

1 AN ACT relating to medical order for scope of treatment.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 311.621 is amended to read as follows:

4 As used in KRS 311.621 to 311.643:

- 5 (1) "Adult" means a person eighteen (18) years of age or older and who is of sound
6 mind;
- 7 (2) "Advance directive" means a living will directive made in accordance with KRS
8 311.621 to 311.643, a living will or designation of health care surrogate executed
9 prior to July 15, 1994, and any other document that provides directions relative to
10 health care to be provided to the person executing the document;
- 11 (3) **"Advanced practice registered nurse" or "APRN" has the same meaning as in**
12 **KRS 314.011;**
- 13 **(4)** "Artificially-provided nutrition and hydration" means sustenance or fluids that are
14 artificially or technologically administered;
- 15 ~~**(5)**~~~~**(4)**~~ "Attending physician" means the physician who has primary responsibility for
16 the treatment and care of the patient;
- 17 ~~**(6)**~~~~**(5)**~~ "Decisional capacity" means the ability to make and communicate a health
18 care decision;
- 19 ~~**(7)**~~~~**(6)**~~ "Directive" means a living will directive in writing voluntarily made by an
20 adult in accordance with the provisions of KRS 311.621 to 311.643;
- 21 ~~**(8)**~~~~**(7)**~~ "Grantor" means an adult who has executed an advance directive in
22 accordance with KRS 311.621 to 311.643;
- 23 ~~**(9)**~~~~**(8)**~~ "Health care decision" means consenting to, or withdrawing consent for, any
24 medical procedure, treatment, or intervention;
- 25 ~~**(10)**~~~~**(9)**~~ "Health care facility" means any institution, place, building, agency, or portion
26 thereof, public or private, whether organized for profit or not, used, operated, or
27 designed to provide medical diagnosis, treatment, nursing, rehabilitative, or

1 preventive care, and licensed pursuant to KRS Chapter 216B;

2 ~~(11)~~~~(10)~~ "Health care provider" means any health care facility or provider of health
3 services, including but not limited to, those licensed, certified, or regulated under
4 the provisions of KRS Chapters 211, 216, 311, 312, 313, or 314;

5 ~~(12)~~~~(11)~~ "Life-prolonging treatment" means any medical procedure, treatment, or
6 intervention which:

7 (a) Utilizes mechanical or other artificial means to sustain, prolong, restore, or
8 supplant a spontaneous vital function; and

9 (b) When administered to a patient would serve only to prolong the dying process.

10 "Life-prolonging treatment" shall not include the administration of medication
11 or the performance of any medical procedure deemed necessary to alleviate
12 pain;

13 ~~(13)~~~~(12)~~ "Medical order for scope of treatment" **form" or "MOST form"** means an
14 actionable medical order signed by a patient, a patient's legal surrogate, or a
15 responsible party, and the patient's **provider**~~physician~~ directing the use of life-
16 sustaining treatment for the patient. A medical order for scope of treatment, if
17 completed, shall implement or apply a health power of attorney or a living will
18 directive if one exists;

19 **(14) "Patient's provider" means a physician, physician assistant, or an advance**
20 **practice registered nurse;**

21 ~~(15)~~~~(13)~~ "Permanently unconscious" means a condition which, to a reasonable degree
22 of medical probability, as determined solely by the patient's attending physician and
23 one (1) other physician on clinical examination, is characterized by an absence of
24 cerebral cortical functions indicative of consciousness or behavioral interaction with
25 the environment;

26 ~~(16)~~~~(14)~~ "Physician" means a person licensed to practice medicine in the
27 Commonwealth of Kentucky;

1 ~~(17)~~~~(15)~~ **"Physician assistant" has the same meaning as in KRS 311.840;**

2 **(18)** "Responsible party" means an adult who has authority under KRS 311.631 to make
3 a health care decision for a patient who has not executed a living will directive;

4 **(19)~~(16)~~ "Surrogate" means an adult who has been designated to make health care
5 decisions in accordance with KRS 311.621 to 311.643; and**

6 **(20)~~(17)~~ "Terminal condition" means a condition caused by injury, disease, or illness
7 which, to a reasonable degree of medical probability, as determined solely by the
8 patient's attending physician and one (1) other physician, is incurable and
9 irreversible and will result in death within a relatively short time, and where the
10 application of life-prolonging treatment would serve only to artificially prolong the
11 dying process.**

12 ➔Section 2. KRS 311.6225 is amended to read as follows:

13 (1) An adult with decisional capacity, an adult's legal surrogate, or a responsible party
14 may complete a medical order for scope of treatment directing medical
15 interventions. The form shall have the title "MOST, Medical Orders for Scope of
16 Treatment" and an introductory section containing the patient's name and date of
17 birth, the effective date of the form, including the statement "Form must be
18 reviewed at least annually" and the statements "HIPAA permits disclosure of
19 MOST to other health care professionals as necessary" and "This document is based
20 on this person's medical condition and wishes. Any section not completed indicates
21 a preference for full treatment for that section." The form shall be in substantially
22 the following order and format and shall have the following contents:

23 (a) Section A of the form shall direct cardiopulmonary resuscitation when a
24 person has no pulse and is not breathing by selection of one (1) of the
25 following:

- 26 1. "Attempt Resuscitation (CPR)"; or
- 27 2. "Do Not Attempt Resuscitation"; and

1 include the statement "When not in cardiopulmonary arrest, follow orders in
2 B, C, and D.";

3 (b) Section B of the form shall direct the scope of treatment when a person has a
4 pulse or is breathing by selection of one (1) of the following:

5 1. Full scope of treatment, including the use of intubation, advanced airway
6 interventions, mechanical ventilation, defibrillation or cardioversion as
7 indicated, medical treatment, intravenous fluids, and comfort measures.
8 This option shall include the statement "Transfer to a hospital if
9 indicated. Includes intensive care. Treatment Plan: Full treatment,
10 including life support measures.";

11 2. Limited additional intervention, including the use of medical treatment,
12 oral and intravenous medications, intravenous fluids, cardiac monitoring
13 as indicated, noninvasive bi-level positive airway pressure, a bag valve
14 mask, and comfort measures. This option excludes the use of intubation
15 or mechanical ventilation. This option shall include the statement
16 "Transfer to a hospital if indicated. Avoid intensive care. Treatment
17 Plan: Provide basic medical treatments."; or

18 3. Comfort measures, including keeping the patient clean, warm, and dry;
19 use of medication by any route; positioning, wound care, and other
20 measures to relieve pain and suffering; and the use of oxygen, suction,
21 and manual treatment of airway obstruction as needed for comfort. This
22 option shall include the statement "Do not transfer to a hospital unless
23 comfort needs cannot be met in the patient's current location (e.g. hip
24 fracture).".

25 These options shall be followed by a space for other instructions;

26 (c) Section C of the form shall direct the use of oral and intravenous antibiotics
27 by selection of one (1) of the following:

- 1 1. Antibiotics if indicated for the purpose of maintaining life;
- 2 2. Determine use or limitation of antibiotics when infection occurs;
- 3 3. Use of antibiotics to relieve pain and discomfort; or
- 4 4. No antibiotics, use other measures to relieve symptoms.

5 This option shall include a space for other instructions;

6 (d) Section D of the form shall:

- 7 1. Have the heading "Medically Administered Fluids and Nutrition: The
- 8 provision of nutrition and fluids, even if medically administered, is a
- 9 basic human right and authorization to deny or withdraw shall be limited
- 10 to the patient, the surrogate in accordance with KRS 311.629, or the
- 11 responsible party in accordance with KRS 311.631.";
- 12 2. Direct the administration of fluids if physically possible as determined
- 13 by the patient's provider~~[physician]~~ in accordance with reasonable
- 14 medical judgment and in consultation with the patient, surrogate, or
- 15 responsible party by selecting one (1) of the following:
- 16 a. Long-term intravenous fluids if indicated;
- 17 b. Intravenous fluids for a defined trial period. This option shall be
- 18 followed by "Goal:....."; or
- 19 c. No intravenous fluids, provide other measures to ensure comfort;
- 20 and
- 21 3. Direct the administration of nutrition if physically possible as
- 22 determined by the patient's provider~~[physician]~~ in accordance with
- 23 reasonable medical judgment and in consultation with the patient,
- 24 surrogate, or responsible party by selecting one (1) of the following:
- 25 a. Long-term feeding tube if indicated;
- 26 b. Feeding tube for a defined trial period. This option shall be
- 27 followed by "Goal:....."; or

1 c. No feeding tube. This option shall be followed by a space for
2 special instructions;

3 (e) Section E of the form shall:

- 4 1. Have the heading "Patient Preferences as a Basis for this MOST Form"
5 and shall include the language "Basis for order must be documented in
6 medical record";
- 7 2. Provide direction to indicate whether or not the patient has an advance
8 medical directive such as a health care power of attorney or living will
9 and, if so, a place for the printed name, position, and signature of the
10 individual certifying that the MOST is in accordance with the advance
11 directive; and
- 12 3. Indicate whether oral or written directions were given and, if so, by
13 which one (1) or more of the following:
- 14 a. Patient;
- 15 b. Parent or guardian if patient is a minor;
- 16 c. Surrogate appointed by the patient's advance directive;
- 17 d. The judicially appointed guardian of the patient, if the guardian has
18 been appointed and if medical decisions are within the scope of the
19 guardianship;
- 20 e. The attorney-in-fact named in a durable power of attorney, if the
21 durable power of attorney specifically includes authority for health
22 care decisions;
- 23 f. The spouse of the patient;
- 24 g. An adult child of the patient or, if the patient has more than one (1)
25 child, the majority of the adult children who are reasonably
26 available for consultation;
- 27 h. The parents of the patient; and

- 1 i. The nearest living relative of the patient or, if more than one (1)
2 relative of the same relation is reasonably available for
3 consultation, a majority of the nearest living relatives;
- 4 (f) A signature portion of the form shall include spaces for the printed name,
5 signature, and date of signing for:
- 6 1. The patient's provider[physician];
7 2. The patient, parent of minor, guardian, health care agent, surrogate,
8 spouse, or other responsible party, with a description of the relationship
9 to the patient and contact information, unless based solely on advance
10 directive; and
11 3. The health care professional preparing the form, with contact
12 information;
- 13 (g) A section of the form shall be titled "Information for patient, surrogate, or
14 responsible party named on this form" with the following language: "The
15 MOST form is always voluntary and is usually for persons with advanced
16 illness. MOST records your wishes for medical treatment in your current state
17 of health. The provision of nutrition and fluids, even if medically
18 administered, is a basic human right and authorization to deny or withdraw
19 shall be limited to the patient, the surrogate in accordance with KRS 311.629,
20 or the responsible party in accordance with KRS 311.631. Once initial
21 medical treatment is begun and the risks and benefits of further therapy are
22 clear, your treatment wishes may change. Your medical care and this form can
23 be changed to reflect your new wishes at any time. However, no form can
24 address all the medical treatment decisions that may need to be made. An
25 advance directive, such as the Kentucky Health Care Power of Attorney, is
26 recommended for all capable adults, regardless of their health status. An
27 advance directive allows you to document in detail your future health care

1 instructions or name a surrogate to speak for you if you are unable to speak for
2 yourself, or both. If there are conflicting directions between an enforceable
3 living will and a MOST form, the provisions of the living will shall prevail.";

4 (h) A section of the form shall be titled "Directions for Completing and
5 Implementing Form" with these four (4) subdivisions:

6 1. The first subdivision shall be titled "Completing MOST" and shall have
7 the following language:

8 "MOST must be reviewed, prepared, and signed by the patient's
9 provider~~[physician]~~ in personal communication with the patient, the
10 patient's surrogate, or responsible party.

11 MOST must be reviewed and contain the original or electronic signature
12 of the patient's provider~~[physician]~~ to be valid. Be sure to document the
13 basis in the progress notes of the medical record. Mode of
14 communication (e.g., in person, by telephone, etc.) should also be
15 documented.

16 The signature of the patient, surrogate, or a responsible party is required;
17 however, if the patient's surrogate or a responsible party is not
18 reasonably available to sign the original form, a copy of the completed
19 form with the signature or electronic signature of the patient's surrogate
20 or a responsible party must be signed by the patient's
21 provider~~[physician]~~ and placed in the medical record.

22 Use of original form is required. Be sure to send the original form with
23 the patient.

24 There is no requirement that a patient have a MOST.";

25 2. The second subdivision shall be titled "Implementing MOST" and shall
26 have the following language: "If a health care provider or facility cannot
27 comply with the orders due to policy or personal ethics, the provider or

1 facility must arrange for transfer of the patient to another provider or
2 facility.";

3 3. The third subdivision shall be titled "Reviewing MOST" and shall have
4 the following language:

5 "This MOST must be reviewed at least annually or earlier if:
6 The patient is admitted and/or discharged from a health care facility;
7 There is a substantial change in the patient's health status; or
8 The patient's treatment preferences change.

9 If MOST is revised or becomes invalid, draw a line through Sections A-
10 E and write "VOID" in large letters."; and

11 4. The fourth subdivision shall be titled "Revocation of MOST" and shall
12 have the following language: "This MOST may be revoked by the
13 patient, the surrogate, or the responsible party."; and

14 (i) A section of the form shall be titled "Review of MOST" and shall have the
15 following columns and a number of rows as determined by the Kentucky
16 Board of Medical Licensure:

- 17 1. "Review Date";
- 18 2. "Reviewer and Location of Review";
- 19 3. "~~MD/DO~~Signature ***of the patient's provider*** (Required)";
- 20 4. "Signature of Patient, Surrogate, or Responsible Party (Required)"; and
- 21 5. "Outcome of Review, describing the outcome in each row by selecting
22 one (1) of the following:
 - 23 a. No Change;
 - 24 b. FORM VOIDED, new form completed; or
 - 25 c. FORM VOIDED, no new form".

26 (2) The Kentucky Board of Medical Licensure shall promulgate administrative
27 regulations in accordance with KRS Chapter 13A to develop the format for a

- 1 standardized medical order for scope of treatment form to be approved by the board,
2 including spacing, size, borders, fill and location of boxes, type of fonts used and
3 their size, and placement of boxes on the front or back of the form so as to fit on a
4 single sheet. **The board shall create an electronically fillable version of the MOST**
5 **form that can be accessed on the board's Web site.** The board may not alter the
6 wording or order of wording provided in subsection (1) of this section, except to
7 **provide translated versions of the MOST form,** add identifying data such as form
8 number and date of promulgation or revision and instructions for completing,
9 reviewing, and revoking the election of the form. **The board shall provide a**
10 **Spanish translation of the MOST form in print and in an electronically fillable**
11 **version.** The board shall consult with appropriate professional organizations to
12 develop the format for the medical order for scope of treatment form, including:
- 13 (a) The Kentucky Association of Hospice and Palliative Care;
 - 14 (b) The Kentucky Board of Emergency Medical Services;
 - 15 (c) The Kentucky Hospital Association;
 - 16 (d) The Kentucky Association of Health Care Facilities;
 - 17 (e) LeadingAge Kentucky;
 - 18 (f) The Kentucky Right to Life Association; and
 - 19 (g) Other groups interested in end-of-life care.
- 20 (3) The medical order for scope of treatment form developed under subsection (2) of
21 this section shall include but not be limited to:
- 22 (a) An advisory that completing the medical order for scope of treatment form is
23 voluntary and not required for treatment;
 - 24 (b) Identification of the person who discussed and agreed to the options for
25 medical intervention that are selected;
 - 26 (c) All necessary information necessary to comply with subsection (1) of this
27 section;

- 1 (d) The effective date of the form;
- 2 (e) The expiration or review date of the form, which shall be no more than one (1)
- 3 calendar year from the effective date of the form;
- 4 (f) Indication of whether the patient has a living will directive or health care
- 5 power of attorney, a copy of which shall be attached to the form if available;
- 6 (g) An advisory that the medical order for scope of treatment may be revoked by
- 7 the patient, the surrogate, or a responsible party at any time; and
- 8 (h) A statement written in boldface type directly above the signature line for the
- 9 patient that states "You are not required to sign this form to receive
- 10 treatment."
- 11 (4) ~~The~~^[A] patient's provider~~[physician]~~ shall document the medical basis for
- 12 completing a medical order for scope of treatment in the patient's medical record.
- 13 (5) The patient, the surrogate, or a responsible party shall sign the medical order for
- 14 scope of treatment form; however, if it is not practicable for the patient's surrogate
- 15 or a responsible party to sign the original form, the surrogate or a responsible party
- 16 shall sign a copy of the completed form and return it to the health care provider
- 17 completing the form. The copy of the form with the signature of the surrogate or a
- 18 responsible party, whether in electronic or paper form, shall be signed by the
- 19 patient's provider~~[physician]~~ and shall be placed in the patient's medical record.
- 20 When the signature of the surrogate or a responsible party is on a separate copy of
- 21 the form, the original form shall indicate in the appropriate signature field that the
- 22 signature is attached.
- 23 **(6) A portable patient medical order from another state that is executed by an adult**
- 24 **with decisional capacity, an adult's legal surrogate, or a responsible party shall**
- 25 **be honored in Kentucky if:**
- 26 **(a) The form was executed according to the laws and rules of that state; and**
- 27 **(b) The patient's provider, who is licensed according to the laws and rules of**

1 *that state, has signed and dated the form, either manually or electronically.*

2 *(7) The MOST form may be electronic or printed on any color of paper and the form*
3 *shall be honored on any color of paper.*

4 ➔Section 3. KRS 311.623 is amended to read as follows:

- 5 (1) An adult with decisional capacity may make a written living will directive that does
6 any or all of the following:
- 7 (a) Directs the withholding or withdrawal of life-prolonging treatment; or
 - 8 (b) Directs the withholding or withdrawal of artificially provided nutrition or
9 hydration; or
 - 10 (c) Designates one (1) or more adults as a surrogate or successor surrogate to
11 make health care decisions on behalf of the grantor. During any period in
12 which two (2) or more surrogates are serving, all decisions shall be by
13 unanimous consent of all the acting surrogates unless the advance directive
14 provides otherwise; or
 - 15 (d) Directs the giving of all or any part of the adult's body upon death for any
16 purpose specified in KRS 311.1929.
- 17 (2) Except as provided in KRS 311.633, a living will directive made pursuant to this
18 section or a medical order for scope of treatment made pursuant to KRS 311.6225
19 shall be honored by a grantor's family, regular family physician or attending
20 physician, *physician assistant, advanced practice registered nurse,* and any health
21 care facility of or in which the grantor is a patient.
- 22 (3) For purposes of KRS 311.621 to 311.643, notification to any emergency medical
23 responder as defined by KRS Chapter 211 or any paramedic as defined by KRS
24 Chapter 311, of a person's authentic wish not to be resuscitated shall be recognized
25 only if on a standard form or identification approved by the Kentucky Board of
26 Medical Licensure, in consultation with the Cabinet for Health and Family Services,
27 or a standard medical order for scope of treatment form approved by the Kentucky

1 Board of Medical Licensure pursuant to KRS 311.6225.

2 ➔Section 4. KRS 311.633 is amended to read as follows:

3 (1) It shall be the responsibility of the grantor or the responsible party of the grantor to
4 provide for notification to the grantor's attending physician, physician assistant, or
5 advanced practice registered nurse, and health care facility where the grantor is a
6 patient that an advance directive or a medical order for scope of treatment has been
7 made. If the grantor is comatose, incompetent, or otherwise mentally or physically
8 incapable, any other person may notify the attending physician, physician assistant,
9 or advanced practice registered nurse of the existence of an advance directive or a
10 medical order for scope of treatment. An attending physician, physician assistant,
11 or advanced practice registered nurse who is notified shall promptly make the
12 living will directive or a copy of the advance directive or a medical order for scope
13 of treatment a part of the grantor's medical records.

14 (2) An attending physician, physician assistant, advanced practice registered nurse, or
15 health care facility which refuses to comply with the advance directive or a medical
16 order for scope of treatment made pursuant to KRS 311.6225 of a patient or
17 decision made by a surrogate or responsible party shall immediately inform the
18 patient or the patient's responsible party and the family or guardian of the patient of
19 the refusal. No physician, physician assistant, advanced practice registered nurse,
20 or health care facility which refuses to comply with the advance directive or medical
21 order for scope of treatment of a qualified patient or decision made by a responsible
22 party shall impede the transfer of the patient to another physician, physician
23 assistant, advanced practice registered nurse, or health care facility which will
24 comply with the advance directive or medical order for scope of treatment. If the
25 patient, the family, or the guardian of the patient has requested and authorized a
26 transfer, the transferring attending physician, physician assistant, or advanced
27 practice registered nurse and health care facility shall supply the patient's medical

1 records and other information or assistance medically necessary for the continued
2 care of the patient, to the receiving physician, physician assistant, or advanced
3 practice registered nurse, and health care facility.

4 (3) No physician, physician assistant, advanced practice registered nurse, nurse, staff
5 member, or employee of a public or private hospital, or employee of a public or
6 private health care facility, who shall state in writing to the hospital or health care
7 facility his objection to complying with the advance directive of a patient, a health
8 care decision of a responsible party under KRS 311.621 to 311.643, or a medical
9 order for scope of treatment under KRS 311.6225, on moral, religious, or
10 professional grounds, shall be required to, or held liable for refusal to, comply with
11 the advance directive, health care decision, or medical order for scope of treatment
12 as long as the physician, nurse, staff member, or employee complies with the
13 requirements of subsection (2) of this section regarding patient notification and
14 patient transfer.

15 (4) It shall be unlawful discriminatory practice for any person to impose penalties or
16 take disciplinary action against or deny or limit licenses, certifications, degrees, or
17 other approvals or documents of qualification to any physician, physician assistant,
18 advanced practice registered nurse, nurse, staff member, or employee who refuses
19 to comply with the advance directive of a patient, a health care decision by a
20 responsible party under KRS 311.621 to 311.643, or a medical order for scope of
21 treatment, as long as the physician, physician assistant, advanced practice
22 registered nurse, nurse, staff member, or employee complies with the provisions of
23 subsection (2) of this section regarding notification and transfer.

24 ➔Section 5. KRS 311.635 is amended to read as follows:

25 (1) A health care facility, physician, physician assistant, advanced practice registered
26 nurse, or ~~any other~~ person acting under the direction of a physician shall not be
27 subject to criminal prosecution or civil liability or be deemed to have engaged in

1 unprofessional conduct as a result of the withholding or the withdrawal of life-
2 prolonging treatment or artificially provided nutrition and hydration from a patient
3 in a terminal condition in accordance with an advance directive executed pursuant
4 to KRS 311.621 to 311.643. A person who authorizes the withholding or
5 withdrawal of life-prolonging treatment or artificially provided nutrition and
6 hydration from a patient in a terminal condition in accordance with an advance
7 directive shall not be subject to criminal prosecution or civil liability for the action.

8 (2) An independent investigation of a surrogate's authority shall not be necessary unless
9 a person is in possession of information as to the surrogate's disqualification. No
10 surrogate, responsible party, physician, physician assistant, advanced practice
11 registered nurse, or health care facility acting in good faith, shall be subject to
12 criminal or civil liability for giving instructions as a surrogate, making a health care
13 decision as a responsible party under KRS 311.621 to 311.643, or carrying out, or
14 refusing to carry out pursuant to KRS 311.633, the surrogate's or responsible party's
15 instructions or acting in reliance on the grantor's designation of a surrogate or a
16 health care decision by a responsible party under KRS 311.621 to 311.643.

17 (3) The provisions of this section shall apply unless it is shown by a preponderance of
18 the evidence that the person:

- 19 (a) Authorizing or effectuating the withholding or withdrawal of life-prolonging
20 treatment;
- 21 (b) Giving instructions as a surrogate;
- 22 (c) Making a health care decision as a responsible party under KRS 311.621 to
23 311.643;
- 24 (d) Carrying out, or refusing to carry out, the surrogate's or responsible party's
25 instructions; or
- 26 (e) Acting in reliance on the grantor's designation of a surrogate or a health care
27 decision by a responsible party under KRS 311.621 to 311.643, did not, in

1 good faith, comply with the provisions of KRS 311.621 to 311.643.

2 (4) An advance directive made in accordance with KRS 311.621 to 311.629 shall be
3 presumed to have been made voluntarily and validly executed unless the attending
4 physician, physician assistant, advanced practice registered nurse, or health care
5 facility has actual knowledge to the contrary.

6 ➔Section 6. KRS 311.637 is amended to read as follows:

7 (1) The withholding or withdrawal of life-prolonging treatment or artificially provided
8 nutrition and hydration from a grantor in accordance with the provisions of KRS
9 311.621 to 311.643 shall not, for any purpose, constitute a suicide. The making of
10 an advance directive under KRS 311.621 to 311.629, a medical order for scope of
11 treatment under KRS 311.6225, or a health care decision by a responsible party
12 under KRS 311.621 to 311.643 shall not affect in any manner the sale, procurement,
13 or issuance of any policy of life insurance, nor shall it be considered to modify the
14 terms of an existing policy of life insurance. Notwithstanding any term of the policy
15 to the contrary, no policy of life insurance shall be legally impaired or invalidated in
16 any manner by a health care decision made by a surrogate or responsible party or by
17 the withholding or withdrawal from an insured patient any medical procedure or
18 intervention which would serve only to prolong artificially the dying process.

19 (2) No person, corporation, or governmental agency shall require or induce any person
20 to execute a living will directive or a medical order for scope of treatment under
21 KRS 311.6225, or to make a health care decision as a responsible party under KRS
22 311.621 to 311.643, as a condition for a contract or for the provision of any service,
23 medical treatment, or benefit.

24 (3) Nothing in KRS 311.621 to 311.643 shall be construed to impose any liability on a
25 surrogate or responsible party for any expenses of the grantor for which the
26 surrogate or responsible party would not otherwise have been liable.

27 (4) KRS 311.621 to 311.643 shall not create a presumption concerning the intention of

1 an adult who has revoked or has not executed an advance directive or a medical
2 order for scope of treatment under KRS 311.6225, with respect to the use,
3 withholding, or withdrawal of life-prolonging treatment if a terminal condition
4 exists.

5 (5) KRS 311.621 to 311.643 shall not affect the common law or statutory right of an
6 adult to make decisions regarding the use of life-prolonging treatment, so long as
7 the adult is able to do so, or impair or supersede any common law or statutory right
8 that an adult has to effect the withholding or withdrawing of medical care.

9 (6) KRS 311.621 to 311.643 shall not preclude or restrict the right of persons to make
10 advance directives outside the provisions of KRS 311.621 to 311.643; and KRS
11 311.621 to 311.643 shall not restrict or preclude medical personnel, physicians,
12 physician assistants, advanced practice registered nurses, nurses, or health care
13 facilities from following other written advance directives consistent with accepted
14 medical practice.