

**PRELIMINARY** STAFF MEASURE SUMMARY

CARRIER:

Senate Committee on Senate Health Care

**REVENUE:** No revenue impact

**FISCAL:** May have fiscal impact, statement not yet issued

**Action:**

**Vote:**

**Yeas:**

**Nays:**

**Exc.:**

**Prepared By:** Zena Rockowitz, Administrator

**Meeting Dates:** 4/13

**WHAT THE MEASURE DOES:** Requires health care facility to provide written policy on life-sustaining procedures not likely to benefit a medical condition within 12 hours of admission to patient, resident, or legal guardian of minor.

**ISSUES DISCUSSED:**

**EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** End of life protocols, also called futility, non-beneficial, or not in the patient’s best interest protocols are intended to clarify legal and ethical issues around terminal patients, allowing health care providers to limit or withhold or withdraw treatment. These procedures generally allow the health care provider to refer patients for consideration to a medical or ethics committee on whether ongoing treatment is appropriate. Health care providers can elect to not follow recommendations of the committee. One survey of physicians found that moral distress and among health care providers and impasse with the family was among the main reason the process was initiated. Widely known and established protocols include the Texas Advanced Directives Act, Ontario’s Consent and Capacity Board, Boston Children Hospital’s Limitation on Life-Sustaining Treatment Policy, and the American Medical Association Council on Ethical and Judicial Affairs process for resolving conflict in the end of life.