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HOUSE OF REPRESENTATIVES
148th GENERAL ASSEMBLY

HOUSE BILL NO. 64

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO DELAWARE MEDICAL ORDERS
FOR SCOPE OF TREATMENT ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend Title 16 of the Delaware Code by making deletions as shown by strike through and insertions
2 as shown by underline as follows:

3 CHAPTER 25A DELAWARE MEDICAL ORDERS FOR SCOPE OF TREATMENT ACT

4 § 2501A. Short title.

5 This Chapter shall be known and may be cited as the “Delaware Medical Orders for Scope of Treatment Act”
6 (“DMOST Act”).

7 § 2502A. Statement of purpose.

8 (a) An adult individual who has decision-making capacity has the right to refuse medical or surgical treatment in
9 order to allow natural death if such refusal is not contrary to existing public health laws.

10 (b) An adult individual with decision-making capacity has the right to plan ahead for health-care decisions through
11 an advance health-care directive pursuant to Chapter 25 of this title, or through a DMOST form pursuant to this chapter or
12 both, and to have the wishes expressed in those documents respected, subject to certain limitations, in order to ensure that
13 the right to control decisions about one’s own health care is not lost if a patient loses decision-making capacity and is not
14 able to participate actively in making his or her own decisions, either temporarily or permanently.

15 (c) An advance health-care directive is recommended for every adult whether or not the individual anticipates a
16 period of incapacity.

17 (d) The DMOST form is separate from and is not an advance health-care directive. It expresses an individual’s
18 wishes regarding scope of treatment through medical orders. The DMOST form does not require an advance health-care
19 directive.

20 (e) Data reveal that many individuals may reside or be situated in multiple locations such as home, acute care, and
21 post-acute care settings near the end of life. Changes in such settings require that an easily understood, standardized,

22 portable document be available to communicate the individual's care preferences. A DMOST form provides such a
23 document.

24 § 2503A. Definitions.

25 (a) "Advance health-care directive" means an advance health-care directive under Chapter 25 of this title, a
26 durable power of attorney for health-care decisions, or any individual instruction or power of attorney for health care valid
27 in the state where such document was executed or where the individual executing such document was a resident at the time
28 that such document was executed that appoints an agent. Said document must have been executed by the individual
29 authorizing the appointed agent to make decisions about the individual's health care when such individual no longer has
30 decision-making capacity.

31 (b) "Decision-making capacity" means a patient's ability to understand and appreciate the nature and
32 consequences of a particular health-care decision, including the benefits and risks of that decision and alternatives to any
33 proposed health care, and to reach an informed health-care decision.

34 (c) "Delaware Medical Orders for Scope of Treatment (DMOST)" means a clinical process to facilitate
35 communication between health-care professionals and patients living with serious illness or frailty whose health-care
36 practitioner would not be surprised if they died within the next year or, if the patient lacks decision-making capacity, the
37 patient's authorized representative. The process encourages shared, informed medical decision-making. The result is a
38 DMOST form, which contains portable medical orders that respect the patient's goals for care in regard to the use of CPR
39 and other medical interventions. The DMOST form is applicable across health-care settings, is reviewable, and is
40 revocable.

41 (d) "Department" means the Department of Health and Social Services.

42 (e) "DMOST form" means a standardized document created or approved by the Department that is uniquely
43 identifiable and has a uniform format or color, which:

44 (1) Is used on a voluntary basis by patients living with serious illness or frailty whose health-care
45 practitioner would not be surprised if they died within the next year;

46 (2) Is not an advance health-care directive;

47 (3) Is not valid unless it meets the requirements for a completed DMOST form as set forth in this chapter;

48 (4) Is intended to provide direction to emergency care personnel regarding the use of emergency care and
49 to health-care providers regarding the use of life-sustaining treatment by indicating the patient's preference
50 concerning the scope of treatment, the use of specified interventions, and the intensity of treatment for each
51 intervention;

52 (5) Is intended to accompany the patient, and to be honored by all personnel attending the patient, across
53 the full range of possible health-care settings, including but not limited to the patient's home, a health-care
54 institution, at the scene of a medical emergency, or during transport;

55 (6) May be reviewed or voided at any time by a patient with decision-making capacity or, if the patient
56 lacks decision-making capacity, the patient's representative in accordance with the provisions of section 2511A of
57 this chapter; and

58 (7) Must be signed by a health-care practitioner.

59 (f) "Emergency-care provider" means an emergency medical technician, paramedic, or first responder authorized
60 under Chapter 97 of this title.

61 (g) "Health-care institution" means an institution, facility, or agency licensed, certified or otherwise authorized or
62 permitted by law to provide health care in the ordinary course of business.

63 (h) "Health-care practitioner" means a physician or an individual licensed and authorized to write medical orders
64 under Title 24 of Delaware Code who is providing care for the patient or overseeing the health care provided to a patient
65 and has completed all training required by the Department for individuals participating in the completion of a DMOST
66 form. Over time, a patient's health-care practitioner may change.

67 (i) "Health-care provider" means an individual licensed, certified, or otherwise authorized or permitted by law to
68 provide health care in the ordinary course of business or practice of a profession. A health-care practitioner is also a health-
69 care provider.

70 (j) "Life-sustaining treatment" includes any medical intervention, including procedures, administration of
71 medication, or use of a medical device, that maintains life by sustaining, restoring, or supplanting a vital function. It does
72 not include care provided for the purpose of keeping a patient comfortable.

73 (k) "Patient" means the individual who is under the care of the health-care practitioner or health-care provider.

74 (l) "Patient's authorized representative" or "authorized representative" means the individual signing a DMOST
75 form on behalf of a patient without decision-making capacity, who has the highest priority to act for the patient under law,
76 and who has the authority to make decisions with respect to the patient's health-care preferences being made on the
77 DMOST form such individual is executing on behalf of the patient. The health-care practitioner shall determine the
78 individual who is the patient's authorized representative by referencing the documentation giving such individual the
79 required authority under law. The regulations implementing this chapter shall explain the priority set by law regarding who
80 can act as an authorized representative. Based on the documentation provided by such individual as evidence of his or her
81 authority, the patient's authorized representative could be an individual designated by a patient under an advance health-

82 care directive, an agent under a medical durable power of attorney for health-care decisions, a guardian of the person
83 appointed pursuant to Chapters 39 and 39A of Title 12, in accordance with the authority granted by the appointing court, a
84 surrogate appointed under Chapter 25 of this title, or an individual who is otherwise authorized under applicable law to
85 make the health-care decisions being made by execution of the DMOST form on the patient's behalf, if the patient lacks
86 decision-making capacity.

87 (m) "Physician" means an individual authorized to practice medicine under 24 Del. C. Chapter 17, Subchapter III.

88 (n) "Scope of treatment" means those medical interventions, procedures, medications, and treatments that a
89 patient, in consultation with a health-care practitioner, has determined are appropriate, necessary and desired by and for the
90 patient and that a patient has determined to refuse or to allow. Scope of treatment always respects the patient and includes
91 the provision of comfort measures. A patient may decline life-sustaining treatment.

92 § 2504A. Duty of patient's authorized representative.

93 (a) At such time as a patient lacks decision-making capacity, the patient's authorized representative shall make a
94 health-care decision to treat, withdraw, or withhold treatment in accordance with the patient's individual instructions as
95 expressed in an advance health-care directive or DMOST form, if any, and other wishes to the extent known, or, if a
96 guardian appointed pursuant to Chapters 39 and 39A of Title 12, in accordance with the authority granted by the appointing
97 court. The patient's authorized representative shall have the power to make any health-care decision authorized under this
98 chapter unless limited by the order of a court of competent jurisdiction or limited in the document provided by the
99 authorized representative as evidence of his or her authority.

100 (b) If the patient's instructions or wishes are not known or clearly applicable, the authorized representative's
101 decision shall conform as closely as possible to what the patient would have done or intended under the circumstances. To
102 the extent the authorized representative knows or is able to determine, the authorized representative's decision shall take
103 into account the following non-exclusive list of factors, if applicable:

104 (1) The patient's personal, philosophical, religious, and ethical values.

105 (2) The patient's likelihood of regaining decision-making capacity.

106 (3) The patient's likelihood of death.

107 (4) The treatment's burdens on and benefits to the patient.

108 (5) Reliable oral or written statements previously made by the patient, including, but not limited to,
109 statements made to family members, friends, health-care providers, or religious leaders.

110 (c) The decision of an authorized representative regarding whether life-sustaining procedures should be provided,
111 withheld, or withdrawn shall not be based on a patient's status either as an individual with a pre-existing long-term mental

112 or physical disability, or as an individual who is economically disadvantaged.

113 § 2505A. Powers and duties of Department of Health and Social Services.

114 (a) The Secretary of the Department of Health and Social Services shall be authorized to promulgate regulations
115 and develop protocols to fulfill the following responsibilities:

116 (1) Promulgation of a DMOST form and development of the process for completion, modification, and
117 revocation of the DMOST form including training requirements.

118 (2) Promotion of awareness among health-care practitioners, health-care providers, emergency-care
119 providers, and the general public in this State about the option to complete a DMOST form.

120 (3) Training of emergency-care providers about the use and application of a DMOST form.

121 (4) Development of additional requirements for the completion of a DMOST form that may be applicable
122 in the case of a patient with mental illness or a developmental disability in consultation with organizations that
123 represent individuals with mental illness and development disabilities, respectively.

124 (5) Ongoing evaluation of the design and use of DMOST forms through the use of such data as the
125 Department determines reasonably necessary for that purpose.

126 (b) The Secretary of the Department of Health and Social Services shall be authorized to seek the imposition of
127 civil monetary penalties under this chapter.

128 § 2506A. Powers and duties of the Department of State.

129 The Secretary of State is authorized to promulgate regulations and develop protocols for the education of all
130 health-care providers under its licensing or certification jurisdiction.

131 § 2507A. Delaware Health Information Network.

132 The Delaware Health Information Network (DHIN) is authorized to create an electronic registry to maintain and
133 store executed DMOST forms and make them available to emergency-care providers, health-care providers and health-care
134 institutions.

135 § 2508A. Obligation to treat.

136 A health-care practitioner, health-care provider, health-care institution, or emergency-care provider shall treat a
137 patient who has a completed DMOST form in accordance with the directions and options indicated in such DMOST form,
138 except as otherwise provided in this chapter.

139 § 2509A. Mandatory elements of DMOST forms.

140 A DMOST form shall be deemed to be completed and therefore valid for the purposes of this chapter if it:

141 (1) Contains information indicating a patient's health-care preferences;

142 (2) Has been voluntarily signed by a patient or by another individual subscribing the patient's name in the
143 patient's presence and at the patient's express direction, or, if the patient does not have decision-making capacity,
144 by the patient's authorized representative;

145 (3) Contains a statement that the DMOST form is being signed after discussion with the patient, or the
146 patient's authorized representative;

147 (4) Includes the signature of the patient's health-care practitioner and the date of the health-care
148 practitioner's signature;

149 (5) If the DMOST form is not signed by the health-care practitioner in the presence of the patient, the
150 DMOST form will be signed by the individual in whose presence the patient or the patient's authorized
151 representative signed the DMOST form;

152 (6) The DMOST form shall include a statement that the patient or, if the patient does not have decision-
153 making capacity, the patient's authorized representative, has been provided with a plain language statement
154 explaining the DMOST form and the consequences of executing the DMOST form, including whether or not the
155 DMOST form may be changed if the patient lacks decision-making capacity; and

156 (7) Meets any other requirements established by regulations to implement or administer this chapter.

157 § 2510A. Recognition of medical orders from other states.

158 A document executed in another state, which meets the requirements of this chapter for a DMOST form or the
159 requirements of the state where such document was executed or the state where the patient was a resident at the time the
160 document was executed, shall be deemed to be valid for the purposes of this chapter to the same extent as a DMOST form
161 valid under this chapter.

162 § 2511A. Modification or revocation of DMOST forms.

163 (a) A patient with decision-making capacity, may, at any time, void his or her completed DMOST form or
164 otherwise request alternative treatment to the treatment that was ordered on the DMOST form.

165 (b) If the orders in a patient's completed DMOST form regarding the use of any intervention specified therein
166 conflict with the patient's more recent oral or written directive to the patient's health-care practitioner, the health-care
167 practitioner shall honor the more recent directive from the patient in accordance with the provisions of subsection (d) of this
168 section.

169 (c) The patient's authorized representative may, at any time after the patient loses decision-making capacity and
170 after consultation with the patient's health-care practitioner, request the health-care practitioner to modify or void the
171 completed DMOST form, or otherwise request alternative treatment to the treatment that was ordered on the DMOST form,

172 as the patient's authorized representative deems necessary to reflect the patient's health status or goals of care, unless the
173 patient expressly limits the authorized representative's authority to modify or void the completed DMOST form. The
174 DMOST form shall provide the patient with the option to authorize or not to authorize the patient's authorized
175 representative to void or modify the patient's completed DMOST form if the patient who has a completed DMOST form
176 loses decision-making capacity. If the patient indicates on the DMOST form that the authorized representative is not
177 authorized to void or modify the patient's completed DMOST form, the patient's authorized representative may not do so.

178 (d) A DMOST form may only be modified in consultation with the patient's health-care practitioner in accordance
179 with the provisions of the applicable regulations.

180 § 2512A. Resolution of conflicts.

181 (a) In the event of a disagreement between the patient's authorized representative and the patient's health-care
182 practitioner concerning the patient's decision-making capacity or the appropriate interpretation and application of the terms
183 of a completed DMOST form regarding the patient's course of treatment, the parties:

184 (1) May seek to resolve the disagreement by means of procedures and practices established by the health-
185 care institution, including, but not limited to, consultation with an institutional ethics committee, or with an
186 individual designated by the health-care institution for this purpose; or

187 (2) May seek resolution by a court of competent jurisdiction.

188 (b) A health-care provider involved in the patient's care or an administrator of a health-care institution may seek to
189 resolve a disagreement concerning the appropriate interpretation and application of the terms of a completed DMOST form
190 to the patient's course of treatment in the same manner as set forth in subsection (a) of this section.

191 § 2513A. Conflicting directives.

192 (a) The patient's scope of treatment shall be governed by the latest directive available.

193 (b) If the treatment directives of a later advance health-care directive conflict with the patient's directives on a
194 DMOST form, a health-care practitioner shall be informed so that the DMOST form can be modified or voided in order to
195 reflect that patient's later directive.

196 (c) If there is a conflict between the patient's expressed oral or written directives, the DMOST form, or the
197 decisions of the patient's authorized representative, the patient's last expressed oral or written directives shall be followed
198 and, if necessary, a new DMOST form shall be prepared and executed.

199 § 2514A. Safeguards.

200 Any individual or entity may petition the Court of Chancery for appointment of a guardian of the person of a
201 patient if that individual or entity has good reason to believe that the withdrawal or withholding of health care in a

202 particular case:

203 (1) Is contrary to the most recent expressed wishes of a patient;

204 (2) Is predicated on an incorrect assessment of the patient's decision-making capacity;

205 (3) Is being proposed pursuant to a DMOST form that has been falsified, forged, or coerced;

206 (4) Is being considered without knowledge of a revocation of a completed DMOST form which has been
207 unlawfully concealed, destroyed, altered, or cancelled; or

208 (5) Is based on a patient's status either as an individual with a pre-existing long-term mental or physical
209 disability, or as an individual who is economically disadvantaged.

210 § 2515A. Immunity.

211 A health-care institution, health-care practitioner, or health-care provider acting in good faith and in accordance
212 with generally accepted health-care standards applicable to the health-care institution, health-care practitioner, or health-
213 care provider is not subject to civil or criminal liability or to discipline for unprofessional conduct for:

214 (1) Complying with a DMOST form signed by a health-care practitioner apparently having authority to make a
215 DMOST for a patient, including a decision to withhold or withdraw health care;

216 (2) Declining to comply with a DMOST form based on a belief that the health-care practitioner then lacked
217 authority to sign a DMOST;

218 (3) Complying with a DMOST form and assuming that the DMOST form was valid when made and has not been
219 modified or voided;

220 (4) Providing life-sustaining treatment in an emergency situation when the existence of a DMOST form is
221 unknown; or

222 (5) Declining to comply with a DMOST form because the DMOST form is contrary to the conscience or good
223 faith medical judgment of the health-care practitioner or the written policies of the health-care institution.

224 § 2516A. Assumptions and presumptions.

225 (a) Neither the execution of a DMOST form under this chapter nor the fact that health care is withheld or
226 withdrawn from a patient in accordance therewith shall, for any purpose, constitute a suicide.

227 (b) The completion of a DMOST form pursuant to this chapter shall not be deemed or presumed to modify the
228 terms of an existing insurance policy. No policy of insurance shall be legally impaired or invalidated in any manner by the
229 withholding or withdrawal of health care from an insured patient, notwithstanding any term of the policy to the contrary.

230 (c) No health-care institution, health-care provider, health-care service plan, insurer issuing disability insurance,
231 self-insured employee welfare benefit plan, nonprofit hospital service plan, or any other type of direct or indirect provider

232 of health-care benefits or services, shall require any individual to execute a DMOST form as a condition to being insured,
233 to receiving care, or to being admitted to a health-care institution in order to receiving health-care services.

234 § 2517A. Penalties.

235 (a) A health-care provider who fails to act in accordance with the requirements of this chapter is subject to
236 discipline for professional misconduct.

237 (b) A health-care institution that intentionally fails to act in accordance with the requirements of this chapter shall
238 be liable for a civil penalty of not more than \$1,000 for each offense. For the purposes of this subsection, each violation
239 shall constitute a separate offense.

240 (c) An emergency-care provider subject to regulation by the Department who intentionally fails to act in
241 accordance with the requirements of this chapter is subject to such disciplinary measures as the Secretary of Department
242 deems necessary and consistent with the Department's statutory authority.

243 (d) An individual who intentionally or knowingly commits any of the following acts is guilty of a class G felony:

244 (1) Concealing, canceling, defacing, obliterating, or withholding personal knowledge of a completed
245 DMOST form or a modification or revocation thereof, without the patient's consent, or if the patient lacks
246 decision-making capacity, without the consent of the patient's authorized representative;

247 (2) Falsifying or forging a completed DMOST form or a modification or revocation thereof; or

248 (3) Coercing or fraudulently inducing the completion of a DMOST form or a modification or revocation
249 thereof by a patient or, if a patient lacks decision-making capacity, by a patient's authorized representative.

250 (e) Any organization that is a health-care provider, health-care institution, or "person" as defined in Section
251 102(1), of Title 18 who intentionally or knowingly requires or prohibits the completion of a DMOST form or a
252 modification or revocation thereof as a condition of coverage under any policy of health or life insurance, or an annuity, or
253 a public benefits program, or as a condition of the provision of health care is guilty of a class A misdemeanor for each and
254 every act or violation, and may be subject to suspension or revocation of such person's authority to do business in
255 Delaware.

256 (f) The provisions of this section shall not be construed to repeal any sanctions applicable under any other law.

257 (g) The Superior Court shall have jurisdiction over all civil monetary penalties and offenses under this chapter.

258 § 2518A. Capacity.

259 (a) An adult individual is presumed to have capacity to make a health-care decision and to execute, modify or void
260 a DMOST form.

261 (b) A determination that a patient lacks decision-making capacity must be made by a physician, and if a patient's

262 authorized representative is executing the DMOST form such determination by a physician shall be required.

263 § 2519A. Severability.

264 The provisions of this chapter are severable, and if any word, phrase, clause, sentence, section, or provision of this
265 chapter is for any reason held to be unconstitutional, the decision of the court shall not affect or impair any of the remaining
266 provisions of this chapter. It is hereby declared as the legislative intent that this chapter would have been adopted had such
267 unconstitutional word, phrase, clause, sentence, section or provision thereof not been included herein.

268 § 2520A. Effect of copy.

269 A copy of a DMOST form or revocation of a DMOST form has the same effect as the original.

270 Section 2. Amend § 2501, Title 16 of the Delaware Code by making deletions as shown by strike through and
271 insertions as shown by underline as follows:

272 § 2501 Definitions.

273 (h) "Health-care decision" shall mean a decision made by an individual or the individual's agent, surrogate or
274 guardian regarding the individual's health care, including:

275 (1) Selection and discharge of health-care providers and health-care institutions;

276 (2) Acceptance or refusal of diagnostic tests, surgical procedures, programs of medication, and orders not
277 to resuscitate; ~~and~~

278 (3) Directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of
279 health care; ~~and~~

280 (4) Execution of a DMOST form pursuant to Chapter 25A of this title.

281 Section 3. Amend § 9706, Title 16 of the Delaware Code by making deletions as shown by strike through and
282 insertions as shown by underline as follows:

283 § 9706. Office of Emergency Medical Services – Additional functions.

284 (h) The Director of Public Health shall have the authority to promulgate rules for EMS provider recognition and
285 compliance with an advance health care directive that has become effective pursuant to § 2503(c) of this title, or Delaware
286 Medical Orders for Scope of Treatment and those from other states that have become effective pursuant to Chapter 25A of
287 this title, and shall seek input and review from the Board of Medical Licensure and Discipline, the Delaware EMS Advisory
288 Oversight Council and the Delaware State Fire Prevention Commission. For purposes of this subsection, "EMS provider"
289 shall mean providers certified by the Delaware State Fire Commission or the Board of Medical Licensure and Discipline.
290 ~~Office of Emergency Medical Services within the Division of Public Health, Department of Health and Social Services.~~

291 EMS providers acting in accordance with the regulations promulgated hereunder shall be immune from criminal or civil
292 liability pursuant to § 2510 of this title.

293 ~~(1) The regulation shall define prehospital advanced care directive procedures to be used for terminally ill patients~~
294 ~~only.~~

295 ~~(2) All sections of the regulation will insure that processes are in compliance with Chapter 25 of this title, the~~
296 ~~"Delaware Death with Dignity Act." The regulations shall include, but not be limited to, the following:~~

297 ~~a. The allowable content of prehospital advanced care directives, to include:~~

298 ~~1. Option A (Advanced Life Support) — Maximal (Restorative) Care Before Arrest, then~~
299 ~~prehospital advanced care directive; or~~

300 ~~2. Option B (Basic Life Support) — Limited (Palliative) Care Only Before Arrest, then~~
301 ~~prehospital advanced care directive;~~

302 ~~b. Methods of identification describing the methods that can be used by persons electing to enact a~~
303 ~~prehospital advanced care directive. The properly enacted Delaware Prehospital Advanced Care Directive Form~~
304 ~~must be present; however, voluntary use of a Medic Alert prehospital advanced care directive bracelet or necklacc~~
305 ~~may be worn and/or a designation on a person's driver's license or state issued identification card pursuant to §~~
306 ~~2718(c) of Title 21 to indicate the presence of the form;~~

307 ~~c. Methods of revocation of prehospital advanced care directive describing how a prehospital advanced~~
308 ~~care directive can be revoked per Chapter 25 of this title; and~~

309 ~~d. Reciprocity to allow Delaware EMS providers to recognize prehospital advanced care directives from~~
310 ~~neighboring states for persons in Delaware.~~

311 Section 4. Amend § 2501, Title 16 of the Delaware Code by making insertions as shown by underlining and
312 deletions as shown by strike through as follows:

313 § 2501 Definitions.

314 (r) "Qualifying condition" means the existence of 1 or more of the following conditions in the patient, certified in
315 writing in the patient's medical record by the attending physician and by at least 1 other physician who, when the condition
316 in question is "permanently unconscious" shall be a board-certified neurologist and/or neurosurgeon:

317 (3) "Serious illness or frailty" means a condition based on which the health-care practitioner would not be
318 surprised if the patient died within the next year.

319 Section 5. This Act shall take effect upon the adoption of regulations by the Department of Health and Social
320 Services which will occur no later than one year from enactment.

SYNOPSIS

This Act authorizes the use of Medical Orders for Scope of Treatment in Delaware. This document, a “DMOST form,” will allow Delawareans to plan ahead for health-care decisions, express their wishes in writing, and both enable and obligate health care professionals to act in accordance with a patient’s expressed preferences.

Section 1 of this Bill adds a new chapter outlining the scope and requirements of a DMOST. The statute authorizes a medical order which is transportable, standardized, and implements a patient's end-of-life care preferences. In order to implement that statute, adjustments are made in Section 2 to the existing advance-care directive statute, and in Section 3 to the statute governing Emergency Medical Services. Section 3 also makes a technical name change within Chapter 97 that was overlooked in a 2003 change to Chapter 97 and adds reference to DMOST in Public Health’s rule writing authority. Section 4 adds language to the Advance Health Care Directive statute to give agents the authority to act pursuant to this new Chapter 25A.