By Senator Gruters

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A bill to be entitled

An act relating to patient-directed doctor's orders; amending ss. 395.1041, 400.142, and 400.487, F.S.; authorizing specified personnel of hospitals, nursing homes, and home health agencies, respectively, to withhold or withdraw cardiopulmonary resuscitation if presented with a patient-directed doctor's order (PDDO) form that contains an order not to resuscitate; providing such personnel and their employing facilities and agencies with immunity from criminal prosecution or civil liability for such actions; revising construction; amending s. 400.605, F.S.; requiring the Agency for Health Care Administration to adopt by rule procedures for the implementation of PDDO forms in hospice care; amending s. 400.6095, F.S.; authorizing hospice care teams to withhold or withdraw cardiopulmonary resuscitation if presented with a PDDO form that contains an order not to resuscitate; providing hospice staff with immunity from criminal prosecution or civil liability for such actions; revising construction; amending s. 401.35, F.S.; requiring the Department of Health to establish by rule circumstances and procedures under which emergency medical technicians and paramedics may honor PDDO forms; amending s. 401.45, F.S.; authorizing emergency medical personnel and other health care professionals to withhold or withdraw cardiopulmonary resuscitation or other forms of medical interventions if presented with a PDDO form that contains an order

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not to resuscitate; conforming provisions to changes made by the act; prohibiting physician assistants from signing PDDO forms under certain circumstances; creating s. 401.451, F.S.; requiring a patientdirected doctor's order to be on a form adopted by department rule; specifying requirements for the form; authorizing a legal representative to revoke a PDDO form on behalf of a patient, with an exception; providing legal representatives with immunity from criminal and civil liability for, in good faith, executing a PDDO form on behalf of a patient; providing for expedited judicial intervention under certain circumstances; providing duties of the department; providing for the recognition of PDDO forms executed by a provider from a different health care facility or from another state under certain circumstances; providing specified health care professionals immunity from criminal or civil liability for acting in good faith to comply with a PDDO; requiring health care facilities that receive a patient transfer to review the patient's PDDO form, if any; specifying which document takes precedence when directives in PDDO forms conflict with other advance directives; prohibiting health care facilities and health care providers from requiring execution, revision, or revocation of a PDDO form to receive medical services or for admission to the facility; providing for the revocation of PDDO forms under certain circumstances; providing that the presence or

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absence of PDDO forms does not affect, impair, or modify certain insurance contracts and may not be the basis for delaying issuance of or refusing to issue certain insurance policies or for modifying premiums; specifying that PDDO forms are invalid if executed in exchange for payment or other remuneration; requiring the agency to create and maintain a database for the optional storage of PDDO forms by the department; providing construction; amending s. 429.255, F.S.; authorizing assisted living facility personnel to withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with a PDDO form that contains an order not to resuscitate; providing facility staff and facilities with immunity from criminal prosecution or civil liability for such actions; providing that the absence of a PDDO form does not preclude physicians from withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator; amending s. 429.73, F.S.; requiring the agency to adopt rules for the implementation of PDDO forms in adult family-care homes; authorizing providers of such homes to withhold or withdraw cardiopulmonary resuscitation if presented with a PDDO form that contains an order not to resuscitate; providing such providers with immunity from criminal prosecution or civil liability for such actions; amending s. 456.072, F.S.; authorizing licensees to withhold or withdraw cardiopulmonary resuscitation or

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the use of an automated external defibrillator if presented with orders not to resuscitate or a PDDO form that contains an order not to resuscitate; requiring the department to adopt rules providing for the implementation of such orders or forms; providing licensees with immunity from criminal prosecution or civil liability for withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with such orders or forms; providing that the absence of such orders or forms does not preclude licensees from withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator; amending s. 765.205, F.S.; requiring health care surrogates to provide written consent for PDDO forms under certain circumstances; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraph (1) of subsection (3) of section 395.1041, Florida Statutes, is amended to read:

395.1041 Access to and ensurance of emergency services; transfers; patient rights; diversion programs; reports of controlled substance overdoses.—

- (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF FACILITY OR HEALTH CARE PERSONNEL.—
- (1) Hospital personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to

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resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. Facility staff and facilities are shall not be subject to criminal prosecution or civil liability, and are not nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order or PDDO form. The absence of an order not to resuscitate executed pursuant to s. 401.45 or a PDDO form executed pursuant to s. 401.451 which contains an order not to resuscitate does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise authorized permitted by law.

Section 2. Subsection (3) of section 400.142, Florida Statutes, is amended to read:

400.142 Emergency medication kits; orders not to resuscitate.—

(3) Facility staff may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. Facility staff and facilities are not subject to criminal prosecution or civil liability, or considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order or PDDO form. The absence of an order not to resuscitate executed pursuant to s. 401.45 or a PDDO form executed pursuant to s. 401.451 which contains an order not to resuscitate does not preclude a

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physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise authorized permitted by law.

Section 3. Subsection (7) of section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, and advanced practice registered nurse's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate; patient-directed doctor's orders for life-sustaining treatment.—

(7) Home health agency personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The agency shall adopt rules providing for the implementation of such orders. Home health personnel and agencies are shall not be subject to criminal prosecution or civil liability, and are not nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order or PDDO form and rules adopted by the agency.

Section 4. Paragraph (e) of subsection (1) of section 400.605, Florida Statutes, is amended to read:

400.605 Administration; forms; fees; rules; inspections; fines.—

(1) The agency shall by rule establish minimum standards and procedures for a hospice pursuant to this part. The rules must include:

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(e) Procedures relating to the implementation of <u>advance</u> advanced directives; patient-directed doctor's order (PDDO) forms executed pursuant to s. 401.451 which contain orders not to resuscitate; and <u>orders</u> not to resuscitate do-not-resuscitate orders.

Section 5. Subsection (8) of section 400.6095, Florida Statutes, is amended to read:

400.6095 Patient admission; assessment; plan of care; discharge; death.—

(8) The hospice care team may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The agency shall adopt rules providing for the implementation of such orders. Hospice staff are shall not be subject to criminal prosecution or civil liability, and are not nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order or PDDO form and applicable rules. The absence of an order to resuscitate executed pursuant to s. 401.45 or a PDDO form executed pursuant to s. 401.451 which contains an order not to resuscitate does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise authorized permitted by law.

Section 6. Subsection (4) of section 401.35, Florida Statutes, is amended to read:

401.35 Rules.—The department shall adopt rules, including definitions of terms, necessary to carry out the purposes of

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this part.

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(4) The rules must establish circumstances and procedures under which emergency medical technicians and paramedics may honor orders by the patient's physician not to resuscitate executed pursuant to s. 401.45 or patient-directed doctor's order (PDDO) forms executed pursuant to s. 401.451 which contain orders not to resuscitate and the documentation and reporting requirements for handling such requests.

Section 7. Paragraph (a) of subsection (3) of section 401.45, Florida Statutes, is amended to read:

401.45 Denial of emergency treatment; civil liability.-

(3) (a) Resuscitation or other forms of medical intervention may be withheld or withdrawn from a patient by an emergency medical technician, a or paramedic, or another health care professional if evidence of an order not to resuscitate by the patient's physician or physician assistant or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate is presented to the emergency medical technician, or paramedic, or other health care professional. To be valid, an order not to resuscitate or not to perform other medical intervention, to be valid, must be on the form adopted by rule of the department. The form must be signed by the patient's physician or physician assistant and by the patient or, if the patient is incapacitated, the patient's health care surrogate or proxy as provided in chapter 765, court-appointed quardian as provided in chapter 744, or attorney in fact under a durable power of attorney as provided in chapter 709; however, a physician assistant may not sign a patientdirected doctor's order form executed pursuant to s. 401.451

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which contains an order not to resuscitate. The court-appointed guardian or attorney in fact must have been delegated authority to make health care decisions on behalf of the patient.

Section 8. Section 401.451, Florida Statutes, is created to read:

- 401.451 Patient-Directed Doctor's Order Program.-
- (1) PATIENT-DIRECTED DOCTOR'S ORDER FORM.—A patient-directed doctor's order (PDDO) must be on a form adopted by department rule which must include the statutory requirements specified in this section and must be executed as required by this section.
- (a) A PDDO form may be completed only by or for a patient determined by the patient's physician to have an end-stage condition as defined in s. 765.101 or a patient who, in the good faith clinical judgment of his or her physician, is suffering from at least one terminal medical condition that will likely result in the death of the patient within 1 year.
- (b) A PDDO form must be signed by the patient's physician.

 The form must contain a certification by the physician signing the PDDO form that the physician consulted with the patient signing the form or, if the patient is incapable of making health care decisions for himself or herself or is incapacitated, consulted with the patient's health care surrogate, proxy, court-appointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of the patient as provided in paragraph (c). The form must also include information about the patient's care goals and preferences selected as reflected on the PDDO form, specifically relating to the use of and the effect of removal or refusal of life-

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sustaining medical treatment. The physician signing the PDDO form must further indicate the medical circumstance justifying the execution of the PDDO.

- (c) A PDDO form must also be signed by the patient or, if the patient is incapable of making health care decisions for himself or herself or is incapacitated, the patient's health care surrogate or proxy as provided in chapter 765, courtappointed guardian as provided in chapter 744, or attorney in fact as provided in chapter 709. If a PDDO form is signed by a health care surrogate, proxy, court-appointed guardian, or attorney in fact, the patient's physician must certify the basis for the authority of the appropriate individual to execute the PDDO form on behalf of the patient, including compliance with chapter 765, chapter 744, or chapter 709.
- (d) The execution of a PDDO form by the patient automatically revokes any PDDO forms previously executed by the patient.
- (e) A patient's health care surrogate, proxy, courtappointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (c) may subsequently revoke a PDDO form for a patient, unless a valid advance directive or prior PDDO form executed by the patient expressly forbids changes by a surrogate, proxy, guardian, or attorney in fact.
- (f) An individual acting in good faith as a surrogate, proxy, court-appointed guardian, or attorney in fact who executes a PDDO form on behalf of an incapacitated patient in accordance with this section and rules adopted by the department is not subject to criminal prosecution or civil liability for

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executing the PDDO form.

- (g) If a family member of the patient, the health care facility providing services to the patient, or the patient's physician who may reasonably be expected to be affected by the patient's PDDO form directives believes that directives executed by the patient's legal representative are in conflict with the patient's prior expressed desires regarding end-of-life care, the family member, facility, or physician may seek expedited judicial intervention pursuant to the Florida Probate Rules if:
- 1. The PDDO form regarding the patient's wishes regarding life-sustaining treatment is ambiguous or the patient has changed his or her mind after execution of the advance directive or PDDO form;
- 2. The PDDO form was executed by a surrogate, proxy, courtappointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (c) and the PDDO form is not in accord with the patient's known desires or with chapter 765, chapter 744, or chapter 709;
- 3. The PDDO form was executed by a surrogate, proxy, courtappointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (c) and the surrogate, proxy, court-appointed guardian, or attorney in fact was improperly designated or appointed, or the designation of the surrogate, proxy, court-appointed guardian, or attorney in fact is no longer effective or has been removed;
- 4. The surrogate, proxy, court-appointed guardian, or attorney in fact who executed the PDDO form on behalf of the patient as provided in paragraph (c) has failed to discharge his or her duties, or incapacity or illness renders him or her

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incapable of discharging those duties;

- 5. The PDDO was executed by a surrogate, proxy, courtappointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (c) who has abused his or her powers; or
- 6. The patient has sufficient capacity to make his or her own health care decisions.
- (h) A PDDO form may not include a directive regarding hydration or the preselection of any decision or directive. A PDDO form must be voluntarily executed by the patient or, if the patient is incapacitated, the patient's legal representative, and all directives included in the form must be made by the patient or, if the patient is incapacitated, the patient's legal representative at the time of signing the form. A PDDO form is not valid and may not be included in a patient's medical records or submitted to the database as provided in subsection (10) unless the form:
- 1. Is clearly printed on one or both sides of a single piece of paper as determined by department rule;
- 2. Includes the signatures of the patient and the patient's examining physician or, if the patient is incapacitated, the patient's legal representative and the patient's examining physician. The PDDO form may be executed only after the examining physician consults with the patient or the patient's legal representative, as appropriate;
- 3. Prominently states that completion of a PDDO form is voluntary, that the execution or use of a PDDO form may not be required as a condition for medical treatment, and that a PDDO form may not be given effect if the patient is conscious and

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competent to make health care decisions;

- 4. Prominently provides in a conspicuous location on the form a space for the patient's examining physician to attest that, in his or her clinical judgment and with good faith, at the time the PDDO form is completed and signed, the patient has the ability to make and communicate health care decisions or, if the patient is incapacitated, that the patient's legal representative has such ability;
- 5. Includes an expiration date, provided by the patient's examining physician, that is within 1 year after the patient or the patient's legal representative signs the form or that is contingent on completion of the course of treatment addressed in the PDDO form, whichever occurs first; and
- 6. Identifies the medical condition or conditions, provided by the patient's examining physician, that necessitate the PDDO form.
- (2) DUTIES OF THE DEPARTMENT.—The department shall do all of the following:
- (a) Adopt rules to implement and administer the PDDO program.
 - (b) Prescribe a standardized PDDO form.
- (c) Provide the PDDO form in an electronic format on the department's website and prominently state on the website the requirements for a PDDO form as specified under paragraph (3)(a).
- (d) Consult with health care professional licensing groups, provider advocacy groups, medical ethicists, and other appropriate stakeholders on the development of rules and forms to implement and administer the PDDO program.

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(e) Recommend a uniform method of identifying persons who have executed a PDDO form and providing health care providers with contact information regarding the person's primary health care provider.

- (f) Oversee the education of health care providers licensed by the department regarding implementation of the PDDO program.
- (g) Develop a process for collecting provider feedback to enable periodic redesign of the PDDO form in accordance with current health care best practices.
- (3) DUTY TO COMPLY WITH PDDO; OUT-OF-STATE PDDO; LIMITED IMMUNITY.—
- (a) Emergency medical service personnel, health care providers, physicians, and health care facilities, absent actual notice of revocation or termination of a PDDO form, may comply with the orders on a person's PDDO form, without regard to whether the PDDO ordering provider is on the medical staff of the treating health care facility. If the PDDO-ordering provider is not on the medical staff of the treating health care facility, the PDDO form must be reviewed by the treating health care professional at the receiving facility with the patient or the patient's health care surrogate, proxy, court-appointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (1) (c) and made into a medical order at the receiving facility, unless the PDDO form is replaced or voided as provided in this act.
- (b) A PDDO form from another state, absent actual notice of revocation or termination, is presumed valid and is effective in this state and must be complied with to the same extent as a PDDO form executed in this state.

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(c) Any licensee, physician, medical director, or emergency medical technician or paramedic who acts in good faith on a PDDO is not subject to criminal prosecution or civil liability, and has not engaged in negligent or unprofessional conduct, as a result of carrying out the directives of the PDDO made in accordance with this section and rules adopted by the department.

- (4) PATIENT TRANSFER; PDDO FORM REVIEW REQUIRED.—If a patient whose goals and preferences for care have been entered in a valid PDDO form is transferred from one health care facility or level of care to another, the health care facility or level of care initiating the transfer must communicate the existence of the PDDO form to the receiving facility or level of care before the transfer. Upon the patient's transfer, the treating health care provider at the receiving facility or level of care must review the PDDO form with the patient or, if the patient is incapacitated, the patient's health care surrogate, proxy, court-appointed guardian, or attorney in fact.
- (5) CONFLICTS WITH ADVANCE DIRECTIVES.—To the extent that a directive made on a patient's PDDO form conflicts with another advance directive of the patient which addresses a substantially similar health care condition or treatment, the document most recently signed by the patient takes precedence. Such directives may include, but are not limited to:
 - (a) A living will.
 - (b) A health care power of attorney.
- 433 (c) A PDDO form for a specific medical condition or treatment.
 - (d) An order not to resuscitate.

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(6) PDDO FORM NOT A PREREQUISITE.—A PDDO form may not be a prerequisite for receiving medical services or for admission to a health care facility. A health care facility or health care provider may not require an individual to complete, revise, or revoke a PDDO form as a condition of receiving medical services or treatment or as a condition of admission. The execution, revision, or revocation of a PDDO form must be a voluntary decision of the patient or, if the patient is incapacitated, the patient's legal representative.

- (7) REVOCATION OF A PDDO FORM.—
- (a) A PDDO form may be revoked at any time by a patient deemed to have capacity by means of:
 - 1. A signed, dated writing;
- 2. The physical cancellation or destruction of the PDDO form by the patient or by another in the patient's presence and at the patient's direction;
 - 3. An oral expression of intent to revoke; or
- 4. A subsequently executed PDDO form or advance directive that is materially different from a previously executed PDDO form or advance directive.
- (b) A surrogate, proxy, court-appointed guardian, or attorney in fact authorized to execute a PDDO form on behalf of a patient as provided in paragraph (1)(c) who created a PDDO form for a patient may revoke a PDDO form at any time in a writing signed by such surrogate, proxy, court-appointed guardian, or attorney in fact.
- (c) Any revocation of a PDDO form shall be promptly communicated to the patient's primary health care provider, primary physician, any health care facility at which the patient

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is receiving care, and, if applicable, the Agency for Health
Care Administration for purposes of updating the database. A
health care professional, surrogate, proxy, court-appointed
guardian, or attorney in fact who is informed of the revocation
of a PDDO form shall promptly communicate the fact of the
revocation to the patient's primary care physician, the current
supervising health care professional, and any health care
facility at which the patient is receiving care, to the extent
known to the surrogate, proxy, court-appointed guardian, or
attorney in fact.

- (d) Upon revocation, a PDDO form is void. A PDDO form may be revoked only in its entirety. A partial revocation of a PDDO form renders the entirety of the PDDO form void.
- (8) INSURANCE NOT AFFECTED.—The presence or absence of a PDDO form does not affect, impair, or modify a contract of life or health insurance or an annuity to which an individual is a party and may not serve as the basis for a delay in issuing or refusing to issue a policy of life or health insurance or an annuity or for an increase or decrease in premiums charged to the individual.
- (9) INVALIDITY.—A PDDO form is invalid if payment or other remuneration was offered or made in exchange for execution of the form.
- (10) DATABASE.—The Agency for Health Care Administration shall create and maintain a database for the storage of PDDO forms, which shall be stored solely at the option of the patient in electronic form by the department.
- (11) CONSTRUCTION.—This section may not be construed to condone, authorize, or approve mercy killing or euthanasia. The

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Legislature does not intend that this act be construed as authorizing an affirmative or deliberate act to end an individual's life, except to allow the natural process of dying.

Section 9. Subsection (4) of section 429.255, Florida Statutes, is amended to read:

429.255 Use of personnel; emergency care.-

(4) Facility staff may withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The agency shall adopt rules providing for the implementation of such an order or PDDO form orders. Facility staff and facilities are may not be subject to criminal prosecution or civil liability, and are not nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator pursuant to such an order or PDDO form and rules adopted by the agency. The absence of an order not to resuscitate executed pursuant to s. 401.45 or a PDDO form executed pursuant to s. 401.451 which contains an order not to resuscitate does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator as otherwise authorized permitted by law.

Section 10. Subsection (3) of section 429.73, Florida Statutes, is amended to read:

429.73 Rules and standards relating to adult family-care homes.—

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(3) The agency shall adopt rules providing for the implementation of orders not to resuscitate and patient-directed doctor's order (PDDO) forms executed pursuant to s. 401.451 which contain orders not to resuscitate. The provider may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45 or a PDDO form executed pursuant to s. 401.451 which contains an order not to resuscitate. The provider is shall not be subject to criminal prosecution or civil liability, and is not nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order or PDDO form and applicable rules.

Section 11. Present subsections (7) and (8) of section 456.072, Florida Statutes, are redesignated as subsections (8) and (9), respectively, and a new subsection (7) is added to that section, to read:

456.072 Grounds for discipline; penalties; enforcement.—

(7) A licensee may withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45 or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate. The department shall adopt rules providing for the implementation of such an order or PDDO form. A licensee is not subject to criminal prosecution or civil liability, and is not considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator

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if presented with such an order or PDDO form. The absence of such an order or PDDO form does not preclude a licensee from withholding or withdrawing cardiopulmonary resuscitation or the use of an automated external defibrillator as otherwise authorized by law.

Section 12. Paragraph (c) of subsection (1) of section 765.205, Florida Statutes, is amended to read:

765.205 Responsibility of the surrogate.-

- (1) The surrogate, in accordance with the principal's instructions, unless such authority has been expressly limited by the principal, shall:
- (c) Provide written consent using an appropriate form whenever consent is required, including a physician's order not to resuscitate or a patient-directed doctor's order (PDDO) form executed pursuant to s. 401.451 which contains an order not to resuscitate.

Section 13. This act shall take effect July 1, 2024.