Sixty-ninth Legislative Assembly of North Dakota

FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2297

Introduced by

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Senators Roers, Barta, Lee, Sorvaag

Representative O'Brien

- 1 A BILL for an Act to amend and reenact section 23-12-13 of the North Dakota Century Code,
- 2 relating to informed consent of incapacitated patients and minors.

3 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 4 **SECTION 1. AMENDMENT.** Section 23-12-13 of the North Dakota Century Code is amended and reenacted as follows:
 - 23-12-13. <u>PersonsIndividuals</u> authorized to provide informed consent to health care for incapacitated <u>personspatients and minors</u> Priority.
 - Informed consent for health care for a minor patient or a patient who is determined by a physician to be an incapacitated person, as defined in subsection 2 of section 30.1-26-01, and unable to consent may be obtained from a person authorized to consent on behalf of the patientFor purposes of this section:
 - a. "Incapacitated patient" means an adult unable to understand and appreciate the nature and consequence of a health care decision, including the benefits, harms, and reasonable alternatives to proposed health care, and unable to communicate a health care decision, as certified by the patient's attending physician and filed in the patient's medical record.
 - b. "Minor" means an individual under eighteen years of age. Persons
 - 2. <u>Individuals</u> in the following classes and in the following order of priority may provide informed consent to health care on behalf of thean incapacitated patient:
 - a. The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions, unless a court of competent jurisdiction specifically authorizes a guardian to make medical

1		decisions for the incapacitated personA guardian acting under a valid court order
2		specifically authorizing the guardian to make health care decisions for the patient
3	b.	The appointed A health care agent appointed through a health care directive
4		under chapter 23-06.5 or a similar instrument executed in another jurisdiction in
5		accordance with the law in that jurisdiction;
6	<u>C.</u>	An appointed guardian or custodian of the patient, if any under chapter 30.1-28
7		or a similar instrument executed in another jurisdiction in accordance with the law
8		in that jurisdiction;
9	C.	The patient's
10	<u>d.</u>	A spouse of the patient who has maintained significant contacts contact with the
11		incapacitated personpatient;
12	d.	Children
13	<u>e.</u>	A child of the patient who areis at least eighteen years of age and who havehas
14		maintained significant contacts contact with the incapacitated personpatient;
15	e .	Parents
16	<u>f.</u>	A parent of the patient, including a stepparent who has maintained significant
17		contactscontact with the incapacitated personpatient;
18	f .	Adult brothers and sisters
19	<u>g.</u>	An adult sibling of the patient who have has maintained significant
20		contactscontact with the incapacitated personpatient;
21	g.	Grandparents
22	<u>h.</u>	A grandparent of the patient who have has maintained significant contacts contact
23		with the incapacitated personpatient;
24	h.	Grandchildren
25	<u>i.</u>	A grandchild of the patient who areis at least eighteen years of age and who
26		have has maintained significant contacts contact with the incapacitated
27		personpatient; or
28	i. j <u>.</u>	A close relative or friend of the patient who is at least eighteen years of age and
29		who has maintained significant contacts contact with the incapacitated
30		personpatient; or
31	k.	An interdisciplinary team consisting of at least three health care professionals.

1			<u>(1)</u>	An interdisciplinary team may include an employee or agent of a health care			
2				provider treating an incapacitated patient, including a member of the ethics			
3				committee, provided a member of the team is not directly involved with the			
4				treatment of the incapacitated patient.			
5			<u>(2)</u>	If consent is provided under this subdivision, a health care provider shall			
6				continue good faith efforts to identify and locate an individual in a preceding			
7				level of priority.			
8	2. <u>3.</u>	<u>Unl</u>	Unless otherwise determined by court order, a parent may make health care decisions				
9		for	for the parent's minor child. Individuals in the following classes and in the following				
10		ord	er of p	oriority may provide informed consent to health care on behalf of a minor			
11		pati	patient if a parent is unable to provide informed consent:				
12		<u>a.</u>	<u>Α gι</u>	uardian acting under a court order specifically authorizing the guardian to			
13			<u>mak</u>	ce health care decisions for the minor;			
14		<u>b.</u>	<u>An a</u>	appointed guardian or custodian of the minor;			
15		<u>C.</u>	<u>A no</u>	oncustodial parent of the minor, including a stepparent who has maintained			
16			<u>sign</u>	ificant contact with the patient;			
17		<u>d.</u>	<u>An a</u>	adult sibling of the minor who has maintained significant contact with the			
18			mino	<u>or;</u>			
19		<u>e.</u>	<u>A gr</u>	andparent of the minor who has maintained significant contact with the minor;			
20		<u>f.</u>	A clo	ose relative or friend of the minor who is at least eighteen years of age and			
21			<u>who</u>	has maintained significant contact with the minor; or			
22		<u>g.</u>	<u>An i</u>	nterdisciplinary team consisting of at least three health care professionals.			
23			<u>(1)</u>	An interdisciplinary team may include an employee or agent of a health care			
24				provider treating a minor, including a member of the ethics committee,			
25				provided a member of the team is not directly involved with the treatment of			
26				the minor.			
27			<u>(2)</u>	If consent is provided under this subdivision, a health care provider shall			
28				continue good faith efforts to identify and locate an individual in a preceding			
29				level of priority.			
30	<u>4.</u>	Αp	hysici	anhealth care provider seeking informed consent for proposed health care for			
31		a m	inor r	patient or a patient who is an incapacitated person andan incapacitated			

- patient or a minor who is unable to consent must make reasonable efforts to locate and secure authorization for the health care from a competent personindividual in the first or succeeding class identified in subsection 42 for an incapacitated patient or subsection 3 for a minor. If the physicianhealth care provider is unable to locate such personindividual, authorization may be given by any personindividual in the next class in the order of descending priority. A personAn individual identified in subsection 42 for an incapacitated patient or subsection 3 for a minor may not provide informed consent to health care if a personan individual of higher priority has refused to give such authorization.
- 3.5. Before any personindividual authorized to provide informed consent pursuant tounder this section exercises that authority, the personindividual must first determine in good faith that the patient, if not incapacitated, would consent to the proposed health care. If such a determination cannot be made, the decision to consent to the proposed health care may be made only after determining that the proposed health care is in the patient's best interests.
- 4. No person
- 6. An individual authorized to provide informed consent pursuant toin accordance with this section may not provide consent for sterilization, abortion, or psychosurgery or for admission to a state mental health facility for a period of more than forty-five days without a mental health proceeding or other court order.
- 5.7. If a patient who is determined by a physician to be an incapacitated personpatient, or a personan individual interested in the patient's welfare, objects to a determination of incapacity made pursuant to in accordance with this section, a court hearing pursuant to chapter 30.1-28 must be held to determine the issue of incapacity.