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## HOUSE REPUBLICAN STAFF ANALYSIS

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Bill: House File 2165  
Committee: Human Resources  
Floor Manager: Representative Joel Fry  
Date: March 10, 2012  
Staff: Brad Trow (1-3471)

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### Physicians Orders for Scope of Treatment

House File 2165 provides for the creation of a standard form for Iowans to provide their wishes in regard to life-sustaining treatment. Many Iowans have already executed living wills or other legal documents expressing their desire for such treatment, but sometimes these documents are not available or accessible to health care providers. The use of the Iowa Physician Orders for Scope of Treatment (iPOST) form would allow for easy transmission and recognition of the patient's wishes.

The bill is the result of a pilot project in Linn County, which was created by the Legislature in 2008 and expanded to Cedar County in 2010. The advisory council for the pilot project recommended to the Legislature the state-wide implementation of the iPOST form.

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### Summary of Action

**Committee Action** – The House Human Resources Committee PASSED House File 2165 on a vote of 21-0 on January 25, 2012.

**House Action** – The House PASSED House File 2165 on a vote of 83-12 on February 9, 2012.

**Senate Action** – The Senate PASSED House File 2165 on a vote of 48-0 on February 22, 2012.

**Final Action** – The Governor SIGNED House File 2165 on March 7, 2012.

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### Section by Section Analysis

**Section 1 – LEGISLATIVE FINDINGS** – The section recognizes the importance of Iowans making decisions about health care prior to situations requiring it, and that making these decisions is a process. The section states that the Iowa Physician Order for Scope of Treatment (iPOST) form will be a way for Iowans' decisions to be honored by health providers. Finally, the section states that the iPOST form is intended to be used by those Iowans who are elderly, those with chronic or critical medical conditions, or those with a terminal illness.

**Section 2 – Physician Orders for Scope of Treatment** – The section creates definitions for the new Code chapter 144D.

**Section 3 – Physician Orders for Scope of Treatment form** – The section lays out the required elements of a iPOST form. The form must include the patient’s name and date of birth, and have the signature of the patient or their legal representative. The form must also be signed by the patient’s primary care provider (Dr., PA, or ARNP), and if filled out by another person for the patient, that person must sign as well.

The form is to include the wishes of the patient for possible care, including:

- Administration of CPR;
- Level of medical intervention in a medical emergency;
- Use of medically-administered nutrition via tube; and
- Rationale for the orders.

The iPOST form is to be easily distinguishable, so that health care providers and facilities can recognize it, and an incomplete section on the form is to imply that the patient intends to receive the full treatment for the situation addressed in that section. The Department of Public Health is to post a copy of the form on its website so that the public can access it.

**Section 4 – Compliance with POST forms** – The section recognize that POST form executed in another state that are in compliance with their applicable laws shall be deemed valid and enforceable in Iowa to the extent the form is consistent with the laws of Iowa, and may be accepted by a health care provider, hospital, home health agency, or health care facility. A health care provider, hospital, home health agency, or health care facility may comply with an accepted POST form, even if the physician, ARNP, or PA who signed the POST form does not have admitting privileges at the hospital or health care facility providing health care or treatment.

The section also provides an absolute defense to civil or criminal liability for a health care provider, hospital, home health agency, health care facility, or any other person who complies with a POST form if the actions are in accordance with reasonable medical standards. The section requires a health care provider, hospital, home health agency, or health care facility that is unwilling to comply with an executed POST form to take all reasonable steps to transfer the patient to another health care provider, hospital, home health agency, or health care facility.

**Section 5 – General Provisions** - The section provides for the relation of an executed POST form to a declaration under the life-sustaining procedures Act and a durable power of attorney for health care. In both cases, the declaration and the durable power of attorney control health care decision making and the POST form does not supersede them. The section provides that death resulting from the withholding or withdrawal of life-sustaining procedures pursuant to an executed POST form and in accordance with the bill does not constitute a suicide, homicide, or dependent adult abuse and that executing a POST form does not affect in any manner the sale, procurement, or issuance of any policy of life insurance; modify the terms of an existing policy of life insurance; or legally impair or invalidate the policy. The section also prohibits the execution of a POST form as a condition for being insured or receiving health care services.

Section 5 also provides that not executing a POST form does not create a presumption concerning the intention of an individual with respect to the use, withholding, or withdrawal of life-sustaining procedures in the event of a terminal condition. The section states that the new chapter 144D is not to be interpreted to affect the right of a patient to make decisions regarding use of life-sustaining procedures as long as the patient is able to do so, nor to impair or supersede any right or responsibility that any person has to effect the withholding or withdrawal of medical care in any lawful manner. Chapter 144D is not to be construed to condone, authorize, or approve mercy killing or euthanasia, or to permit any affirmative or deliberate act or omission to end life other than to permit the natural process of dying.