

HOUSE BILL No. 4382

March 6, 2013, Introduced by Rep. Cotter and referred to the Committee on Judiciary.

A bill to amend 1996 PA 193, entitled "Michigan do-not-resuscitate procedure act," by amending the title and sections 2, 3, 4, 5, 6, 8, 9, 10, 11, and 14 (MCL 333.1052, 333.1053, 333.1054, 333.1055, 333.1056, 333.1058, 333.1059, 333.1060, 333.1061, and 333.1064), section 2 as amended by 2004 PA 552, and by adding section 3a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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TITLE

An act to provide for the execution of a do-not-resuscitate order for ~~a patient~~ **AN INDIVIDUAL** in a setting outside of a hospital; ~~, a nursing home, or a mental health facility owned or operated by the department of community health;~~ to provide that certain actions be taken and certain actions not be taken with respect to ~~such an~~ **A DO-NOT-RESUSCITATE** order; to provide for the

1 revocation of a do-not-resuscitate order; to prohibit certain
 2 persons and organizations from requiring the execution of ~~such an~~
 3 **A DO-NOT-RESUSCITATE** order as a condition of receiving coverage,
 4 benefits, or services; to prohibit certain actions by certain
 5 insurers; to ~~exempt~~ **PROVIDE IMMUNITY FROM LIABILITY FOR** certain
 6 persons; ~~from penalties and liabilities;~~ and to prescribe
 7 ~~liabilities.~~ **PENALTIES AND PROVIDE REMEDIES.**

8 Sec. 2. As used in this act:

9 (A) **"ACTUAL NOTICE" INCLUDES THE PHYSICAL PRESENTATION OF AN**
 10 **ORDER, A REVOCATION OF AN ORDER, OR OTHER WRITTEN DOCUMENT**
 11 **AUTHORIZED UNDER THIS ACT FROM OR ON BEHALF OF A DECLARANT.**

12 (B) ~~(a)~~-"Attending physician" means the physician who has
 13 primary responsibility for the treatment and care of a declarant.

14 (C) ~~(b)~~-"Declarant" means ~~a person~~ **AN INDIVIDUAL** who has
 15 executed a do-not-resuscitate order **ON HIS OR HER OWN BEHALF** or
 16 on whose behalf a do-not-resuscitate order has been executed as
 17 provided in ~~section 3 or 5.~~ **THIS ACT.**

18 (D) **"DELEGATEE" MEANS AN INDIVIDUAL TO WHOM A PHYSICIAN HAS**
 19 **DELEGATED THE AUTHORITY TO PERFORM 1 OR MORE SELECTED ACTS,**
 20 **TASKS, OR FUNCTIONS UNDER SECTION 16215 OF THE PUBLIC HEALTH**
 21 **CODE, MCL 333.16215.**

22 (E) **"DO-NOT-RESUSCITATE IDENTIFICATION BRACELET" OR**
 23 **"IDENTIFICATION BRACELET" MEANS A WRIST BRACELET THAT MEETS THE**
 24 **REQUIREMENTS OF SECTION 7 AND THAT IS WORN BY A DECLARANT WHILE A**
 25 **DO-NOT-RESUSCITATE ORDER IS IN EFFECT.**

26 (F) ~~(e)~~-"Do-not-resuscitate order" OR **"ORDER"** means a
 27 document executed as ~~prescribed in section 3 or 5.~~ **UNDER THIS ACT**

1 directing that, ~~in the event that a patient~~ **IF AN INDIVIDUAL**
 2 suffers cessation of both spontaneous respiration and circulation
 3 in a setting outside of a hospital, ~~a nursing home, or a mental~~
 4 ~~health facility owned or operated by the department of community~~
 5 ~~health,~~ resuscitation will not be initiated.

6 ~~—— (d) "Do not resuscitate identification bracelet" or~~
 7 ~~"identification bracelet" means a wrist bracelet that meets the~~
 8 ~~requirements of section 7 and is worn by the declarant while a~~
 9 ~~do not resuscitate order is in effect.~~

10 (G) ~~(e)~~ "Emergency medical technician" means that term as
 11 defined in section 20904 of the public health code, MCL
 12 333.20904.

13 (H) ~~(f)~~ "Emergency medical technician specialist" means that
 14 term as defined in section 20904 of the public health code, MCL
 15 333.20904.

16 (I) **"GUARDIAN" MEANS THAT TERM AS DEFINED IN SECTION 1104 OF**
 17 **THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL**
 18 **700.1104.**

19 (J) ~~(g)~~ "Hospital" means that term as defined in section
 20 20106 of the public health code, MCL 333.20106.

21 (K) ~~(h)~~ "Medical first responder" means that term as defined
 22 in section 20906 of the public health code, MCL 333.20906.

23 (L) ~~(i)~~ "Nurse" means ~~a~~ **AN INDIVIDUAL** licensed **OR OTHERWISE**
 24 **AUTHORIZED TO ENGAGE IN THE PRACTICE OF NURSING OR PRACTICE OF**
 25 **NURSING AS A LICENSED** practical nurse ~~or a registered~~
 26 ~~professional nurse as defined in section 17201~~ **UNDER PART 172** of
 27 the public health code, MCL 333.17201 **TO 333.17242.**

1 ~~—— (j) "Order" means a do not resuscitate order.~~

2 (M) ~~(k)~~ "Organization" means a company, corporation, firm,
3 partnership, association, trust, or other business entity or a
4 governmental agency.

5 (N) ~~(l)~~ "Paramedic" means that term as defined in section
6 20908 of the public health code, MCL 333.20908.

7 (O) **"PATIENT ADVOCATE" MEANS AN INDIVIDUAL DESIGNATED TO**
8 **MAKE MEDICAL TREATMENT DECISIONS FOR A PATIENT UNDER SECTIONS**
9 **5506 TO 5515 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998**
10 **PA 386, MCL 700.5506 TO 700.5515.**

11 (P) ~~(m)~~ "Physician" means an individual licensed **OR**
12 **OTHERWISE AUTHORIZED** to engage in the practice of medicine or the
13 practice of osteopathic medicine and surgery ~~pursuant to~~ **UNDER**
14 article 15 of the public health code, MCL 333.16101 to 333.18838.

15 ~~—— (n) "Patient advocate" means an individual designated to~~
16 ~~make medical treatment decisions for a patient under sections~~
17 ~~5506 to 5515 of the estates and protected individuals code, 1998~~
18 ~~PA 386, MCL 700.5506 to 700.5515.~~

19 (Q) ~~(o)~~ "Public health code" means **THE PUBLIC HEALTH CODE,**
20 1978 PA 368, MCL 333.1101 to 333.25211.

21 (R) ~~(p)~~ "Vital sign" means a pulse or evidence of
22 respiration.

23 (S) **"WARD" MEANS THAT TERM AS DEFINED IN SECTION 1108 OF THE**
24 **ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL**
25 **700.1108.**

26 Sec. 3. (1) Subject to section 5, an individual who is 18
27 years of age or older and of sound mind may execute a do-not-

1 resuscitate order on his or her own behalf. A patient advocate of
2 an individual who is 18 years of age or older may execute a do-
3 not-resuscitate order on behalf of that individual.

4 (2) An order executed under this section shall be on a form
5 described in section 4. The order shall be dated and executed
6 voluntarily and signed by each of the following persons:

7 (a) The declarant, **THE DECLARANT'S PATIENT ADVOCATE**, or
8 another person who, at the time of the signing, is in the
9 presence of the declarant and acting pursuant to the directions
10 of the declarant.

11 (b) The declarant's attending physician.

12 (c) Two witnesses 18 years of age or older, at least 1 of
13 whom is not the declarant's spouse, parent, child, grandchild,
14 sibling, or presumptive heir.

15 (3) The names of ~~the declarant, the attending physician, and~~
16 ~~each witness~~ **ALL SIGNATORIES** shall be printed or typed below the
17 corresponding signatures. A witness shall not sign an order
18 unless the declarant **OR THE DECLARANT'S PATIENT ADVOCATE** appears
19 to the witness to be of sound mind and under no duress, fraud, or
20 undue influence.

21 (4) At any time after an order is signed and witnessed, the
22 declarant, **THE DECLARANT'S PATIENT ADVOCATE**, or an individual
23 designated by the declarant may apply an identification bracelet
24 to the declarant's wrist.

25 (5) A declarant **OR PATIENT ADVOCATE** who executes an order
26 under this section shall maintain possession of the order and
27 shall have the order accessible within ~~his or her~~ **THE DECLARANT'S**

1 place of residence or other setting outside of a hospital. ~~7-a~~
2 ~~nursing home, or a mental health facility owned or operated by~~
3 ~~the department of community health.~~

4 SEC. 3A. (1) A GUARDIAN WITH THE POWER TO EXECUTE A DO-NOT-
5 RESUSCITATE ORDER UNDER SECTION 5314 OF THE ESTATES AND PROTECTED
6 INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314, MAY EXECUTE A DO-
7 NOT-RESUSCITATE ORDER ON BEHALF OF A WARD AFTER COMPLYING WITH
8 SECTION 5314 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998
9 PA 386, MCL 700.5314.

10 (2) AN ORDER EXECUTED UNDER THIS SECTION SHALL BE ON A FORM
11 DESCRIBED IN SECTION 4. THE ORDER SHALL BE DATED AND EXECUTED
12 VOLUNTARILY AND SIGNED BY EACH OF THE FOLLOWING INDIVIDUALS:

13 (A) THE GUARDIAN.

14 (B) THE WARD'S ATTENDING PHYSICIAN.

15 (C) TWO WITNESSES 18 YEARS OF AGE OR OLDER, AT LEAST 1 OF
16 WHOM IS NOT THE WARD'S SPOUSE, PARENT, CHILD, GRANDCHILD,
17 SIBLING, OR PRESUMPTIVE HEIR.

18 (3) THE NAMES OF ALL SIGNATORIES SHALL BE PRINTED OR TYPED
19 BELOW THE CORRESPONDING SIGNATURES. A WITNESS SHALL NOT SIGN AN
20 ORDER UNLESS THE GUARDIAN APPEARS TO THE WITNESS TO BE OF SOUND
21 MIND AND UNDER NO DURESS, FRAUD, OR UNDUE INFLUENCE.

22 (4) AT ANY TIME AFTER AN ORDER IS SIGNED AND WITNESSED, THE
23 GUARDIAN, THE ATTENDING PHYSICIAN OR HIS OR HER DELEGATEE, OR AN
24 INDIVIDUAL DESIGNATED BY THE GUARDIAN MAY APPLY AN IDENTIFICATION
25 BRACELET TO THE WARD'S WRIST.

26 (5) A GUARDIAN WHO EXECUTES AN ORDER UNDER THIS SECTION
27 SHALL MAINTAIN POSSESSION OF THE ORDER AND SHALL HAVE THE ORDER

1 ACCESSIBLE WITHIN THE WARD'S PLACE OF RESIDENCE OR OTHER SETTING
2 OUTSIDE OF A HOSPITAL OR, IF APPLICABLE, PROVIDE A COPY OF THE
3 ORDER TO THE ADMINISTRATOR OF A FACILITY IN WHICH THE WARD IS A
4 PATIENT OR RESIDENT OR TO THE ADMINISTRATOR'S DESIGNEE.

5 Sec. 4. A do-not-resuscitate order executed under section 3
6 OR 3A shall include, but is not limited to, the following
7 language, and shall be in substantially the following form:

8 "DO-NOT-RESUSCITATE ORDER

9

10 THIS DO-NOT-RESUSCITATE ORDER IS ISSUED BY

11 _____, ATTENDING PHYSICIAN FOR

12 _____
13 (TYPE OR PRINT DECLARANT'S OR WARD'S NAME)

14 USE THE APPROPRIATE CONSENT SECTION BELOW:

15 A. DECLARANT CONSENT

16 I have discussed my health status with my physician
17 _____ **NAMED ABOVE**. I request that in
18 the event my heart and breathing should stop, no person shall
19 attempt to resuscitate me.

20 This order ~~is effective~~ **WILL REMAIN IN EFFECT** until it is
21 revoked **AS PROVIDED** by ~~me~~ **LAW**.

22 Being of sound mind, I voluntarily execute this order, and
23 I understand its full import.

24 _____ (Declarant's signature) _____ (Date)
25

26 _____
27 ~~(Type or print declarant's full name)~~

28 _____ (Date)
29 (Signature of person who signed for
30 declarant, if applicable)

1 _____
2 (Type or print full name)

3 **B. PATIENT ADVOCATE CONSENT**

4 I AUTHORIZE THAT IN THE EVENT THE DECLARANT'S HEART AND
5 BREATHING SHOULD STOP, NO PERSON SHALL ATTEMPT TO RESUSCITATE
6 THE DECLARANT. I UNDERSTAND THE FULL IMPORT OF THIS ORDER AND
7 ASSUME RESPONSIBILITY FOR ITS EXECUTION. THIS ORDER WILL REMAIN
8 IN EFFECT UNTIL IT IS REVOKED AS PROVIDED BY LAW.

9 _____
10 (PATIENT ADVOCATE'S SIGNATURE) (DATE)

11 _____
12 (TYPE OR PRINT PATIENT ADVOCATE'S NAME)

13 **C. GUARDIAN CONSENT**

14 I AUTHORIZE THAT IN THE EVENT THE WARD'S HEART AND BREATHING
15 SHOULD STOP, NO PERSON SHALL ATTEMPT TO RESUSCITATE THE WARD. I
16 UNDERSTAND THE FULL IMPORT OF THIS ORDER AND ASSUME
17 RESPONSIBILITY FOR ITS EXECUTION. THIS ORDER WILL REMAIN IN
18 EFFECT UNTIL IT IS REVOKED AS PROVIDED BY LAW.

19 _____
20 (GUARDIAN'S SIGNATURE) (DATE)

21 _____
22 (TYPE OR PRINT GUARDIAN'S NAME)

23 _____
24 (Physician's signature) (Date)

25 _____
26 (Type or print physician's full name)

27

28 **ATTESTATION OF WITNESSES**

29

30 The individual who has executed this order appears to be of
31 sound mind, and under no duress, fraud, or undue influence.
32 Upon executing this order, the ~~individual~~ **DECLARANT** has

1 (has not)received an identification bracelet.

2 _____
3 (Witness signature) (Date) (Witness signature) (Date)
4 _____
5 (Type or print witness's name) (Type or print witness's name)
6

7 **THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH,**
8 **THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT."**

9 Sec. 5. (1) An individual who is 18 years of age or older,
10 of sound mind, and an adherent of a church or religious
11 denomination whose members depend upon spiritual means through
12 prayer alone for healing may execute a do-not-resuscitate order
13 on his or her own behalf. A patient advocate of an individual who
14 is 18 years of age or older and an adherent of a church or
15 religious denomination whose members depend upon spiritual means
16 through prayer alone for healing may execute a do-not-resuscitate
17 order on behalf of that individual.

18 (2) An order executed under this section shall be on a form
19 described in section 6. The order shall be dated and executed
20 voluntarily and signed by each of the following persons:

21 (a) The declarant, **THE DECLARANT'S PATIENT ADVOCATE**, or
22 another person who, at the time of the signing, is in the
23 presence of the declarant and acting pursuant to the directions
24 of the declarant.

25 (b) Two witnesses 18 years of age or older, at least 1 of
26 whom is not the declarant's spouse, parent, child, grandchild,
27 sibling, or presumptive heir.

28 (3) The ~~name~~ **NAMES** of the declarant and of each witness ~~ALL~~

1 **SIGNATORIES** shall be printed or typed below the corresponding
 2 signatures. A witness shall not sign an order unless the
 3 declarant **OR THE DECLARANT'S PATIENT ADVOCATE** appears to the
 4 witness to be of sound mind and under no duress, fraud, or undue
 5 influence.

6 (4) At any time after an order is signed and witnessed, the
 7 declarant, **THE DECLARANT'S PATIENT ADVOCATE**, or an individual
 8 designated by the declarant may apply an identification bracelet
 9 to the declarant's wrist.

10 (5) A declarant **OR PATIENT ADVOCATE** who executes an order
 11 under this section shall maintain possession of the order and
 12 shall have the order accessible within ~~his or her~~ **THE DECLARANT'S**
 13 place of residence or other setting outside of a hospital, ~~a~~
 14 ~~nursing home, or a mental health facility owned or operated by~~
 15 ~~the department of community health.~~

16 Sec. 6. A do-not-resuscitate order executed **FOR AN ADHERENT**
 17 **OF A CHURCH OR RELIGIOUS DENOMINATION** under section 5 shall
 18 include, but is not limited to, the following language, and shall
 19 be in substantially the following form:

20 **"DO-NOT-RESUSCITATE ORDER**

21 **USE THE APPROPRIATE CONSENT SECTION BELOW:**

22

23 A. DECLARANT CONSENT

24 I request that in the event my heart and breathing should
 25 stop, no person shall attempt to resuscitate me.

26 This order ~~is effective~~ **WILL REMAIN IN EFFECT** until it is

1 revoked **AS PROVIDED** by ~~me~~-LAW.

2 Being of sound mind, I voluntarily execute this order,
3 and I understand its full import.

4 _____ (Date)
5 (Declarant's signature)

6 _____
7 (Type or print declarant's full name)

8 _____ (Date)
9 (Signature of person who signed for
10 declarant, if applicable)

11 _____
12 (Type or print full name)

13 **B. PATIENT ADVOCATE CONSENT**

14 I AUTHORIZE THAT IN THE EVENT THE DECLARANT'S HEART AND
15 BREATHING SHOULD STOP, NO PERSON SHALL ATTEMPT TO RESUSCITATE
16 THE DECLARANT. I UNDERSTAND THE FULL IMPORT OF THIS ORDER AND
17 ASSUME RESPONSIBILITY FOR ITS EXECUTION. THIS ORDER WILL REMAIN
18 IN EFFECT UNTIL IT IS REVOKED AS PROVIDED BY LAW.

19 _____ (DATE)
20 (PATIENT ADVOCATE'S SIGNATURE)

21 _____
22 (TYPE OR PRINT PATIENT ADVOCATE'S NAME)

23

24 **ATTESTATION OF WITNESSES**

25

26 The individual who has executed this order appears to be
27 of sound mind, and under no duress, fraud, or undue influence.
28 Upon executing this order, the ~~individual~~-DECLARANT has
29 (has not) received an identification bracelet.

30 _____ (Date) _____ (Date)
31 (Witness signature) (Date) (Witness signature) (Date)

32 _____
33 (Type or print witness's name) (Type or print witness's name)

1

2 THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH,
3 THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT."

4 Sec. 8. An attending physician who signs a declarant's do-
5 not-resuscitate order under section 3 **OR 3A** shall immediately
6 ~~make~~ **OBTAIN** a copy or ~~obtain from the declarant~~ a duplicate of
7 the executed order and make that copy or duplicate part of the
8 declarant's permanent medical record.

9 Sec. 9. If a person interested in the welfare of the
10 declarant has reason to believe that an order has been executed
11 contrary to the wishes of the declarant **OR, IF THE DECLARANT IS A**
12 **WARD, CONTRARY TO THE WISHES OR BEST INTERESTS OF THE WARD**, the
13 person may petition the probate court to have the order and the
14 conditions of its execution reviewed. **IF THE PROBATE COURT FINDS**
15 **THAT AN ORDER HAS BEEN EXECUTED CONTRARY TO THE WISHES OF THE**
16 **DECLARANT OR, IF THE DECLARANT IS A WARD, CONTRARY TO THE WISHES**
17 **OR BEST INTERESTS OF THE WARD, THE PROBATE COURT SHALL ISSUE AN**
18 **INJUNCTION VOIDING THE EFFECTIVENESS OF THE ORDER AND PROHIBITING**
19 **COMPLIANCE WITH THE ORDER.**

20 Sec. 10. (1) A declarant ~~or a patient advocate who executes~~
21 ~~an order on behalf of a declarant~~ may revoke an order **EXECUTED BY**
22 **HIMSELF OR HERSELF OR EXECUTED ON HIS OR HER BEHALF** at any time
23 and in any manner by which he or she is able to communicate ~~an~~
24 **HIS OR HER** intent to revoke the order. If the **DECLARANT'S**
25 revocation is not in writing, ~~a person~~ **AN INDIVIDUAL** who observes
26 the **DECLARANT'S** revocation **OF THE ORDER** shall describe the

1 circumstances of the revocation in writing, ~~and sign the writing,~~
 2 **AND DELIVER THE WRITING TO THE DECLARANT'S ATTENDING PHYSICIAN OR**
 3 **HIS OR HER DELEGATEE AND, IF THE DECLARANT IS A PATIENT OR**
 4 **RESIDENT OF A FACILITY, TO THE ADMINISTRATOR OF THE FACILITY OR**
 5 **THE ADMINISTRATOR'S DESIGNEE. A PATIENT ADVOCATE OR GUARDIAN MAY**
 6 **REVOKE AN ORDER ON BEHALF OF A DECLARANT AT ANY TIME BY ISSUING**
 7 **THE REVOCATION IN WRITING AND PROVIDE ACTUAL NOTICE OF THE**
 8 **REVOCATION BY DELIVERING THE WRITTEN REVOCATION TO THE**
 9 **DECLARANT'S ATTENDING PHYSICIAN OR HIS OR HER DELEGATEE AND, IF**
 10 **THE DECLARANT IS A PATIENT OR RESIDENT OF A FACILITY, TO THE**
 11 **ADMINISTRATOR OF THE FACILITY OR THE ADMINISTRATOR'S DESIGNEE.**
 12 Upon revocation, the declarant, patient advocate, **GUARDIAN**, or
 13 attending physician or a ~~HIS OR HER~~ delegatee of ~~the attending~~
 14 ~~physician~~ who has actual notice of ~~the~~ **A** revocation **OF AN ORDER**
 15 **UNDER THIS SECTION shall ~~destroy~~ DO ALL OF THE FOLLOWING:**

- 16 (A) WRITE "VOID" ON ALL PAGES OF the order. ~~and~~
- 17 (B) IF APPLICABLE, remove the declarant's do-not-resuscitate
 18 identification bracelet. ~~, if the declarant is wearing a do not-~~
 19 ~~resuscitate identification bracelet.~~
- 20 (2) A physician or ~~physician's~~ **HIS OR HER** delegatee who
 21 receives actual notice of a revocation of an order shall
 22 immediately make the revocation, including, if available, the
 23 written description of the circumstances of the revocation
 24 required by subsection (1), part of the ~~revoking~~ declarant's
 25 permanent medical record. **THE ADMINISTRATOR OF A FACILITY OR HIS**
 26 **OR HER DESIGNEE WHO RECEIVES ACTUAL NOTICE OF A REVOCATION OF AN**
 27 **ORDER OF A DECLARANT WHO IS A PATIENT OR RESIDENT OF THE FACILITY**

1 SHALL IMMEDIATELY MAKE THE REVOCATION PART OF THE PATIENT'S OR
2 RESIDENT'S PERMANENT MEDICAL RECORD.

3 (3) A declarant's ~~or patient advocate's~~ revocation of an
4 order **UNDER THIS SECTION** is binding upon another person at the
5 time that other person receives actual notice of the revocation.

6 ~~—— (4) For purposes of subsections (1) and (2), a "delegatee"~~
7 ~~is an individual to whom a physician has delegated the authority~~
8 ~~to perform 1 or more selected acts, tasks, or functions under~~
9 ~~section 16215 of the public health code, being section 333.16215~~
10 ~~of the Michigan Compiled Laws.~~

11 Sec. 11. (1) One or more of the following health
12 professionals who arrive at a declarant's location outside of a
13 hospital ~~, a nursing home, or a mental health facility owned or~~
14 ~~operated by the department of community health~~ shall determine if
15 the declarant has 1 or more vital signs, whether or not the
16 health professional views or ~~is provided with~~ **HAS ACTUAL NOTICE**
17 **OF** an order ~~described in section 3 or 5~~ that is alleged to have
18 been ~~signed~~ **EXECUTED** by the declarant or other person authorized
19 to execute an order **ON THE DECLARANT'S BEHALF**:

20 (a) A paramedic.

21 (b) An emergency medical technician.

22 (c) An emergency medical technician specialist.

23 (d) A physician.

24 (e) A nurse.

25 (f) A medical first responder.

26 (g) A respiratory therapist.

27 (2) If the health professional determines under subsection

House Bill No. 4382 as amended April 17, 2013

1 (1) that the declarant has no vital signs, and if the health
2 professional determines that the declarant is wearing a do-not-
3 resuscitate identification bracelet or ~~is provided with~~ **HAS**
4 **ACTUAL NOTICE OF** a do-not-resuscitate order for the declarant, he
5 or she shall not attempt to resuscitate the declarant.

6 Sec. 14. A person or organization shall not require the
7 execution of an order ~~described in section 3 or 5~~ as a condition
8 for insurance coverage, admittance to a health care facility,
9 receiving health care benefits or services, or any other reason.

10 Enacting section 1. This amendatory act does not take effect
11 unless Senate Bill No. ____ or House Bill No. 4384 (request no.
12 01830'13) of the 97th Legislature is enacted into law.

[Enacting section 2. This amendatory act takes effect upon the
expiration of 90 days after the date it is enacted into law.]