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BILL ANALYSIS

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House Bill 5258 (Substitute H-1 as passed by the House)  
Sponsor: Representative Gene DeRossett  
House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 11-27-01

## **CONTENT**

**The bill would amend the Michigan Dignified Death Act to do the following:**

- Remove the Act's definition of "terminal illness" and replace certain references to terminal illness with the phrase "reduced life expectancy due to advanced illness".**
- Require physicians to inform patients with reduced life expectancy due to advanced illness that they could choose pain and symptom management.**
- Declare a legislative finding that health care providers should be encouraged to discuss medical directives upon diagnosis of chronic illness.**

The bill is tie-barred to House Bill 5257, which, as passed by the House, would amend the Act to remove references to "terminal illness".

The Act provides that "terminal illness" is "a disease or condition due to which, in the opinion of a physician, a patient's death is anticipated within 6 months after the date of the physician's opinion". The bill would remove the definition, and in general would replace references to the phrase with "reduced life expectancy due to advanced illness".

Currently, the Act requires physicians to inform terminally ill patients about recommended medical treatment for the terminal illness; about alternatives to the recommended medical treatment; about the advantages, disadvantages, and risks of the recommended treatment and of each alternative treatment; and about the procedures involved in each treatment. The bill would require a physician to give information about these treatments to a patient who was diagnosed as having a reduced life expectancy due to advanced illness (rather than a patient with a terminal illness). This provision would take effect March 1, 2002.

Under the Act, a physician who is recommending medical treatment for terminal illness also must inform the patient that he or she may designate a patient advocate to make medical treatment decisions; that the patient has the right to make an informed decision regarding receiving, continuing, discontinuing, and refusing medical treatment for the terminal illness; and that the patient may choose palliative care treatment, including hospice care and pain management. Again, the bill would replace references to terminal illness, and require the physician to fulfill the requirements for a patient diagnosed as having a reduced life expectancy due to an advanced illness. In addition, a physician would be required to inform a patient that the patient, or the patient's surrogate or patient advocate acting on behalf of the patient, could choose adequate and appropriate pain and symptom management as a basic and essential element of medical treatment. These amendments would take effect March 1, 2002, and, according to the bill, could not be construed to create a new mandated benefit for

any coverages issued under the Insurance Code, the Nonprofit Health Care Corporation Reform Act, or any other health care payment or benefits plan.

The Act contains statements of legislative findings. The bill would add the following:

That health care providers should be encouraged to discuss medical directives during initial consultations, annual examinations, and hospitalizations, at diagnosis of a chronic illness, and when a patient transfers from 1 health care setting to another.

MCL 333.5652 et al.

Legislative Analyst: G. Towne

**FISCAL IMPACT**

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

Fiscal Analyst: J. Walker