

Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1119

AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-18-2-48.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 48.5. "Cardiopulmonary resuscitation" or "CPR", for purposes of IC 16-36-5 has the meaning set forth in ~~IC 16-36-5-1~~, and **IC 16-36-6, means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including:**

- (1) cardiac compression;
- (2) endotracheal intubation and other advanced airway management;
- (3) artificial ventilation;
- (4) defibrillation;
- (5) administration of cardiac resuscitation medications; and
- (6) related procedures.

The term does not include the Heimlich maneuver or a similar procedure used to expel an obstruction from the throat.

SECTION 2. IC 16-18-2-163, AS AMENDED BY P.L.117-2015, SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 163. (a) "Health care provider", for purposes of IC 16-21 and IC 16-41, means any of the following:

- (1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or legally authorized by this state to provide health care or professional

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services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), a dentist, a registered or licensed practical nurse, a midwife, an optometrist, a pharmacist, a podiatrist, a chiropractor, a physical therapist, a respiratory care practitioner, an occupational therapist, a psychologist, a paramedic, an emergency medical technician, an advanced emergency medical technician, an athletic trainer, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.

(2) A college, university, or junior college that provides health care to a student, a faculty member, or an employee, and the governing board or a person who is an officer, employee, or agent of the college, university, or junior college acting in the course and scope of the person's employment.

(3) A blood bank, community mental health center, community intellectual disability center, community health center, or migrant health center.

(4) A home health agency (as defined in IC 16-27-1-2).

(5) A health maintenance organization (as defined in IC 27-13-1-19).

(6) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(7) A corporation, partnership, or professional corporation not otherwise qualified under this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

Coverage for a health care provider qualified under this subdivision is limited to the health care provider's health care functions and does not extend to other causes of action.

(b) "Health care provider", for purposes of IC 16-35, has the meaning set forth in subsection (a). However, for purposes of IC 16-35, the term also includes a health facility (as defined in section 167 of this chapter).

(c) "Health care provider", for purposes of IC 16-36-5 and IC 16-36-6, means an individual licensed or authorized by this state to provide health care or professional services as:

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- (1) a licensed physician;
- (2) a registered nurse;
- (3) a licensed practical nurse;
- (4) an advanced practice nurse;
- (5) a certified nurse midwife;
- (6) a paramedic;
- (7) an emergency medical technician;
- (8) an advanced emergency medical technician; ~~or~~
- (9) an emergency medical responder, as defined by section 109.8 of this chapter;
- (10) a licensed dentist;**
- (11) a home health aide, as defined by section 174 of this chapter; or**
- (12) a licensed physician assistant.**

The term includes an individual who is an employee or agent of a health care provider acting in the course and scope of the individual's employment.

(d) "Health care provider", for purposes of section 1.5 of this chapter and IC 16-40-4, means any of the following:

- (1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or authorized by the state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), an ambulatory outpatient surgical center, a dentist, an optometrist, a pharmacist, a podiatrist, a chiropractor, a psychologist, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.
- (2) A blood bank, laboratory, community mental health center, community intellectual disability center, community health center, or migrant health center.
- (3) A home health agency (as defined in IC 16-27-1-2).
- (4) A health maintenance organization (as defined in IC 27-13-1-19).
- (5) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).
- (6) A corporation, partnership, or professional corporation not otherwise specified in this subsection that:
 - (A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;



(B) is organized or registered under state law; and
 (C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

(e) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).

SECTION 3. IC 16-36-1-5, AS AMENDED BY P.L.54-2017, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. (a) If an ~~individual~~ **adult** incapable of consenting under section 4 of this chapter has not appointed a health care representative under section 7 of this chapter or the health care representative appointed under section 7 of this chapter is not reasonably available or declines to act, **except as provided in sections 9 and 9.5 of this chapter**, consent to health care may be given **in the following order of priority**:

(1) ~~by~~ A judicially appointed guardian of the person or a representative appointed under section 8 of this chapter. ~~or~~

(2) ~~by~~ A spouse. ~~a parent~~;

(3) An adult child.

(4) ~~A parent.~~ ~~an adult grandchild~~;

(5) An adult sibling. ~~or~~

(6) A grandparent. ~~unless disqualified under section 9 of this chapter, if:~~

(A) ~~there is no guardian or other representative described in subdivision (1);~~

(B) ~~the guardian or other representative is not reasonably available or declines to act; or~~

(C) ~~the existence of the guardian or other representative is unknown to the health care provider; or~~

(~~3~~) ~~by~~

(7) ~~An adult grandchild.~~

(8) ~~The nearest other adult relative in the next degree of kinship who is not listed in subdivisions (2) through (7).~~

(9) ~~A friend who:~~

(A) ~~is an adult;~~

(B) ~~has maintained regular contact with the individual;~~
~~and~~

(C) ~~is familiar with the individual's activities, health, and religious or moral beliefs.~~

(10) ~~The individual's religious superior, if the individual is a~~



member of a religious order. ~~and:~~

- (A) there is no guardian or other representative described in subdivision (1);
- (B) the guardian or other representative is not reasonably available or declines to act; or
- (C) the existence of the guardian or other representative is unknown to the health care provider.

(b) Consent to health care for a minor not authorized to consent under section 3 of this chapter may be given by any of the following:

(1) A judicially appointed guardian of the person or a representative appointed under section 8 of this chapter.

(2) A parent or an individual in loco parentis if:

- (A) there is no guardian or other representative described in subdivision (1);
- (B) the guardian or other representative is not reasonably available or declines to act; or
- (C) the existence of the guardian or other representative is unknown to the health care provider.

(3) An adult sibling of the minor if:

- (A) there is no guardian or other representative described in subdivision (1);
- (B) a parent or an individual in loco parentis is not reasonably available or declines to act; or
- (C) the existence of the parent or individual in loco parentis is unknown to the health care provider after reasonable efforts are made by the health care provider to determine whether the minor has a parent or an individual in loco parentis who is able to consent to the treatment of the minor.

(4) A grandparent of the minor if:

- (A) there is no guardian or other representative described in subdivision (1);
- (B) a parent, an individual in loco parentis, or an adult sibling is not reasonably available or declines to act; or
- (C) the existence of the parent, individual in loco parentis, or adult sibling is unknown to the health care provider after reasonable efforts are made by the health care provider to determine whether the minor has a parent, an individual in loco parentis, or an adult sibling who is able to consent to the treatment of the minor.

(c) A representative delegated authority to consent under section 6 of this chapter has the same authority and responsibility as the individual delegating the authority.



(d) An individual authorized to consent for another under this section shall act in good faith and in the best interest of the individual incapable of consenting.

(e) If there are multiple individuals at the same priority level under this section, those individuals shall make a reasonable effort to reach a consensus as to the health care decisions on behalf of the individual who is unable to provide health care consent. If the individuals at the same priority level disagree as to the health care decisions on behalf of the individual who is unable to provide health care consent, a majority of the available individuals at the same priority level controls.

SECTION 4. IC 16-36-1-6, AS AMENDED BY P.L.81-2015, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 6. (a) A representative authorized to consent to health care for another under section 5(a)(2), **5(a)(3), 5(a)(4), 5(a)(5), 5(a)(6)**, 5(b)(2), or 5(b)(3) of this chapter who for a time will not be reasonably available to exercise the authority may delegate the authority to consent during that time to another representative not disqualified under section 9 **or 9.5** of this chapter. The delegation:

- (1) must be in writing;
- (2) must be signed by the delegate;
- (3) must be witnessed by an adult; and
- (4) may specify conditions on the authority delegated.

(b) Unless the writing expressly provides otherwise, the delegate may not delegate the authority to another representative.

(c) The delegate may revoke the delegation at any time by notifying orally or in writing the delegate or the health care provider.

SECTION 5. IC 16-36-1-9.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 9.5. The following individuals may not provide health care consent under section 5(a) of this chapter:**

- (1) A spouse who:**
 - (A) is legally separated; or**
 - (B) has a petition for dissolution, legal separation, or annulment of marriage that is pending in a court; from the individual who is incapable of providing consent.**
- (2) An individual who is subject to a protective order or other court order that directs that individual to avoid contact with the individual who is incapable of providing consent.**
- (3) An individual who is subject to a pending criminal charge in which the individual who is incapable of providing consent was the alleged victim.**



SECTION 6. IC 16-36-1-17 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2018]: **Sec. 17. If an individual is incapable of consenting to the individual's own health care, the health care provider shall make a reasonable inquiry as to the availability of individuals who are able to provide health care consent under section 5 of this chapter. Reasonable inquiry includes examining the medical records and personal effects of the individual who is incapable of providing health care consent. The health care provider shall attempt to contact individuals who are high in the priority level and able to provide health care consent under section 5 of this chapter by telephone or other means after a determination is made that the individual is incapable of providing health care consent.**

SECTION 7. IC 16-36-5-1 IS REPEALED [EFFECTIVE JULY 1, 2018]. **Sec. 1. As used in this chapter, "cardiopulmonary resuscitation" or "CPR" means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including:**

- (1) cardiac compression;
- (2) endotracheal intubation and other advanced airway management;
- (3) artificial ventilation;
- (4) defibrillation;
- (5) administration of cardiac resuscitation medications; and
- (6) related procedures.

The term does not include the Heimlich maneuver or a similar procedure used to expel an obstruction from the throat.

SECTION 8. IC 16-36-6-2, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 2. As used in this chapter, "declarant" means a qualified person:**

- (1) who has completed a POST form under section 7(a)(1) of this chapter; or
- (2) for whom a representative has completed a POST form under section 7(a)(2) of this chapter;

and whose treating physician, **advanced practice nurse, or physician assistant** has executed a POST form under section 8 of this chapter.

SECTION 9. IC 16-36-6-6.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2018]: **Sec. 6.5. This chapter does not create a duty for a person to perform cardiopulmonary resuscitation on a declarant if the declarant's POST form indicates the declarant is not to be resuscitated.**



SECTION 10. IC 16-36-6-7, AS AMENDED BY P.L.141-2014, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) The following individuals may complete a POST form:

- (1) A qualified person who is:
 - (A) either:
 - (i) at least eighteen (18) years of age; or
 - (ii) less than eighteen (18) years of age but authorized to consent under IC 16-36-1-3(a)(2); and
 - (B) of sound mind.
- (2) A qualified person's representative, if the qualified person:
 - (A) is less than eighteen (18) years of age and is not authorized to consent under IC 16-36-1-3(a)(2); or
 - (B) has been determined to be incapable of making decisions about the qualified person's health care by a treating physician, **advanced practice nurse, or physician assistant** acting in good faith and the representative has been:
 - (i) appointed by the individual under IC 16-36-1-7 to serve as the individual's health care representative;
 - (ii) authorized to act under IC 30-5-5-16 and IC 30-5-5-17 as the individual's attorney in fact with authority to consent to or refuse health care for the individual;
 - (iii) appointed by a court as the individual's health care representative under IC 16-36-1-8; or
 - (iv) appointed by a court as the guardian of the person with the authority to make health care decisions under IC 29-3.

(b) In order to complete a POST form, a person described in subsection (a) and the qualified person's treating physician, **advanced practice nurse, or physician assistant** or the physician's, **advanced practice nurse's, or physician assistant's** designee must do the following:

- (1) Discuss the qualified person's goals and treatment options available to the qualified person based on the qualified person's health.
 - (2) Complete the POST form, to the extent possible, based on the qualified person's preferences determined during the discussion in subdivision (1).
- (c) When completing a POST form on behalf of a qualified person, a representative shall act:
- (1) in good faith; and
 - (2) in:
 - (A) accordance with the qualified person's express or implied

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intentions, if known; or

(B) the best interest of the qualified person, if the qualified person's express or implied intentions are not known.

(d) A copy of the executed POST form shall be maintained in the qualified person's medical file.

SECTION 11. IC 16-36-6-8, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 8. (a) A POST form may be executed only by an individual's treating physician, **advanced practice nurse, or physician assistant** and only if:

(1) the treating physician, **advanced practice nurse, or physician assistant** has determined that:

(A) the individual is a qualified person; and

(B) the medical orders contained in the individual's POST form are reasonable and medically appropriate for the individual; and

(2) the qualified person or representative has completed the POST form in accordance with section 7 of this chapter.

(b) **A POST form is effective if the following conditions are met:**

(1) The POST form contains the qualified person's name and code status orders.

(+) (2) The treating physician, advanced practice nurse, or physician assistant and the (2) qualified person or representative must sign have signed and date dated the POST form. for the POST form to be effective.

(3) The POST form is in English.

(c) A qualified person who is unable to sign the POST form may direct another person, in the presence of the treating physician, advanced practice nurse, or physician assistant and the qualified person, to sign the POST form on the qualified person's behalf.

SECTION 12. IC 16-36-6-9, AS AMENDED BY P.L.81-2015, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 9. (a) The state department shall develop a standardized POST form and distribute the POST form.

(b) The POST form developed under this section must include the following:

(1) A medical order specifying whether cardiopulmonary resuscitation (CPR) should be performed if the qualified person is in cardiopulmonary arrest.

(2) A medical order concerning the level of medical intervention that should be provided to the qualified person, including the following:



- (A) Comfort measures.
- (B) Limited additional interventions.
- (C) Full intervention.
- (3) A medical order specifying whether antibiotics should be provided to the qualified person.
- (4) A medical order specifying whether artificially administered nutrition should be provided to the qualified person.
- (5) A signature line for the treating physician, **advanced practice nurse, or physician assistant**, including the following information:
 - (A) The physician's, **advanced practice nurse's, or physician assistant's** printed name.
 - (B) The physician's, **advanced practice nurse's, or physician assistant's** telephone number.
 - (C) The physician's medical license number, **advanced practice nurse's nursing license number, or physician assistant's state license number.**
 - (D) The date of the physician's, **advanced practice nurse's, or physician assistant's** signature.

As used in this subdivision, "signature" includes an electronic or physician, **advanced practice nurse, or physician assistant** controlled stamp signature.

- (6) A signature line for the qualified person or representative, including the following information:
 - (A) The qualified person's or representative's printed name.
 - (B) The relationship of the representative signing the POST form to the qualified person covered by the POST form.
 - (C) The date of the signature.

As used in this subdivision, "signature" includes an electronic signature.

- (7) A section presenting the option to allow a declarant to appoint a representative (as defined in IC 16-36-1-2) under IC 16-36-1-7 to serve as the declarant's health care representative.

(c) The state department shall place the POST form on its Internet web site.

(d) The state department is not liable for any use or misuse of the POST form.

SECTION 13. IC 16-36-6-10, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 10. (a) The declarant or representative shall keep the original executed POST form. The POST form is considered the personal property of the declarant. The treating physician, **advanced**



practice nurse, or physician assistant who executes the POST form shall maintain a copy of the POST form in the declarant's medical records. If the POST form is executed at a health care facility (as defined in IC 16-18-2-161), a copy of the POST form shall be maintained in the health care facility's medical records.

(b) A health care provider or health care facility shall treat a facsimile, paper, or electronic copy of a valid POST form as an original document.

(c) A health care provider, a health care facility, or an entity acting in good faith may not be considered to have knowledge of a POST form solely on the basis of the POST form's entry into a medical record that can be accessed by a person described in this subsection.

SECTION 14. IC 16-36-6-11, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 11. (a) A declarant or representative subject to subsection (b) may at any time revoke a POST form by any of the following:

- (1) A signed and dated writing.
 - (2) Physical cancellation or destruction of the POST form by:
 - (A) the declarant;
 - (B) the representative; or
 - (C) another individual at the direction of the declarant or representative.
 - (3) An oral expression by the declarant or representative of an intent to revoke the POST form.
- (b) A representative may revoke the POST form only if:
- (1) the declarant is incapable of making decisions regarding the declarant's health care; and**
 - (2) the representative acts:**
 - (A) in good faith; and**
 - (B) in:**
 - (i) accordance with the qualified person's express or implied intentions, if known; or**
 - (ii) the best interests of the qualified person, if the qualified person's express or implied intentions are not known.**

(c) A revocation of a POST form under this section is effective upon communication of the revocation to a health care provider.

(d) Upon communication of the revocation of a POST form under this section, the health care provider shall immediately notify the declarant's treating physician, **advanced practice nurse, or physician assistant**, if known, of the revocation.



(e) Upon notification of the revocation of a POST form to the treating physician, **advanced practice nurse, or physician assistant** under subsection (d), the declarant's treating physician, **advanced practice nurse, or physician assistant** shall as soon as possible do the following:

(1) Add the revocation to the declarant's medical record with the following information:

(A) The time, date, and place of revocation of the POST form by the declarant, representative, or other individual at the direction of the declarant or representative.

(B) The time, date, and place the treating physician, **advanced practice nurse, or physician assistant** was notified of the revocation of the POST form.

(2) Cancel the POST form that is being revoked by conspicuously noting in the declarant's medical records that the declarant's POST form has been voided.

(3) Notify any health care personnel responsible for the care of the declarant of the revocation of the POST form.

(4) Notify the physician, **advanced practice nurse, or physician assistant** who signed the POST form of the revocation through the contact information for the physician, **advanced practice nurse, or physician assistant** indicated on the form.

SECTION 15. IC 16-36-6-12, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 12. (a) A declarant, or, subject to subsection (b), a representative, may, at any time, request alternative treatment to the treatment specified on the POST form.

(b) A representative may request alternative treatment only if the declarant is incapable of making decisions concerning the declarant's health care.

(c) A health care provider to whom a request for alternative treatment is communicated shall, as soon as possible, notify the declarant's treating physician, **advanced practice nurse, or physician assistant**, if known, of the request.

(d) The treating physician, **advanced practice nurse, or physician assistant** who is notified under subsection (c) of a request for alternative treatment shall do the following as soon as possible:

(1) Include a written, signed note of the request in the declarant's medical records with the following information:

(A) The time, date, and place of the request by the declarant or representative.

(B) The time, date, and place that the treating physician,



advanced practice nurse, or physician assistant was notified of the request.

(2) Review the POST form with the declarant or representative and execute a new POST form, if needed.

SECTION 16. IC 16-36-6-15, AS ADDED BY P.L.164-2013, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 15. (a) Except as otherwise provided in this chapter, the medical orders included in a POST form executed under this chapter are effective in all settings. A health care provider shall comply with a declarant's POST form that is apparent and immediately available to the provider unless the provider:

(1) believes the POST form was not validly executed under this chapter;

(2) believes in good faith that the declarant, the representative, or another individual at the request of the declarant or representative has revoked the POST form as provided in section 11 of this chapter;

(3) believes in good faith that the declarant or representative has made a request for alternative treatment as provided in section 12 of this chapter;

(4) believes it would be medically inappropriate to provide the intervention included in the declarant's POST form; or

(5) has religious or moral beliefs that conflict with the POST form.

(b) A health care provider is not required to provide medical treatment that is contrary to a declarant's POST form that has been executed in accordance with this chapter.

(c) If a declarant is capable of making health care decisions, the declarant's treating physician, **advanced practice nurse, or physician assistant**, before carrying out or implementing a medical order indicated in the declarant's POST form, shall discuss the order with the declarant to reaffirm or amend the order on the POST form. For purposes of this subsection, a minor who is not authorized to consent to health care under IC 16-36-1-3(a)(2) is not capable of consenting to health care. This subsection applies regardless of whether the POST form was signed by the declarant or representative.

(d) A health care provider who is unable to implement or carry out the orders of a POST form shall transfer care of the declarant to another health care provider who is able to implement or carry out the orders. However, a health care provider who refuses to implement the medical orders included in an executed POST form is not required to transfer care of the declarant if any of the circumstances in subsection (a)(1)



through (a)(4) have occurred.

(e) The treating physician, **advanced practice nurse, or physician assistant** is responsible for coordinating the transfer of care of a declarant in the circumstances in subsection (d). If the treating physician, **advanced practice nurse, or physician assistant**, after a reasonable attempt, is unable to find a physician, **advanced practice nurse, or physician assistant** willing to implement or carry out the medical orders included in the declarant's POST form, the treating physician, **advanced practice nurse, or physician assistant** may decline to implement or carry out the medical orders.

(f) If, under this section, the treating physician, **advanced practice nurse, or physician assistant** does not transfer a declarant or implement the medical orders included in the declarant's POST form and the declarant is competent, the treating physician, **advanced practice nurse, or physician assistant** shall attempt to ascertain the declarant's preferences for medical care by discussing the preferences with the declarant. If the declarant is incompetent to act, the treating physician, **advanced practice nurse, or physician assistant** shall attempt to ascertain the declarant's preferences for medical care by consulting with the following individuals:

(1) The treating physician, **advanced practice nurse, or physician assistant** shall consult with any representative who is available, willing, and competent to act.

(2) If the declarant does not have a representative or if a representative is not available, willing, and competent to act, the treating physician, **advanced practice nurse, or physician assistant** shall consult with any of the following individuals who are available, willing, and competent to act:

(A) The declarant's spouse.

(B) An adult child of the declarant, or, if the declarant has more than one (1) adult child, a majority of the children who are reasonably available for consultation.

(C) A parent of the declarant.

(D) An adult sibling of the declarant, or, if the declarant has more than one (1) adult sibling, a majority of the siblings who are reasonably available for consultation.

(E) An individual with firsthand knowledge of the declarant's intentions.

(g) An individual described in subsection (f) shall act according to the declarant's intentions, if known, or in the best interest of the declarant.

(h) The physician, **advanced practice nurse, or physician**



assistant shall list the names of the individuals described in subsection (f) who were consulted and the information received by the individuals in the declarant's medical record.

SECTION 17. IC 16-36-6-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 21. (a) A physician order for scope of treatment document that was executed by a qualified person in another state may be honored if the following conditions are met:**

(1) The physician order for scope of treatment document is on a form prepared by a state agency and was executed according to the laws and rules of that state.

(2) A:

(A) licensed physician, advanced practice nurse, or physician assistant; and

(B) qualified person or representative; have signed and dated the physician order for scope of treatment document.

(3) The physician order for scope of treatment document is in English.

(b) The state department shall maintain on the state department's Internet web site a list of, or a web site link to, each state that may honor a POST form.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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