

## HOUSE BILL 1119: AN OVERVIEW

### **What is in House Bill 1119?**

This bill proposes changes to two areas of the Indiana Code concerning health care. One set of changes are relevant to the Indiana POST (Physician Order for Scope of Treatment) Act (IC-16-36-6). The other set of changes are relevant to the Health Care Consent Act (IC-16-36-1) and who is able to make decisions when a patient loses decisional capacity.

### **Why are changes necessary to the Indiana POST Act?**

The Indiana POST is used to document a patient's treatment preferences as actionable medical orders that are valid throughout the healthcare system. It is for patients with very advanced, chronic progressive disease, frailty, or terminal conditions. The proposed changes reflect areas for improvement identified by Indiana health care providers and attorneys since the Indiana POST act passed in 2013.

### **What changes are proposed to the Indiana POST Act?**

- 1) Adding licensed dentists, home health aides, and licensed physician assistants to the definition of "health care providers" who are required to honor POST (p. 3).
- 2) Allowing licensed advance practice nurses (nurse practitioners, clinical nurse specialists, nurse anesthetists) and physician assistants to sign POST form orders (starts on p. 7).
- 3) Clarifying that the statute does not create a duty to perform cardiopulmonary resuscitation if there is a POST form indicating do not resuscitate in anyone not specifically mentioned in the statute (p. 8).
- 4) Permitting a patient who is physically unable to sign to direct another person to sign the form on his or her behalf (p. 9).
- 5) Clarifying that a representative may revoke POST form orders signed by a patient if they are acting in good faith and in accordance with the patient's known or implied intentions in the patient's best interest, if preferences are unknown (p. 11).
- 6) Allowing health care providers to other state's version of POST if similar to the Indiana POST (p. 15).

### **Why are changes being proposed to the Health Care Consent Act?**

If a person loses capacity and has no legally appointed representative, IC-16-36-1 authorizes relatives to make health care decisions on his or her behalf. This group includes the patient's spouse, adult children, adult siblings, parents, grandparents, and grandchildren. Currently, all of these people have equal decision-making authority, which can result in significant conflict and delay important decisions. HB1119 adds a hierarchy to this list to help clarify who takes priority (e.g., starting with the patient's spouse) and how to resolve disagreements. The list also includes the nearest adult relative or an adult friend for patients without first-degree relatives.

### **What changes are proposed to the Health Care Consent Act?**

- 1) Adding a hierarchy to the list of people authorized to make decisions on behalf of patients who lose decisional capacity (pp. 4-5).
- 2) Clarifying how disagreements between individuals at the same priority level in the hierarchy should be resolved (p. 6) and when someone is disqualified from making decisions (pp. 6-7).
- 3) Clarifying what a reasonable effort is to identify someone who can make decisions for a patient without capacity (p. 7).