



SENATOR FRED DYSON

CSSB 172 (27-LS0991\D) – EXPLANATION OF CHANGES

The substantive changes in Committee Substitute for SB 172 as introduced on 01/20/12 are as follows:

1. Section 2, p. 2, line 3; and Section 3, p. 2, line 12 – INSERT - **except as provided in AS 13.52.030(h)** to clarify that health care providers may decline to comply with a decision of a surrogate who the health care provider observes is not abiding by the wishes, values and best interest of the patient.
2. Section 2, p. 2, lines 5 – 6, and Section 3, p. 2, lines 14 - 15 – DELETE - [cardiopulmonary resuscitation or other resuscitative measures be provided]; INSERT - **a do not resuscitate order be made ineffective.**

This reflects the narrow focus of the bill to protect patients from being subject to DNR orders against their consent, and is consistent with current statutory language in AS 13.52.065(f).

3. Section 3, p.2, line 13 - DELETE [advance health care directive] and INSERT **individual instruction.**

This language change was the original draft intent of Legislative Legal, and is a correction to keep language internally consistent within AS 13.52.060, subsection (f), and with the purpose of the bill.

4. Section 6, p. 3, adds new subsection (h)(3) – when physicians may issue do not resuscitate orders without express consent of patient.

This particular situation was not previously addressed.

5. Section 6, p. 3, lines 19 and 20 – DELETE [subsection (i)(3)].

This change recognizes that in the case of a patient who does not have capacity, a dated advance health care directive may not reflect the current wishes, values and best interest of the patient.

6. Section 6, p. 3, lines 23 and 24 – DELETE [or does not oppose]

This change removes ambiguity.



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7. Section 6, p.3, lines 29 – 31, and p.4, lines 1 and 2 - DELETE [; or (2) health care obligation to the patient arising out of the physician's (A) individual relationship with the patient; or (B) employment by the health care institution or health care facility where the patient is being treated.]

This language change keeps the relationship more narrowly defined to the physician-patient relationship. It provides less complication and is consistent with current chapter language in 13.52.065.

8. Section 8, p. 5, lines 11 - 14 - DELETE all amended language.

Current statutory language in AS 13.52.080 *Immunities*, and AS 13.52.090 *Statutory Damages* adequately covers health care provider, health care institution and health care facility immunity and liability considerations.

9. Section 9, p. 5, line 16, 20 & 21- DELETE all amended language.

See comment on #10 below.

10. Section 10, p. 5, lines 29 - 31 and p. 6, lines 1 - 3- DELETE all new subsection language.

Section 13.52.120(b) already states that withholding or withdrawing of CPR or other life sustaining procedures must be *consistent with this chapter*, and statutory language in AS 13.52.080 *Immunities*, and AS 13.52.090 *Statutory Damages* adequately covers health care provider, health care institution and health care facility immunity and liability considerations.

11. Section 11, p.13, lines 2 - 11 – *Life-Sustaining Procedures*. In addition to the options of receiving or not receiving life-sustaining procedures, an additional option is provided to allow for a patient to select specific life-sustaining procedures so that this is not an "all or none" proposition when electing to receive or not receive life-sustaining procedures.