in the patient having to endure unnecessary pain and suffering and that any remedial medical intervention likely would not lead to any meaningful recovery.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §30-3-10b; and that said code be amended by adding thereto a new section, designated §30-14-12d, all to read as follows:

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

§30-3-10b. Permitting treating physician to direct palliative or emergent care for incapacitated patients in state care who are terminally ill or critically injured.

- (a) For the purposes of this section the following terms mean:
- (1) "Incapacitated patient" means any adult or minor person who by reason of terminal illness or critical injury is unable to direct a medical care plan for himself or herself and for whom the Secretary of the Department of Health and Human Resources otherwise exercises such authority under the provisions of chapter nine of this code;

6	(2) "Secretary" means the Secretary of the Department of Health and Human Resources
7	as defined in section two, article one, chapter nine of this code; and
8	(3) "Treating physician" means a duly licensed medical physician who provides, or has
9	provided, a patient with medical treatment or evaluation and who has, or has had, an ongoing
10	treatment relationship with an incapacitated patient consistent with accepted medical practice for
11	the type of treatment or evaluation required for the incapacitated patient's medical condition or
12	conditions.
13	(b) Notwithstanding any provision of law to the contrary, a treating physician of an
14	incapacitated patient who is terminally ill or critically injured may direct a palliative or emergent
15	treatment plan, including determining when it would be inappropriate to resuscitate an
16	incapacitated patient when in a treating physician's reasonably prudent medical judgement in
17	conjunction with a second treating physician's concurring opinion: (1) The Secretary, or his or her
18	designee, who otherwise would be responsible for directing medical care plans for an
19	incapacitated patient, has unduly delayed providing medical directives; and (2) the delay has
20	resulted in the incapacitated patient enduring unnecessary pain and suffering; or (3) any remedial
21	medical intervention likely would not lead to any meaningful recovery.
22	(c) Nothing in this section is intended to supersede decisions made pursuant to article
23	thirty, chapter sixteen of this code.
	ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.
	§30-14-12d. Permitting treating physician to direct palliative or emergent care for
	incapacitated patients in state care who are terminally ill or critically
	<u>injured.</u>
1	(a) For the purposes of this section the following terms mean:
2	(1) "Incapacitated patient" means any adult or minor person who by reason of terminal
3	illness or critical injury is unable to direct a medical care plan for himself or herself and for whom

4	the Secretary	of the	Department	of	Health	and	Human	Resources	otherwise	exercises	such
	-		_								
5	authority under	the pr	ovisions of ch	nap	ter nine	of the	nis code:	1			

- (2) "Secretary" means the Secretary of the Department of Health and Human Resources as defined in section two, article one, chapter nine of this code; and
- (3) "Treating physician" means a duly licensed osteopathic physician who provides, or has provided, an incapacitated patient with medical treatment or evaluation and who has, or has had, an ongoing treatment relationship with the incapacitated patient consistent with accepted medical practice for the type of treatment or evaluation required for the patient's medical condition or conditions.
- (b) Notwithstanding any provision of law to the contrary, a treating physician of an incapacitated patient who is terminally ill or critically injured may direct a palliative or emergent treatment plan, including determining when it would be inappropriate to resuscitate an incapacitated patient when in a treating physician's reasonably prudent medical judgement in conjunction with a second treating physician's concurring opinion: (1) The Secretary, or his or her designee, who otherwise would be responsible for directing medical care plans for an incapacitated patient, has unduly delayed in providing medical directives; and (2) the delay has resulted in the incapacitated patient enduring unnecessary pain and suffering; or (3) any remedial medical intervention likely would not lead to any meaningful recovery.
- (c) Nothing in this section is intended to supersede decisions made pursuant to article thirty, chapter sixteen of this code.