

Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

SFA**BILL ANALYSIS**

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

House Bill 4358 (Substitute H-1 as reported without amendment)

Sponsor: Representative Gerald Law

House Committee: Senior Health, Security and Retirement

Senate Committee: Health Policy

Date Completed: 5-24-99

RATIONALE

Under the Public Health Code, a "patient advocate" is an individual designated to exercise powers concerning another person's care, custody, and medical treatment. The Code allows someone who is 18 or older and of sound mind to designate another individual who is 18 or older as his or her patient advocate. A patient advocate may exercise his or her powers only when the patient is unable to participate in medical decisions. The Code contains a list of a patient advocate's rights, responsibilities, and authority, and requires a patient advocate to act in the best interest of the patient. A patient advocate may make a decision to withhold or withdraw treatment that would allow the patient to die, but only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision.

It has been pointed out that although the Code allows for the exercise of authority to withdraw treatment, it does not mention the possibility of hospice care. Many people already take advantage of hospice care, which is a type of care that places an emphasis on relieving the symptoms and effects of a terminal disease, and not on prolonging life. Such care is undertaken when acute, curative medical care can no longer offer hope of recovery. Hospice care is generally available to patients having a life expectancy of six months or less, and includes services to assist the patient's family in providing primary care. It has been suggested that the Code be amended specifically to allow an advocate to place a patient in hospice care.

CONTENT

The bill would amend the Estates and Protected Individuals Code to allow a patient advocate to have a patient placed under hospice care. The bill would take effect April 1, 2000.

(The Code (Public Act 386 of 1998) recodified the Revised Probate Code, and will not take effect until April 1, 2000.)

MCL 700.5509

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

The bill specifically would allow patient advocates to authorize hospice care for the person on whose behalf they were acting. Although this option reportedly is already being exercised, the bill would help in promoting hospice care, making this option more widely known. Hospice care offers a needed alternative for those faced with the difficulty of terminal illness; it provides a wide array of support services for patients and their families, and may be provided either in the patient's own home or in a free-standing, specialized facility.

Legislative Analyst: G. Towne

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: B. Bowerman

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.