

THE HOUSE OF REPRESENTATIVES
Wednesday, March 31, 2010

ENGROSSED
Senate Bill No. 1325

ENGROSSED SENATE BILL NO. 1325 - By: ANDERSON of the Senate and ENNS of the House.

An Act relating to public health and safety; amending 63 O.S. 2001, Section 3131.5, which relates to the Oklahoma Advance Directive Act; modifying certain form; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1 SECTION 1. AMENDATORY 63 O.S. 2001, Section 3131.5, is amended to read
2 as follows:

3 Section 3131.5 A. For persons under the care of a health care agency, a do-not-
4 resuscitate order shall, if issued, be in accordance with the policies and procedures of the
5 health care agency as long as not in conflict with the provisions of the Oklahoma Do-Not-
6 Resuscitate Act.

7 B. The do-not-resuscitate consent form shall be in substantially the following form:

8 FRONT PAGE

9 OKLAHOMA DO-NOT-RESUSCITATE (DNR) CONSENT FORM

10 I, _____, request limited health care as described in this
11 document. If my heart stops beating or if I stop breathing, no medical procedure to

1 restore breathing or heart function will be instituted by any health care provider
2 including, but not limited to, emergency medical services (EMS) personnel.

3 I understand that this decision will not prevent me from receiving other health care
4 such as the Heimlich maneuver or oxygen and other comfort care measures.

5 I understand that I may revoke this consent at any time in one of the following
6 ways:

7 1. If I am under the care of a health care agency, by making an oral, written, or
8 other act of communication to a physician or other health care provider of a health care
9 agency;

10 2. If I am not under the care of a health care agency, by destroying my do-not-
11 resuscitate form, removing all do-not-resuscitate identification from my person, and
12 notifying my attending physician of the revocation;

13 3. If I am incapacitated and under the care of a health care agency, my
14 representative may revoke the do-not-resuscitate consent by written notification ~~of~~ to a
15 physician or other health care provider of the health care agency or by oral notification ~~of~~
16 to my attending physician; or

17 4. If I am incapacitated and not under the care of a health care agency, my
18 representative may revoke the do-not-resuscitate consent by destroying the do-not-
19 resuscitate form, removing all do-not-resuscitate identification from my person, and
20 notifying my attending physician of the revocation.

1 I give permission for this information to be given to EMS personnel, doctors, nurses,
2 and other health care providers. I hereby state that I am making an informed decision
3 and agree to a do-not-resuscitate order.

4 _____ OR _____

5 Signature of Person

Signature of Representative

6 (Limited to an attorney-in-fact for health care
7 decisions acting under the Durable Power of
8 Attorney Act, a health care proxy acting under the
9 ~~Oklahoma Rights of the Terminally Ill or~~
10 ~~Persistently Unconscious Act~~ Oklahoma Advance
11 Directive Act or a guardian of the person appointed
12 under the Oklahoma Guardianship and
13 Conservatorship Act.)

14 This DNR consent form was signed in my presence.

15 _____

16 Date

Signature of Witness Address

Signature of Witness Address

Signature of Witness Address

Signature of Witness Address

19 BACK OF PAGE

20 CERTIFICATION OF PHYSICIAN

21 (This form is to be used by an attending physician only to certify that an
22 incapacitated person without a representative would not have consented to the

1 administration of cardiopulmonary resuscitation in the event of cardiac or respiratory
2 arrest. An attending physician of an incapacitated person without a representative must
3 know by clear and convincing evidence that the incapacitated person, when competent,
4 decided on the basis of information sufficient to constitute informed consent that such
5 person would not have consented to the administration of cardiopulmonary resuscitation
6 in the event of cardiac or respiratory arrest. Clear and convincing evidence for this
7 purpose shall include oral, written, or other acts of communication between the patient,
8 when competent, and family members, health care providers, or others close to the
9 patient with knowledge of the patient's desires.)

10 I hereby certify, based on clear and convincing evidence presented to me, that I
11 believe that _____

12 Name of Incapacitated Person

13 would not have consented to the administration of cardiopulmonary resuscitation in the
14 event of cardiac or respiratory arrest. Therefore, in the event of cardiac or respiratory
15 arrest, no chest compressions, artificial ventilation, intubations, defibrillation, or
16 emergency cardiac medications are to be initiated.

17 _____
18 Physician's Signature/Date Physician's Name (PRINT)

19 _____
20 Physician's Address/Phone

21 C. Witnesses must be individuals who are eighteen (18) years of age or older who
22 are not legatees, devisees or heirs at law.

UNDERLINED language denotes Amendments to present Statutes.
BOLD FACE CAPITALIZED language denotes Committee Amendments.
~~Strike thru~~ language denotes deletion from present Statutes.

1 D. It is the intention of the Legislature that the preferred, but not required, do-not-
2 resuscitate form in Oklahoma shall be the form set out in subsection B of this section.

3 SECTION 2. This act shall become effective November 1, 2010.

4 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 03-30-10 - DO
5 PASS.