### **First Regular Session Seventy-second General Assembly STATE OF COLORADO**

# REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House **SENATE BILL 19-073** 

LLS NO. 19-0251.01 Shelby Ross x4510

SENATE SPONSORSHIP

Ginal, Court, Bridges, Fields, Garcia, Lee, Moreno, Pettersen, Priola, Story, Tate, Todd

### HOUSE SPONSORSHIP

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Senate Committees Health & Human Services Appropriations

**House Committees** Health & Insurance Appropriations

## A BILL FOR AN ACT

101 CONCERNING A STATEWIDE SYSTEM OF ADVANCE MEDICAL

102 DIRECTIVES, AND, IN CONNECTION THEREWITH, MAKING AN

103 **APPROPRIATION.** 

#### **Bill Summary**

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill requires the department of public health and environment (department) to create and administer a statewide electronic system (system) that allows qualified individuals to upload and access advance medical directives.

The bill defines an advance medical directive as a directive







concerning medical orders for scope of treatment and requires the department to contract with one or more health information organization networks for the administration and maintenance of the system. The bill also requires the department to promulgate rules to administer the system.

The bill clarifies that it is the responsibility of the adult whose medical treatment is the subject of the advance medical directive, or the authorized surrogate decision-maker, to ensure that the advance medical directive uploaded to the system is current and accurate.

The bill does not allow for any civil or criminal liability or regulatory sanctions for any emergency personnel, health care provider, health care facility, or any other person that complies with a legally executed advance medical directive that is accessed from the system.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add article 51 to title
3	<u>25 as follows:</u>
4	<u>ARTICLE 51</u>
5	Statewide System for Advance
6	Health Care Directives
7	<b>25-51-101. Definitions.</b> As used in this article 51, unless the
8	CONTEXT OTHERWISE REQUIRES:
9	(1) (a) "ADVANCE HEALTH CARE DIRECTIVE" MEANS:
10	(I) A DIRECTIVE CONCERNING MEDICAL ORDERS FOR SCOPE OF
11	TREATMENT EXECUTED PURSUANT TO ARTICLE 18.7 OF TITLE 15;
12	(II) A DECLARATION AS TO MEDICAL TREATMENT EXECUTED
13	PURSUANT TO SECTION 15-18-104;
14	(III) A DIRECTIVE RELATING TO CARDIOPULMONARY
15	RESUSCITATION EXECUTED PURSUANT TO ARTICLE 18.6 OF TITLE 15;
16	(IV) A MEDICAL DURABLE POWER OF ATTORNEY EXECUTED
17	PURSUANT TO SECTION 15-14-506; OR
18	(V) ANY OF THE ADVANCE HEALTH CARE DIRECTIVES LISTED IN
19	SUBSECTIONS (1)(a)(I) TO (1)(a)(IV) OF THIS SECTION OR THIS SUBSECTION

1	(1)(a)(V) THAT HAS BEEN PROPERLY EXECUTED IN ANOTHER STATE.
2	(b) A POWER OF ATTORNEY FORM EXECUTED PURSUANT TO
3	SECTION 15-14-741 IS NOT AN ADVANCE HEALTH CARE DIRECTIVE FOR THE
4	PURPOSES OF THIS ARTICLE 51.
5	(2) "Authorized surrogate decision-maker" means a
6	GUARDIAN APPOINTED PURSUANT TO ARTICLE 14 OF TITLE 15, AN AGENT
7	APPOINTED PURSUANT TO A MEDICAL DURABLE POWER OF ATTORNEY, A
8	PROXY DECISION-MAKER FOR MEDICAL TREATMENT DECISIONS APPOINTED
9	PURSUANT TO ARTICLE 18.5 OF TITLE 15, OR A SIMILARLY AUTHORIZED
10	SURROGATE, AS DEFINED BY THE LAWS OF ANOTHER STATE, WHO IS
11	AUTHORIZED TO MAKE MEDICAL DECISIONS FOR AN INDIVIDUAL WHO
12	LACKS DECISIONAL CAPACITY.
13	(3) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
14	AND ENVIRONMENT CREATED AND EXISTING PURSUANT TO SECTION
15	<u>24-1-119.</u>
16	(4) "HEALTH INFORMATION ORGANIZATION NETWORK" MEANS A
17	COLORADO ORGANIZATION THAT HAS EXPERIENCE IN OVERSEEING AND
18	GOVERNING THE EXCHANGE OF HEALTH-RELATED INFORMATION AMONG
19	ORGANIZATIONS ACCORDING TO COLORADO LAW AND NATIONALLY
20	RECOGNIZED STANDARDS INCLUDING BUT NOT LIMITED TO THE FEDERAL
21	"HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",
22	<u>PUB.L. 104-191, AS AMENDED.</u>
23	(5) "Individual" means the individual whose medical
24	TREATMENT IS THE SUBJECT OF THE ADVANCE HEALTH CARE DIRECTIVE.
25	(6) "QUALIFIED PROVIDER" MEANS A PERSON OR ENTITY THAT MAY
26	USE OR DISCLOSE PROTECTED HEALTH INFORMATION FOR TREATMENT
27	PURPOSES IN ACCORDANCE WITH GUIDELINES UNDER THE FEDERAL

- 1 <u>"HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996"</u>,
- 2 <u>PUB.L. 104-191, AS AMENDED.</u>
- 3 25-51-102. Statewide system for advance directives created -4 **rules.** (1) THE DEPARTMENT HAS THE FOLLOWING POWERS AND DUTIES 5 WITH RESPECT TO THE PROVISION OF A STATEWIDE ELECTRONIC SYSTEM, 6 REFERRED TO IN THIS SECTION AS THE "SYSTEM", THAT ALLOWS QUALIFIED 7 INDIVIDUALS TO UPLOAD AND ACCESS ADVANCE MEDICAL DIRECTIVES: 8 (a) TO ENSURE THAT QUALIFIED INDIVIDUALS MAY ACCESS THE 9 SYSTEM FOR TREATMENT PURPOSES THAT ARE ALLOWED UNDER THE 10 FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT 11 OF 1996", PUB.L. 104-191, AS AMENDED; 12 (b) TO CONTRACT WITH ONE OR MORE HEALTH INFORMATION 13 ORGANIZATION NETWORKS FOR THE CREATION, ADMINISTRATION, AND 14 MAINTENANCE OF THE SYSTEM; AND 15 (c) TO PROMULGATE RULES IN ACCORDANCE WITH ARTICLE 4 OF 16 TITLE 24 TO OVERSEE THE PROVISIONS OF THIS ARTICLE 51, INCLUDING BUT 17 NOT LIMITED TO RULES ESTABLISHING: 18 (I) CRITERIA FOR QUALIFIED INDIVIDUALS TO HAVE ACCESS TO THE 19 SYSTEM AND ADVANCE MEDICAL DIRECTIVES; 20 (II) PROCEDURES BY WHICH A QUALIFIED INDIVIDUAL MAY ADD OR 21 REMOVE AN ADVANCE MEDICAL DIRECTIVE TO OR FROM THE SYSTEM; 22 (III) PROCEDURES BY WHICH A QUALIFIED INDIVIDUAL MAY 23 ACCESS AND DOWNLOAD AN ADVANCE MEDICAL DIRECTIVE FROM THE 24 SYSTEM; AND 25 PROCEDURES AND SAFEGUARDS FOR ENSURING THE (IV)26 CONFIDENTIALITY AND SECURE STORAGE OF THE INFORMATION
- 27 <u>CONTAINED IN AN ADVANCE MEDICAL DIRECTIVE THAT IS ADDED TO AND</u>

1 <u>MAINTAINED IN THE SYSTEM.</u>

2	(2) (a) Upon the request of an individual, or authorized
3	SURROGATE DECISION-MAKER, A QUALIFIED PROVIDER THAT HAS AN
4	AGREEMENT WITH THE HEALTH INFORMATION ORGANIZATION NETWORK
5	<u>AS REQUIRED UNDER THE FEDERAL "HEALTH INSURANCE PORTABILITY</u>
6	AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, MAY
7	UPLOAD THE INDIVIDUAL'S ADVANCE HEALTH CARE DIRECTIVE TO THE
8	SYSTEM. THE ADVANCE HEALTH CARE DIRECTIVE SHALL ONLY BE
9	UPLOADED TO THE SYSTEM BY A QUALIFIED PROVIDER AFTER THE
10	INDIVIDUAL OR AUTHORIZED SURROGATE DECISION-MAKER HAS
11	CONSULTED WITH THE QUALIFIED PROVIDER IN PERSON OR THROUGH
12	TELEHEALTH, AS DEFINED IN SECTION 10-16-123 (4)(e)(I). A QUALIFIED
13	PROVIDER WHO UPLOADS AN ADVANCE HEALTH CARE DIRECTIVE TO THE
14	SYSTEM IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR REGULATORY
15	SANCTION FOR ACTION TAKEN IN ACCORDANCE WITH THIS SUBSECTION $(2)$ .
16	(b) Prior to the upload of an advance health care
17	DIRECTIVE TO THE SYSTEM, THE INDIVIDUAL, OR AUTHORIZED SURROGATE
18	DECISION-MAKER, SHALL SIGN AN ELECTRONIC AFFIDAVIT IN THE
19	PRESENCE OF A QUALIFIED PROVIDER AFFIRMING THE ADVANCE HEALTH
20	CARE DIRECTIVE IS APPROPRIATELY EXECUTED, CURRENT, AND ACCURATE.
21	SIGNING THE ELECTRONIC AFFIDAVIT REVOKES ANY PRIOR ADVANCE
22	HEALTH CARE DIRECTIVES OF THE SAME TYPE PREVIOUSLY UPLOADED TO
23	THE SYSTEM.
24	(c) The individual, or authorized surrogate
25	DECISION-MAKER, IS RESPONSIBLE FOR ENSURING THAT THE ADVANCE
26	HEALTH CARE DIRECTIVE UPLOADED TO THE SYSTEM IS APPROPRIATELY
27	EXECUTED, CURRENT, AND ACCURATE.

1	(3) Emergency medical service personnel, an individual
2	HEALTH CARE PROVIDER, A HEALTH CARE FACILITY, OR ANY OTHER
3	PERSON OR ENTITY THAT COMPLIES WITH AN ADVANCE HEALTH CARE
4	DIRECTIVE ACCESSED FROM THE SYSTEM IS NOT SUBJECT TO CIVIL OR
5	CRIMINAL LIABILITY OR REGULATORY SANCTION FOR ACTION TAKEN IN
6	ACCORDANCE WITH THE ADVANCE HEALTH CARE DIRECTIVE, UNLESS THE
7	PERSON OR ENTITY HAS ACTUAL KNOWLEDGE OF AN ADVANCE HEALTH
8	CARE DIRECTIVE PROPERLY EXECUTED AFTER THE DATE OF THE ADVANCE
9	HEALTH CARE DIRECTIVE THAT IS UPLOADED TO THE SYSTEM.
10	SECTION 2. Appropriation. (1) For the 2019-20 state fiscal
11	year, \$993,147 is appropriated to the department of public health and
12	environment. This appropriation is from the general fund. To implement
13	this act, the department may use this appropriation as follows:
14	(a) \$32,100 for use by the center for health and environmental
15	information for personal services related to health statistics and vital
16	records, which amount is based on an assumption that the center will
17	require an additional 0.5 FTE;
18	(b) \$211,047 for use by the center for health and environmental
19	information for operating expenses related to health statistics and vital
20	records; and
21	(c) \$750,000 for the purchase of information technology services.
22	(2) For the 2019-20 state fiscal year, \$750,000 is appropriated to
23	the office of the governor for use by the office of information technology.
24	This appropriation is from reappropriated funds received from the
25	department of public health and environment under subsection (1)(c) of
26	this section. To implement this act, the office may use this appropriation
27	to provide information technology services for the department of public

# 1 <u>health and environment.</u>

2	SECTION 3. Act subject to petition - effective date. This act
3	takes effect at 12:01 a.m. on the day following the expiration of the
4	ninety-day period after final adjournment of the general assembly (August
5	2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
6	referendum petition is filed pursuant to section 1 (3) of article V of the
7	state constitution against this act or an item, section, or part of this act
8	within such period, then the act, item, section, or part will not take effect
9	unless approved by the people at the general election to be held in
10	November 2020 and, in such case, will take effect on the date of the
11	official declaration of the vote thereon by the governor.