

**First Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 09-0197.01 Richard Sweetman

HOUSE BILL 09-1232

HOUSE SPONSORSHIP

Roberts, Merrifield, Gardner B.

SENATE SPONSORSHIP

Morse,

House Committees
Health and Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEDICAL ORDERS DETERMINING THE SCOPE OF**
102 **TREATMENT A PERSON WISHES TO RECEIVE UNDER CERTAIN**
103 **CIRCUMSTANCES.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Provides that a medical orders for scope of treatment form that is properly executed and signed by a person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as a physician's order with respect to medical treatment of the person who is the subject

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

of the medical orders for scope of treatment form. Permits an adult with decisional capacity or an authorized decision-maker for an adult who lacks decisional capacity to execute a medical orders for scope of treatment form.

Requires the state board of health to promulgate rules establishing protocols for the use of medical orders for scope of treatment forms by emergency medical service professionals, health care providers, and health care facilities.

Requires an emergency medical service professional, health care provider, or health care facility to comply with a medical orders for scope of treatment form that is apparent and immediately available. Exempts an emergency medical service professional, health care provider, or health care facility that complies with a medical orders for scope of treatment form from civil or criminal liability or regulatory sanction. Provides that a verbal order from a person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as an executed medical orders for scope of treatment form so long as the verbal order is countersigned by the person's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant. Provides that neither the existence nor absence of a medical orders for scope of treatment form shall be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefor. Clarifies the effect of a medical orders for scope of treatment form on conflicting provisions of another form of advance medical directive.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Title 15, Colorado Revised Statutes, is amended BY
3 THE ADDITION OF A NEW ARTICLE to read:

4 **ARTICLE 18.7**

5 **Directives Concerning Medical**

6 **Orders for Scope of Treatment**

7 **15-18.7-101. Legislative declaration.** (1) THE GENERAL
8 ASSEMBLY HEREBY FINDS THAT:

9 (a) COLORADO LAW HAS TRADITIONALLY RECOGNIZED THE RIGHT
10 OF AN ADULT OR HIS OR HER AUTHORIZED SURROGATE DECISION-MAKER

1 TO ACCEPT OR REJECT MEDICAL TREATMENT AND ARTIFICIAL
2 NOURISHMENT AND HYDRATION;

3 (b) EACH ADULT HAS THE RIGHT TO ESTABLISH, IN ADVANCE OF
4 THE NEED FOR MEDICAL TREATMENT, DIRECTIVES AND INSTRUCTIONS FOR
5 THE ADMINISTRATION OF MEDICAL TREATMENT IN THE EVENT THE PERSON
6 LATER LACKS THE DECISIONAL CAPACITY TO PROVIDE INFORMED CONSENT
7 TO, WITHDRAW FROM, OR REFUSE MEDICAL TREATMENT;

8 (c) CURRENT INSTRUMENTS FOR MAKING ADVANCE MEDICAL
9 DIRECTIVES ARE OFTEN UNDERUTILIZED, HAMPERED BY INSTITUTIONAL
10 BARRIERS, AND INCONSISTENTLY INTERPRETED AND IMPLEMENTED; AND

11 (d) THE FRAIL ELDERLY, CHRONICALLY OR TERMINALLY ILL, AND
12 NURSING HOME RESIDENT POPULATION IS IN PARTICULAR NEED OF A
13 CONSISTENT METHOD FOR IDENTIFYING AND COMMUNICATING CRITICAL
14 TREATMENT PREFERENCES THAT EACH SECTOR OF THE HEALTH CARE
15 COMMUNITY WILL RECOGNIZE AND FOLLOW.

16 (2) THE GENERAL ASSEMBLY THEREFORE CONCLUDES THAT IT IS
17 IN THE BEST INTERESTS OF THE PEOPLE OF COLORADO TO ADOPT STATUTES
18 PROVIDING FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT. CONSISTENT
19 WITH THE GOALS OF ENHANCING PATIENT-CENTERED, COMPASSIONATE
20 CARE THROUGH METHODS TO ENHANCE CONTINUITY ACROSS SETTINGS,
21 MEDICAL ORDERS FOR SCOPE OF TREATMENT WILL PROVIDE A PROCESS FOR
22 TIMELY DISCUSSION BETWEEN INDIVIDUALS AND THEIR HEALTH CARE
23 PROVIDERS ABOUT CHOICES TO ACCEPT, WITHDRAW, OR REFUSE
24 LIFE-SUSTAINING TREATMENT AND, THROUGH THE USE OF A SINGLE,
25 STANDARDIZED FORM, WILL ENSURE THOSE PREFERENCES ARE CLEARLY
26 AND UNEQUIVOCALLY DOCUMENTED.

27 **15-18.7-102. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE

1 CONTEXT OTHERWISE REQUIRES:

2 (1) "ADULT" MEANS ANY PERSON EIGHTEEN YEARS OF AGE OR
3 OLDER.

4 (2) "ADVANCE MEDICAL DIRECTIVE" MEANS A WRITTEN
5 INSTRUCTION CONCERNING MEDICAL TREATMENT DECISIONS TO BE MADE
6 ON BEHALF OF THE PERSON WHO PROVIDED THE INSTRUCTION. AN
7 ADVANCE MEDICAL DIRECTIVE INCLUDES, BUT NEED NOT BE LIMITED TO:

8 (a) A MEDICAL DURABLE POWER OF ATTORNEY EXECUTED
9 PURSUANT TO SECTION 15-14-506;

10 (b) A DECLARATION EXECUTED PURSUANT TO THE "COLORADO
11 MEDICAL TREATMENT DECISIONS ACT", ARTICLE 18 OF THIS TITLE;

12 (c) A POWER OF ATTORNEY GRANTING MEDICAL TREATMENT
13 AUTHORITY EXECUTED PRIOR TO JULY 1, 1992, PURSUANT TO SECTION
14 15-14-501, AS IT EXISTED PRIOR TO THAT DATE; OR

15 (d) A CPR DIRECTIVE OR DECLARATION EXECUTED PURSUANT TO
16 ARTICLE 18.6 OF THIS TITLE.

17 (3) "ARTIFICIAL NOURISHMENT AND HYDRATION" MEANS:

18 (a) NOURISHMENT AND HYDRATION SUPPLIED THROUGH A TUBE
19 INSERTED INTO THE STOMACH, INTESTINES, NOSE, OR MOUTH; OR

20 (b) NUTRIENTS OR FLUIDS INJECTED INTRAVENOUSLY INTO THE
21 BLOODSTREAM.

22 (4) "AUTHORIZED SURROGATE DECISION-MAKER" MEANS A
23 GUARDIAN APPOINTED PURSUANT TO ARTICLE 14 OF THIS TITLE, AN AGENT
24 APPOINTED PURSUANT TO A MEDICAL DURABLE POWER OF ATTORNEY, A
25 PROXY DECISION-MAKER FOR MEDICAL TREATMENT DECISIONS APPOINTED
26 PURSUANT TO ARTICLE 18.5 OF THIS TITLE, OR A SIMILARLY AUTHORIZED
27 SURROGATE, AS DEFINED BY THE LAWS OF ANOTHER STATE, WHO IS

1 AUTHORIZED TO MAKE MEDICAL DECISIONS FOR AN INDIVIDUAL LACKING
2 DECISIONAL CAPACITY.

3 (5) "CARDIOPULMONARY RESUSCITATION" OR "CPR" SHALL HAVE
4 THE SAME MEANING AS SET FORTH IN SECTION 15-18.6-101 (1).

5 (6) "CPR DIRECTIVE" SHALL HAVE THE SAME MEANING AS SET
6 FORTH IN SECTION 15-18.6-101 (2).

7 (7) "DECISIONAL CAPACITY" MEANS THE ABILITY TO PROVIDE
8 INFORMED CONSENT TO, WITHDRAWAL FROM, OR REFUSAL OF MEDICAL
9 TREATMENT.

10 (8) "EMERGENCY MEDICAL SERVICE PROFESSIONAL" MEANS AN
11 EMERGENCY MEDICAL TECHNICIAN WHO IS CERTIFIED OR LICENSED BY THE
12 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, CREATED AND
13 EXISTING PURSUANT TO SECTION 25-1-102, C.R.S., OR ANY FIRST
14 RESPONDER CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND
15 ENVIRONMENT OR THE DIVISION OF FIRE SAFETY IN THE OFFICE OF
16 PREPAREDNESS, SECURITY, AND FIRE SAFETY IN THE DEPARTMENT OF
17 PUBLIC SAFETY, IN ACCORDANCE WITH PART 12 OF ARTICLE 33.5 OF TITLE
18 24, C.R.S.

19 (9) "HEALTH CARE FACILITY" MEANS A HOSPITAL, A HOSPICE
20 INPATIENT RESIDENCE, A NURSING FACILITY, A CARE CENTER, A DIALYSIS
21 TREATMENT FACILITY, AN ASSISTED LIVING FACILITY, AN ENTITY THAT
22 PROVIDES HOME- AND COMMUNITY-BASED SERVICES, A HOSPICE OR HOME
23 HEATH CARE AGENCY, OR ANOTHER FACILITY ADMINISTERING OR
24 CONTRACTING TO ADMINISTER MEDICAL TREATMENT, WHICH FACILITY IS
25 LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED OR PERMITTED BY LAW
26 TO ADMINISTER MEDICAL TREATMENT.

27 (10) "HEALTH CARE PROVIDER" MEANS:

1 (a) A PHYSICIAN OR OTHER INDIVIDUAL WHO ADMINISTERS
2 MEDICAL TREATMENT TO A PERSON AND WHO IS LICENSED, CERTIFIED, OR
3 OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO ADMINISTER MEDICAL
4 TREATMENT OR WHO IS EMPLOYED BY OR ACTING FOR SUCH AN
5 AUTHORIZED PERSON; OR

6 (b) A HEALTH MAINTENANCE ORGANIZATION LICENSED AND
7 CONDUCTING BUSINESS IN THIS STATE.

8 (11) "MEDICAL TREATMENT" MEANS THE PROVISION,
9 WITHHOLDING, OR WITHDRAWAL OF ANY HEALTH CARE; MEDICAL
10 PROCEDURE, INCLUDING BUT NOT LIMITED TO SURGERY, CPR, AND
11 ARTIFICIAL NOURISHMENT AND HYDRATION; OR SERVICE TO MAINTAIN,
12 DIAGNOSE, TREAT, OR PROVIDE FOR A PATIENT'S PHYSICAL OR MENTAL
13 HEALTH OR PERSONAL CARE.

14 **15-18.7-103. Medical orders for scope of treatment - forms -**
15 **rules.** (1) ON OR BEFORE JANUARY 1, 2010, THE STATE BOARD OF
16 HEALTH CREATED IN SECTION 25-1-103, C.R.S., SHALL PROMULGATE
17 RULES AND PROTOCOLS FOR IMPLEMENTATION OF STANDARDIZED MEDICAL
18 ORDERS FOR SCOPE OF TREATMENT FORMS BY EMERGENCY MEDICAL
19 SERVICE PROFESSIONALS, HEALTH CARE PROVIDERS, AND HEALTH CARE
20 FACILITIES. THE PROTOCOLS SHALL INCLUDE UNIFORM METHODS FOR
21 RAPID IDENTIFICATION OF A PERSON WHO HAS EXECUTED A MEDICAL
22 ORDERS FOR SCOPE OF TREATMENT FORM, CONTROLLED DISTRIBUTION OF
23 THE STANDARDIZED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM,
24 AND A REQUIREMENT THAT EACH MEDICAL ORDERS FOR SCOPE OF
25 TREATMENT FORM INCLUDE THE INFORMATION DESCRIBED IN SUBSECTION
26 (2) OF THIS SECTION.

27 (2) PROTOCOLS ESTABLISHED BY RULES PROMULGATED BY THE

1 STATE BOARD OF HEALTH PURSUANT TO SUBSECTION (1) OF THIS SECTION
2 SHALL REQUIRE A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM TO
3 INCLUDE THE FOLLOWING INFORMATION CONCERNING THE PERSON WHOSE
4 MEDICAL TREATMENT IS THE SUBJECT OF THE MEDICAL ORDERS FOR SCOPE
5 OF TREATMENT FORM:

6 (a) THE PERSON'S NAME, DATE OF BIRTH, AND SEX;

7 (b) THE PERSON'S EYE AND HAIR COLOR;

8 (c) THE PERSON'S RACE OR ETHNIC BACKGROUND;

9 (d) IF APPLICABLE, THE NAME OF THE HOSPICE PROGRAM IN WHICH
10 THE PERSON IS ENROLLED;

11 (e) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE
12 PERSON'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S
13 ASSISTANT;

14 (f) THE PERSON'S SIGNATURE OR MARK OR, IF APPLICABLE, THE
15 SIGNATURE OF THE PERSON'S AUTHORIZED SURROGATE DECISION-MAKER;

16 (g) THE DATE UPON WHICH THE MEDICAL ORDERS FOR SCOPE OF
17 TREATMENT FORM WAS SIGNED;

18 (h) THE PERSON'S INSTRUCTIONS CONCERNING THE
19 ADMINISTRATION OF CPR; OTHER MEDICAL INTERVENTIONS, INCLUDING
20 BUT NOT LIMITED TO CONSENT TO COMFORT MEASURES ONLY, TRANSFER
21 TO A HOSPITAL, LIMITED INTERVENTION, OR FULL TREATMENT; USE OF
22 ANTIBIOTICS; AND USE OF ARTIFICIAL NOURISHMENT AND HYDRATION;
23 AND

24 (i) THE SIGNATURE OF THE PERSON'S PHYSICIAN, ADVANCED
25 PRACTICE NURSE, OR, IF UNDER THE SUPERVISION OR AUTHORITY OF THE
26 PHYSICIAN, A PHYSICIAN'S ASSISTANT.

27 **15-18.7-104. Duty to comply with medical orders for scope of**

1 **treatment - immunity - effect on criminal charges against another**
2 **person.** (1) AN EMERGENCY MEDICAL SERVICE PROFESSIONAL, HEALTH
3 CARE PROVIDER, OR HEALTH CARE FACILITY SHALL COMPLY WITH A
4 PERSON'S EXECUTED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM
5 THAT IS APPARENT AND IMMEDIATELY AVAILABLE.

6 (2) AN EMERGENCY MEDICAL SERVICE PROFESSIONAL, HEALTH
7 CARE PROVIDER, HEALTH CARE FACILITY, OR OTHER PERSON WHO, IN GOOD
8 FAITH, COMPLIES WITH AN EXECUTED MEDICAL ORDERS FOR SCOPE OF
9 TREATMENT FORM SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY
10 OR REGULATORY SANCTION FOR SUCH COMPLIANCE.

11 (3) COMPLIANCE BY AN EMERGENCY MEDICAL SERVICE
12 PROFESSIONAL, HEALTH CARE PROVIDER, OR HEALTH CARE FACILITY WITH
13 AN EXECUTED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL
14 NOT AFFECT THE CRIMINAL PROSECUTION OF A PERSON OTHERWISE
15 CHARGED WITH THE COMMISSION OF A CRIMINAL ACT.

16 (4) IN THE ABSENCE OF AN EXECUTED MEDICAL ORDERS FOR SCOPE
17 OF TREATMENT FORM DECLINING CPR OR A CPR DIRECTIVE, A PERSON'S
18 CONSENT TO CPR SHALL BE PRESUMED.

19 (5) A PERSON'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR, IF
20 UNDER THE SUPERVISION OF THE PHYSICIAN, PHYSICIAN'S ASSISTANT MAY
21 PROVIDE A VERBAL CONFIRMATION TO A HEALTH CARE PROVIDER WHO
22 SHALL ANNOTATE ON THE MEDICAL ORDERS FOR SCOPE OF TREATMENT
23 FORM THE TIME AND DATE OF THE VERBAL CONFIRMATION AND THE NAME
24 AND LICENSE NUMBER OF THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
25 PHYSICIAN'S ASSISTANT. THE PHYSICIAN, ADVANCED PRACTICE NURSE, OR
26 PHYSICIAN'S ASSISTANT SHALL COUNTERSIGN THE MEDICAL ORDERS FOR
27 SCOPE OF TREATMENT FORM WITHIN TEN DAYS AFTER PROVIDING A

1 VERBAL CONFIRMATION. THE SIGNATURE OF THE PHYSICIAN, ADVANCED
2 PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY BE PROVIDED BY
3 PHOTOCOPY, FAX, OR ELECTRONIC MEANS. A MEDICAL ORDERS FOR SCOPE
4 OF TREATMENT FORM WITH ANNOTATED VERBAL CONFIRMATION, AND A
5 PHOTOCOPY, FAX, OR OTHER ELECTRONIC REPRODUCTION THEREOF, SHALL
6 BE GIVEN THE SAME FORCE AND EFFECT AS THE ORIGINAL SIGNED BY THE
7 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT.

8 **15-18.7-105. Medical orders for scope of treatment form - who**
9 **may consent.** (1) AN ADULT WHO HAS DECISIONAL CAPACITY MAY
10 EXECUTE A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM.

11 (2) EXCEPT AS PROVIDED IN SECTION 15-18.7-108, THE
12 AUTHORIZED SURROGATE DECISION-MAKER FOR AN ADULT WHO LACKS
13 DECISIONAL CAPACITY MAY EXECUTE A MEDICAL ORDERS FOR SCOPE OF
14 TREATMENT FORM FOR SAID ADULT.

15 **15-18.7-106. Medical orders for scope of treatment as**
16 **physician's order - effect of declaration after inpatient admission or**
17 **admission to a long-term care facility.** (1) A MEDICAL ORDERS FOR
18 SCOPE OF TREATMENT FORM THAT IS PROPERLY EXECUTED BY OR FOR A
19 PERSON PURSUANT TO THE PROVISIONS OF THIS ARTICLE AND SIGNED BY
20 THE PERSON'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR, IF UNDER THE
21 SUPERVISION OR AUTHORITY OF THE PHYSICIAN, A PHYSICIAN'S ASSISTANT
22 SHALL HAVE THE SAME FORCE AND EFFECT AS A PHYSICIAN'S ORDER
23 CONCERNING THE PERSON'S MEDICAL TREATMENT.

24 (2) IF A PERSON HAS A PROPERLY EXECUTED AND SIGNED MEDICAL
25 ORDERS FOR SCOPE OF TREATMENT FORM, THE FORM SHALL ACCOMPANY
26 THE PERSON UPON ADMISSION TO OR DISCHARGE FROM A HEALTH CARE
27 FACILITY AND SHALL BE HONORED BY THE RECEIVING HEALTH CARE

1 FACILITY AND BY EMERGENCY MEDICAL SERVICE PROFESSIONALS AND
2 HEALTH CARE PROVIDERS AS VALID PHYSICIAN'S ORDERS.

3 (3) A HEALTH CARE PROVIDER SHALL RESPECT AND HONOR THE
4 CONTENTS OF A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM THAT
5 IS PROPERLY EXECUTED BY OR ON BEHALF OF A PERSON AND SIGNED BY
6 THE PERSON'S PHYSICIAN, ADVANCED PRACTICE NURSE, OR, IF UNDER THE
7 SUPERVISION OF THE PHYSICIAN, A PHYSICIAN'S ASSISTANT. THE FACT
8 THAT THE SIGNING PHYSICIAN, ADVANCED PRACTICE NURSE, OR
9 PHYSICIAN'S ASSISTANT DOES NOT HAVE ADMITTING PRIVILEGES AT THE
10 HOSPITAL OR HEALTH CARE FACILITY WHERE THE PERSON IS BEING
11 TREATED DOES NOT REMOVE THE OBLIGATION UNDER THIS SUBSECTION (3)
12 TO RESPECT AND HONOR THE MEDICAL ORDERS FOR SCOPE OF TREATMENT
13 FORM.

14 **15-18.7-107. Effect of a medical orders for scope of treatment**
15 **form on life or health insurance.** NEITHER A MEDICAL ORDERS FOR
16 SCOPE OF TREATMENT FORM NOR THE FAILURE OF A PERSON TO EXECUTE
17 A MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM SHALL AFFECT,
18 IMPAIR, OR MODIFY A CONTRACT OF LIFE OR HEALTH INSURANCE OR AN
19 ANNUITY OR BE THE BASIS FOR ANY DELAY IN ISSUING OR REFUSING TO
20 ISSUE AN ANNUITY OR POLICY OF LIFE OR HEALTH INSURANCE OR ANY
21 INCREASE OF A PREMIUM THEREFOR.

22 **15-18.7-108. Effect of article on existing advance medical**
23 **directives.** (1) IN EXECUTING A MEDICAL ORDERS FOR SCOPE OF
24 TREATMENT FORM, THE PERSON, OR THE PERSON'S AUTHORIZED
25 SURROGATE DECISION-MAKER, AND THE PHYSICIAN, ADVANCED PRACTICE
26 NURSE, OR PHYSICIAN'S ASSISTANT SIGNING THE FORM SHALL MAKE A
27 GOOD FAITH EFFORT TO LOCATE AND INCORPORATE, AS APPROPRIATE AND

1 DESIRED, TREATMENT PREFERENCES DOCUMENTED IN THE PERSON'S
2 PREVIOUSLY EXECUTED ADVANCE MEDICAL DIRECTIVES, IF ANY.

3 (2) EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (a) OF
4 SUBSECTION (3) OF THIS SECTION, IN CASES OF A CONFLICT BETWEEN A
5 MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM AND A PERSON'S
6 ADVANCE MEDICAL DIRECTIVES, THE DOCUMENT MOST RECENTLY
7 EXECUTED SHALL TAKE PRECEDENCE FOR THE MEDICAL DECISION OR
8 TREATMENT PREFERENCE AT ISSUE. MEDICAL DECISIONS AND TREATMENT
9 PREFERENCES DOCUMENTED IN A PERSON'S ADVANCE MEDICAL DIRECTIVES
10 OR ASSERTED BY AN AUTHORIZED SURROGATE DECISION-MAKER ON THE
11 PERSON'S BEHALF, BUT NOT SPECIFICALLY ADDRESSED IN A MORE
12 RECENTLY EXECUTED MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM,
13 SHALL NOT BE AFFECTED BY THE MEDICAL ORDERS FOR SCOPE OF
14 TREATMENT FORM.

15 (3) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1) OF
16 THIS SECTION:

17 (a) AN AUTHORIZED SURROGATE DECISION-MAKER OR A
18 PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN'S ASSISTANT MAY
19 NOT REVOKE OR ALTER A PERSON'S PREVIOUSLY EXECUTED ADVANCE
20 MEDICAL DIRECTIVE REGARDING PROVISION OF ARTIFICIAL NOURISHMENT
21 AND HYDRATION IF DOCUMENTED IN A DECLARATION EXECUTED BY THE
22 PERSON PURSUANT TO THE "COLORADO MEDICAL TREATMENT DECISION
23 ACT", ARTICLE 18 OF THIS TITLE.

24 (b) AN AUTHORIZED SURROGATE DECISION-MAKER MAY NOT
25 REVOKE A PREEXISTING CPR DIRECTIVE UNLESS IT WAS ORIGINALLY
26 EXECUTED BY AN AUTHORIZED SURROGATE DECISION-MAKER.

27 (c) AN AUTHORIZED SURROGATE DECISION-MAKER WHO IS A

1 PROXY DECISION-MAKER PURSUANT TO ARTICLE 18.5 OF THIS TITLE MAY
2 AUTHORIZE THE WITHDRAWAL OF ARTIFICIAL NOURISHMENT AND
3 HYDRATION ONLY IN ACCORDANCE WITH SECTION 15-18.5-103 (6).

4 **SECTION 2. Act subject to petition - effective date.** This act
5 shall take effect at 12:01 a.m. on the day following the expiration of the
6 ninety-day period after final adjournment of the general assembly that is
7 allowed for submitting a referendum petition pursuant to article V,
8 section 1 (3) of the state constitution, (August 4, 2009, if adjournment
9 sine die is on May 6, 2009); except that, if a referendum petition is filed
10 against this act or an item, section, or part of this act within such period,
11 then the act, item, section, or part, if approved by the people, shall take
12 effect on the date of the official declaration of the vote thereon by
13 proclamation of the governor.