

Annotated Proposed Rule Amendment

ADVANCE DIRECTIVES FOR HEALTH CARE RULES

I.1.0 Purpose Authority

These rules are adopted pursuant to ~~the intent of effectuate the intent of Chapter 231 of Title 18, Vermont Statutes Annotated (V.S.A.), 18 V.S.A. §§ 9708 and 9719. Chapter 231, Advance Directives for Health Care and Disposition of Remains.~~ Persons with questions about the rules are encouraged to call the Department at (802) 863-7200 or 1-800-464-4343.

2.0 Purpose

The State of Vermont recognizes the fundamental right of an adult to determine the extent of health care ~~he or she the individual~~ will receive, including treatment provided during periods of incapacity and at the end of life. ~~Title 18 V.S.A. Chapter 231~~ enables adults to retain control over their own health care through the use of Advance Directives ~~advance directives~~, including appointment of an agent and directions regarding health care and disposition of remains.

Vermont's law pertaining to advance directives for health care and disposition of remains may be found at 18 V.S.A. Chapter 231 (Sections 9700-9720):

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=231>

3.0 Definitions

~~In addition to The definitions of terms contained in these rule are the same as those contained in at 18 V.S.A. § 9701, the following definitions apply to this rule. Several definitions from 18 V.S.A. § 9701 are repeated in this rule or expanded upon for clarity or efficient reference. If any of such legislative definitions are amended, the amended definitions shall be the definitions of the terms contained in these rules.~~

~~A. Additional definitions for purposes of these rules:~~

~~1. "Advance Directive Locator" shall mean a document submitted to VADR (defined below) describing the physical location(s) of an advance directive.~~

3.1 "Advance Care Planning Documents" means documents for forms for creating, registering, amending, suspending or revoking an Advance Directive or for creating a DNR/COLST.

3.2 "Advance Directive" means an Advance Care Planning Document written and executed pursuant to 18 V.S.A. § 9703. This includes documents

designated under prior law as a durable power of attorney for health care or a terminal care document. Although a specific form is not required to execute an Advance Directive, a suggested form, and related information, is posted on the Department's website.

3.3 "Vermont Advance Directive Registry" or "VADR" means the secure, web-based database to which Vermont residents may submit, at no charge, Advance Care Planning Documents to register, amend, suspend or revoke an Advance Directive. VADR documents for submitting, amending, suspending or revoking Advance Directives are as follows:

<u>Document A</u>	<u>VADR Registration Agreement</u>
<u>Document B</u>	<u>VADR Authorization to Change</u>
<u>Document C</u>	<u>VADR Provider Notification</u>
<u>Document D</u>	<u>VADR Agent/Guardian Notification</u>

Advance Care Planning Documents and VADR documents are available on the Department's website. As used in this rule, the terms VADR and Registry also include the business processes and staff in place to administer the VADR system and ensure that the system's operations are current and conform to 18 V.S.A., cChapter 231.

3.4 "Clinician Orders for Life-sustaining Treatment" or "COLST" means a clinician's order or orders for treatment. In addition to the definition in 18 V.S.A. § 9701(6), a COLST may include limitations on treatment or medical interventions. A COLST order may include a DNR order, defined in Section 3.6. A COLST and a DNR order must be documented on the Vermont DNR/COLST form posted on the Department's website, except that health care facilities and residential care facilities may document DNR/COLST orders in the patient's medical record in a facility-specific manner.

3.5 "Department" ~~shall mean~~ means the Department of Health.

~~3.3 "DNR" means Do Not Resuscitate.~~

3.6 "Do- Not- Resuscitate order" or "DNR order" means a written order by the patient's clinician directing health care providers not to attempt resuscitation.

3.7 "DNR Identification" means a necklace, bracelet, or anklet identifying the patient as an individual who has a DNR order.

~~2. "COLST" shall mean a Clinician Order for Life Sustaining Treatment.~~

~~3. "Department" shall mean the Department of Health.~~

~~3.6 "EMS personnel" shall means emergency medical personnel.~~

3.8 "File" means ~~shall be~~ information and documents submitted to the Vermont Advance Directive Registry (VADR) and accessible to authorized persons and entities, including the registration information,

~~Advance Directive, Advance Directive Locator, and any amendment, suspension or revocation of an Advance Directive, as well as COLST and Do Not Resuscitate (DNR) Orders should the legislature authorize the submission of those documents to VADR.~~

3.9 ~~H “Provider” means a health care provider, health care facility, residential care facility, funeral director, crematory operator, cemetery official, organ procurement organization, probate court official, and employees thereof. person, partnership, corporation, facility or institution, licensed or certified or authorized by law to provide professional health care service in Vermont to an individual during that individual’s medical care, treatment, or confinement. The term shall include emergency medical personnel.~~

3.10 ~~“Registrant” means a principal who has submitted an Advance Directive to the Vermont Advance Directive Registry as described in Section 5.0 of this rule.~~

~~3.11 “Registration Agreement” shall mean consent by the principal for the principal’s advance directive personal and emergency contact information to be scanned and stored in VADR for retrieval by providers in accordance with Vermont law.~~

~~3.12 “Staff member” shall mean those persons acting on behalf of a health care facility or residential care facility, whether or not paid by the facility.~~

~~3.13 “VADR” shall mean the Vermont Advance Directive Registry located at:~~

~~Vermont Advance Directive Registry c/o
USLWR
523 Westfield Ave., P.O. Box 2789
Westfield, NJ 07091-2789
Phone: 1-800-548-9455
Fax: 1-908-654-1919~~

~~The Department of Health is legally responsible for VADR and its maintenance. Persons with questions about VADR are encouraged to call the Department at (802) 863-7200 or 1-800-464-4343.~~

III Attachments

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|--------------|--|
| Attachment A | Comprehensive advance directive with explanation of choices and responsibilities of a principal executing an advance directive. This is an optional form. Links to other optional forms will be provided at the Department’s website. |
| Attachment B | Do Not Resuscitate (DNR) Order and Clinician Order for Life Sustaining Treatment (COLST)
The DNR/COLST form is designed to be used as one form. |
| Attachment C | VADR Registration Agreement |
| Attachment D | VADR Advance Directive Locator |
| Attachment E | VADR Authorization to Change |

Attachment F	VADR Provider Notification
Attachment G	VADR Agent/Guardian Notification

4.0 IV Advance Directives

~~4.1—1. Agents, guardians, health care providers, health care facilities, residential care facilities, staff members, funeral directors, crematory operators, cemetery officials and persons appointed to arrange for the disposition of the principal's remains. When making decisions concerning a principal without capacity or for a deceased principal, the following entities shall follow the instructions in the advance directive regardless of the form of the advance directive: Once an Advance Directive is in effect, the following entities shall follow its instructions regardless of the form of the Advance Directive: agents, guardians, health care providers, health care facilities, residential care facilities, staff members, funeral directors, crematory operators, cemetery officials and persons appointed to arrange for the disposition of a principal's remains. Information about Advance Directives and related documents will be available on the Department's website.~~

~~1. The Department shall maintain a website which contains links to a variety of advance directive forms particularly suited to persons with a variety of interests or concerns, including a comprehensive advance directive covering the alternatives provided for under 18 V.S.A. Chapter 231.~~

~~4.2 —2. A principal may execute any or all parts of any Aadvance Ddirective.~~

~~2. Attachment A constitutes a comprehensive advance directive with an explanation of choices and responsibilities of a principal executing an advance directive. This is an optional advance directive. Links to other optional forms will be provided at the Department's website.~~

5.0 Vermont Advance Directive Registry (VADR)

~~5.1 The submission of Advance Care Planning Documents to VADR is voluntary. Registrants who voluntarily use VADR have a responsibility to keep the VADR informed and updated about any changes to his or her Advance Directive. This responsibility is important because medical providers and facilities are required to access the VADR system for information about a person's Advance Directive, and information obtained from VADR is presumed to be current and accurate absent any evidence to the contrary.~~

~~5.2 VADR serves only as a repository of information and documents. The validity of documents will not be evaluated except to determine whether the Registration Agreement is complete.~~

~~5.3 Submitting documents to VADR~~

~~5.3.1 Any principal may submit a copy of an Advance Directive and an~~

original Registration Agreement (Document A) for entry into the registry by mailing, e-mailing, or faxing those documents to VADR. Addresses for submitting these forms are available on the Department's website.

5.3.2 An e-mailed Advance Directive must be submitted in a pdf format.

5.3.3 VADR staff will mail the registrant a confirmation of the submission, a unique identification number, a wallet card and stickers with VADR contact information, and instructions for accessing VADR to view the file.

5.4 Amending, Suspending, or Revoking an Advance Directive

5.4.1 To amend an Advance Directive, a registrant shall complete a new Advance Directive that is properly signed and witnessed pursuant to 18 V.S.A. § 9703. The new Advance Directive can be filed with VADR by using the Authorization to Change form (Document B).

5.4.2 A registrant may suspend or revoke an Advance Directive at any time by notifying VADR staff in writing or by e-mail with the registrant's identification number, or sufficient information to identify the registrant, and a completed VADR Authorization to Change form (Document B) indicating the action the registrant is taking.

5.4.3 Upon receiving an amendment, suspension or revocation of an Advance Directive, the registrant's file will be updated in VADR.

5.4.4 Each registrant will receive an annual notice from VADR requesting the registrant review the information on file. It is each registrant's responsibility to review this notice and their Advance Directive to make sure it reflects his or her wishes by being accurate and current.

5.4.5 Failure to file an amended Advance Directive or notify VADR of a suspension or revocation of an Advance Directive could result in medical providers and facilities following the instructions of the latest Advance Directive on file with the registry.

~~5.5.3 Each registrant will receive an annual notice from VADR requesting a review of the information on file. It is each registrant's responsibility to review the information on the letter, his or her profile and his or her Advance Directive to make sure it is accurate and current.~~

~~5.5.4 Upon receiving notice of an updated Advance Directive or a suspension, or revocation VADR will file the document into the registrant's file in a manner that it will supercede previously submitted documents.~~

~~5.5.5 Failure to notify VADR of any changes, suspension, or revocation of an advance directive does not affect the validity of the changes, suspension, or revocation of an advance directive.~~

5.5 Notification of VADR by health care providers, health care facilities, and residential care facilities or any party other than the registrant, when they become aware of changes to an Advance Directive.

The following applies to notification by health care providers, health care facilities, and residential care facilities as defined in 18 V.S.A. §9701:

5.5.1 For an incapacitated patient: Any health care provider, health care facility, or residential care facility who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive while treating an incapacitated patient, shall make reasonable efforts to notify VADR of the amendment, suspension, or revocation by completing and sending a Provider Notification Form (Document C) to VADR, if the patient's Advance Directive had been submitted previously to the registry.

5.5.2 For a patient with capacity: Any health care provider, health care facility, or residential care facility who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive while treating a patient with capacity, on request shall assist the patient in notifying VADR of the amendment, suspension, or revocation, if the patient's advance directive has been submitted to the registry.

5.6 Notification by an Agent/Guardian

5.6.1 An agent, as defined by 18 V.S.A. §9701(2), or guardian who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive shall make reasonable efforts to notify VADR of an amendment, suspension, or revocation by completing and sending an Agent/Guardian Notification (Document D) if the patient's advance directive has been submitted to the VADR.

5.6.2 Failure to notify VADR of an amendment, suspension, or revocation of an advance directive does not affect the validity of the amendment, suspension, or revocation of an advance directive.

6.0 Access to the Registry

6.1 No person shall access VADR information for any purpose unrelated to decision-making for health care or disposition of remains of the registrant, except that the Department may authorize specific persons to access the information for statistical or analytical purposes as long as adequate assurances exist that registrants' identifying information remains

confidential. (18 V.S.A. § 9719(b)(1)).

6.2 Advance directives can be accessed on the Department's website by using the unique registration identification number issued to the registrant by the VADR.

6.3 Agents, guardians, persons appointed to arrange for the disposition of remains, or any person to whom the registrant has given the registrant's identification number and authority to access the file, may access the registrant's file by using the registrant's identification number.

6.4 An agent, guardian, or person appointed to arrange for the disposition of remains who does not have a registrant's identification number may obtain a copy of the file by calling VADR's toll-free number to request a copy of the advance directive for a specific registrant.

6.5 Providers may access documents submitted to the registry by:

6.5.1 Becoming an authorized provider by submitting a completed Provider Access Application and Provider Access Agreement to VADR c/o the Department of Health. Once the application is approved, VADR will issue a provider identification number and access code. These documents are available on the Department's website;

6.5.2 Using the registrant's identification number, or calling VADR's toll-free number to request a copy of a registrant's document.

6.6 Whenever a VADR file is accessed, VADR shall maintain a record by name of registrant, date and identification number of the person or organization that accessed the registrant's file.

6.7 Providers who are issued a registry account shall agree to protect the identification number issued to the provider and to limit access to the identification number to their employees with a need to access the registry.

6.8 Providers who are issued a registry account shall train their employees on the proper use of the registry and the registrants' documents, and the obligation to report any unauthorized access or misuse of information to the Department.

7.0 Authority and Obligations of Health Care Providers, Health Care Facilities, Residential Care Facilities and Health Insurers

A health care provider, health care facility, or residential care facility which, in the course of providing treatment, checks the registry and finds a Provider Agent/Guardian Authorization to Change document without an amended Advance Directive shall make reasonable efforts to determine the wishes of the registrant.

Consistent with 18 V.S.A. § 9713, the provider or facility shall not be subject to criminal or civil liability for providing or withholding health care or services in good faith pursuant to the Advance Directive on file.

7.1 Every hospital shall designate an adequate number of individuals to explain the nature and effect of an advance directive to patients as required by 18 V.S.A. § 9709(c).

7.2 No health care provider, health care facility, residential care facility or health insurer shall discriminate in rates or offering services or insurance on the basis of a person's advance directive or DNR order in violation of 18 V.S.A. § 9709(d).

8.0 V. Clinician Orders for Life Sustaining Treatment (COLST)

~~3. At any time a patient may need life sustaining treatment, the patient's clinician shall determine, to the extent possible and in accordance with the relevant sections of 18 V.S.A. Chapter 231, the wishes of the patient regarding life sustaining treatment, and shall record those wishes in the patient's medical chart.~~

~~4. A Clinician Order for Life Sustaining Treatment (COLST) is a form which is available for health care providers and health care facilities to summarize orders regarding life sustaining treatment so that the orders are readily accessible to staff who will implement them.~~

~~5. Each health care facility shall consider whether to adopt a COLST for use by the facility's medical staff. Attachment B is a combination DNR-Order form and COLST form. This form is designed to be used as one form.~~

~~6. Any order for life sustaining treatment must be based on properly documented consent.~~

8.1 COLST orders shall be issued on the Vermont DNR/COLST form. Health care facilities and residential care facilities may document COLST orders in the patient's medical record in a facility-specific manner when the patient is in their care. (18 V.S.A. §9708).

8.2 A COLST order must:

- a. Be signed by the patient's clinician; and
- b. Include the name of the patient, agent, or guardian giving informed consent for the COLST and the individual's relationship to the patient.

9. VI-Do Not Resuscitate (DNR) Facility Protocols and Orders

9.1 Every health care facility and residential care facility must adopt a DNR protocol ensuring that DNR orders are issued, revoked, and handled according to the same standards and process for each patient at the facility. A

copy of the facility's DNR protocol shall be made available to anyone upon request.

9.2 DNR orders shall be issued on the Vermont DNR/COLST form. Health care facilities and residential care facilities may document DNR orders in the patient's medical record in a facility-specific manner when the patient is in their care. (18 V.S.A Section 9708)

9.3 A DNR order based on informed consent shall:

9.3.1 Certify that the clinician has consulted, or made an effort to consult, with the patient or the patient's agent or guardian if there is one;

9.3.2 Include the name of the patient, agent, or guardian giving informed consent for the DNR order and their relationship to the patient.

9.4 A DNR order based on medical futility shall:

9.4.1 Certify that resuscitation would not prevent the imminent death of the patient should the patient experience cardiopulmonary arrest, if the order is not based on informed consent; and

9.4.2 Be signed by the patient's clinician and also signed and certified by a second clinician.

9.4.3 If the patient is in a health care facility, certify that the requirements of the health care facility's DNR protocol have been met.

9.5 All health care providers, including emergency medical personnel and staff of health care facilities shall honor a DNR order unless:

9.5.1 The health care provider or staff member believes the patient is not the person identified in the DNR order; or

9.5.2 The health care provider or staff member consults the agent or guardian where possible and appropriate, and believes in good faith that the patient wishes to have the DNR order revoked; or

9.5.3 The principal revokes or indicates he/she wants treatment or to be resuscitated.

9.6 Whenever a DNR order is not honored for one of the reasons contained in Section 9.5, the health care provider or staff member shall document the basis for that decision in the patient's medical record.

10.0 DNR Identification

Upon signing a DNR order, the clinician shall maintain the original order in the

patient's medical record and provide a copy of a signed order with instructions to the patient, agent, or guardian. The presence of a signed DNR order on the Vermont DNR/COLST form shall be honored by all medical personnel. A clinician who issues a DNR order shall authorize the issuance of a DNR Identification to the patient.

10.1 DNR identification issued after the completion of a DNR order may be worn or possessed by the patient and shall include the following minimum requirements:

10.1.1 The principal's name, date of birth and gender;

10.1.2 The words "Vermont DNR" or "VT Do Not Resuscitate";

10.1.3 The words "order on file" and a 24-hour, seven day a week telephone number that is toll free for the calling party to access information regarding the patient's medical order;

10.1.4 An individual-specific identification number to be used to identify the patient's medical information on file; and

10.1.5 Any additional information requested by the patient.

10.2 The presence of a valid DNR Identification that meets the minimum requirements shall be honored by all medical personnel, including Emergency Medical Service providers, the same as a signed, written DNR/COLST order.

10.3 A DNR Identification that does not conform with the requirements outlined herein shall not be recognized as a valid DNR Identification and may not be honored by medical personnel.

10.4 Approved Vendors for DNR Identification

10.4.1 The Department shall maintain and post on its website a list of approved vendors who can meet the minimum requirements for DNR Identification set out in Section 10.1 and posted on the Department website. Only vendors who require a copy of a DNR order prior to issuing an identification will be approved.

10.4.2 A copy of the signed DNR order must be provided to the approved vendor prior to the issuance of a DNR ID to the patient.

10.4.3 All vendors issuing Vermont DNR identifications shall maintain copies of each individual DNR order on file, which can be located via a specific individual identification number.

10.4.4 Approved vendors shall provide 24-hour, seven day a week toll free telephone access in the event that information pertaining to a patient's medical order be needed.

10.5 Information about obtaining financial assistance for purchasing and registering with a vendor to obtain a Vermont DNR Identification as described in Section 10.1 of this rule will be available on the Department's website.

10.6 A patient may suspend or revoke a DNR order which is not based on medical futility at any time by informing the clinician, removing their DNR Identification, destroying the written DNR/COLST form or acting in any way which evidences a specific intent to suspend or revoke the DNR/COLST order.

VII—Advance Directive Registry

- ~~1. The Vermont Advance Directive Registry (VADR) is a secure, web-based database to which individuals may submit, at no charge, an advance directive or an Advance Directive Locator (information regarding the location of an advance directive), and other documents which amend, suspend, or revoke an advance directive.~~
- ~~2. VADR is a voluntary database. Registrants who voluntarily use the VADR system have a responsibility to keep the VADR system informed and updated about any changes to their Advance Directive. This responsibility is important because medical providers and facilities are required to access the VADR system for information about a person's Advance Directive, and information obtained from VADR is presumed to be current and accurate absent any evidence to the contrary.~~
- ~~3. VADR serves only as a repository of information and documents and will not evaluate the validity of, or reconcile, documents except to determine whether the Registration Agreement is complete.~~
- ~~4. Information regarding the Vermont Advance Directive Registry can be obtained from the Department of Health, PO Box 70, 108 Cherry Street, Burlington, VT 05402-0070, on the Department's website (<http://healthvermont.info/vadr>), or at 1-800-548-9455.~~

B. Submissions to VADR

- ~~1. Any individual may submit a copy of an advance directive or Advance Directive Locator, and an original Registration Agreement for entry into the registry by mailing or faxing those documents to VADR.~~
- ~~2. Attachments C and D are the Registration Agreement and the Advance Directive Locator.~~
- ~~3. VADR shall scan into the registry the advance directive, regardless of form or content, or the Advance Directive Locator.~~
- ~~4. VADR shall send to the registrant, by mail, confirmation of the submission, a unique identification number, a wallet card and stickers with VADR—~~

contact information, and instructions for accessing VADR and viewing the file.

~~C. Amendment, Suspension, and Revocation of an Advance Directive by the Registrant~~

- ~~1. A registrant may file an amendment, suspension, or revocation of an advance directive at any time by notifying VADR in writing with the registrant's identification number or sufficient information to identify the registrant. A registrant who wishes to file an amendment to, or suspend or revoke an advance directive, may use the Authorization to Change form provided in Attachment E.~~
- ~~2. In order for an amendment to have the same legal effect as the advance directive, the amendment must be properly executed as if it were a new advance directive.~~
- ~~3. Annually, VADR will mail a notice to each registrant requesting review and confirmation that the information on file is accurate and current.~~
- ~~4. Upon receiving notice of an amendment, suspension, or revocation, or information in response to VADR's annual mailing, VADR shall scan the document into the registrant's file in a manner that will present it to an accessor so that it appears before previously submitted documents.~~
- ~~5. Failure to notify VADR of an amendment, suspension, or revocation of an advance directive does not affect the validity of the amendment, suspension, or revocation of the advance directive.~~

~~D. Notifying the Registry of Amendment, Suspension, and Revocation of an Advance Directive~~

- ~~1. Health Care Providers, Health Care Facilities, and Residential Care Facilities
 - ~~a. **Incapacitated patient:** Any health care provider, health care facility, or residential care facility who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive while treating an incapacitated patient, shall make reasonable efforts to notify VADR of the amendment, suspension, or revocation by completing and sending a Provider Notification, if the patient's advance directive has been submitted to the registry.~~
 - ~~b. **Patient with capacity:** Any health care provider, health care facility, or residential care facility who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive while treating a patient with capacity, on request shall assist the patient in notifying VADR of the amendment, suspension, or revocation, if the patient's advance directive has been submitted to the registry.~~~~

~~c. **Patient not currently receiving health or residential care:** Any health-care provider, health care facility, residential care facility, not currently providing health or residential care to a registrant, which becomes aware of an amendment, suspension, or revocation of a registrant's advance directive shall ensure that VADR is notified of the amendment, suspension, or revocation by completing and sending a Provider Notification, if the patient's advance directive has been submitted to the registry.~~

~~2. **Agent/Guardian:** An agent or guardian who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive shall make reasonable efforts to notify VADR of the amendment, suspension, or revocation by completing and sending an Agent/Guardian Notification, if the patient's advance directive has been submitted to the registry.~~

~~3. Upon receipt of a Provider Notification or Agent/Guardian Notification, VADR will scan the document into the registrant's file, placing it before previously submitted documents.~~

~~4. Attachments F and G are the Provider Notification and Agent/Guardian Notification forms, respectively.~~

~~5. Failure to notify VADR of an amendment, suspension, or revocation of an advance directive does not affect the validity of the amendment, suspension, or revocation of the advance directive.~~

~~6. A health care provider, health care facility, or residential care facility which, in the course of providing treatment, checks the registry and finds a Provider or Agent/Guardian Notification of Change form shall make reasonable efforts to determine the wishes of the registrant. Consistent with 18 V.S.A. § 9713, the provider or facility shall not be subject to criminal or civil liability for providing or withholding health care or services in good faith pursuant to the Advance Directive or Notification of Change.~~

E. Deletion or Replacement of an Advance Directive in the Registry

~~1. A registrant may delete a file in the registry by submitting to VADR an Authorization to Change or sufficient information to identify the registrant and a clear statement that the registrant wishes to delete the existing file.~~

~~2. A registrant may replace his or her existing file in the registry by submitting to VADR a properly executed advance directive accompanied by an Authorization to Change or sufficient information to identify the registrant and a clear statement that the registrant wishes to replace the existing forms.~~

F. Access to the Registry

~~1. No person shall access VADR information for any purpose unrelated to~~

~~decision making for health care or disposition of remains of the registrant, except that the Department may authorize specific persons to access the information for statistical or analytical purposes as long as registrants' identifying information remains confidential.~~

- ~~2. Advance directives and other forms submitted to the registry can be accessed at: <http://healthvermont.gov/vadr> by using the unique registration identification number issued to the registrant by the VADR.~~
- ~~3. Agents, guardians, persons appointed to arrange for the disposition of~~

~~remains, or any person to whom the registrant has given the registrant's identification number and authority to access the file can access the registrant's file by using the registrant's identification number.~~

- ~~4. An agent, guardian, or person appointed to arrange for the disposition remains who does not have a registrant's identification number may obtain a copy of the file by calling VADR's toll free number to request a copy of the advance directive for a specific registrant.~~
- ~~5. Providers can access documents submitted to the registry by:
 - ~~a. becoming an authorized provider by submitting a completed Provider Access Application and Provider Access Agreement to VADR e/o the Department of Health at 108 Cherry St., Burlington, VT 05401. Once the application is approved, VADR will issue a provider identification number and access code;~~
 - ~~b. using the registrant's identification number; or calling VADR's toll free number to request a copy of a registrant's document.~~~~
- ~~6. VADR shall maintain a record by name of registrant, date and identification number of the person or organization that accessed the registrant's file whenever a file is accessed.~~

G. Obligations of Providers

- ~~1. Providers who are issued a registry account shall agree to protect the identification number issued to the provider and to limit access to the identification number to their employees with a need to access the registry.~~
- ~~2. Providers who are issued a registry account shall train their employees on the proper use of the registry and the registrants' documents, and the obligation to report any unauthorized access or misuse of information to the Department.~~

VIII Authority and Obligations of Health Care Providers, Health Care Facilities and Residential Care Facilities and Health Insurers

- ~~1. Health care providers, health care facilities, and residential care facilities and their staff members shall comply with the requirements of 18 V.S.A. Chapter 231 with regard to:
 - ~~a. obtaining and following the health care instructions of a patient (18 V.S.A. §§ 9707(a), (b), (g) and (h), 9708 (c), 9709(a), 9714);~~
 - ~~b. communicating with the patient, agent, guardian or other persons identified by the patient (18 V.S.A. §§ 9702 (a)(9), 9704, 9706, 9707(c), 9708);~~
 - ~~c. recording the basis for all significant decisions in the patient's medical record, including the basis for believing a patient wants to suspend or~~~~

~~revoke a DNR Order or Identification based on informed consent (18 V.S.A. §§ 9704, 9706-08);~~

~~d. assisting the patient to execute an advance directive (18 V.S.A. §§ 9703, 9709); and~~

~~e. assisting the patient, agent or guardian in obtaining care (18 V.S.A. § 9707), or submitting documents to VADR (18 V.S.A. §§ 9704, 9707).~~

~~2. Health care providers, health care facilities, and residential care facilities shall adopt and follow all protocols required under 18 V.S.A. § 9709(a).~~

~~3. Health care facilities and residential care facilities shall adopt and follow all protocols required under 18 V.S.A. § 9709(b).~~

~~4. Every hospital shall designate an adequate number of individuals to explain the nature and effect of an advance directive to patients as required by 18 V.S.A. § 9709(c).~~

~~5. No health care provider, health care facility, residential care facility or health insurer shall discriminate in rates or offering services or insurance on the basis of a person's advance directive or DNR order in violation of 18 V.S.A. § 9709(d).~~

~~X~~ ~~———— Authority and Obligations of Funeral Directors, Crematory Operators, Cemetery Officials, Procurement Organizations, and Persons appointed to arrange for the Disposition of the Principal's Remains~~

~~1. Funeral Directors, Crematory Operators, Cemetery Officials, Procurement Organizations, and Persons appointed to arrange for the disposition of the principal's remains shall determine and follow the principal's instructions, with limited exceptions. (18 V.S.A. § 9712(a), (b) and (c)).~~

~~2. Funeral Directors, Crematory Operators, Procurement Organizations and Cemetery Officials shall develop the systems required by 18 V.S.A. § 9712(d).~~

11.0 Experimental Treatments

11.1 A principal may authorize participation in treatment studies or drug trials, or may authorize the principal's agent to consent to treatment studies or drug trials, as part of health care provided pursuant to an advance directive as defined in 18 VSA § 9701(1). Such studies or trials must be conducted in compliance with 21 C.F.R. Part 56, 21 C.F.R. Part 312, and any other applicable state or federal law. Experimental treatments cannot be authorized by using the Ulysses Clause as provided by 18 V.S.A. §9707 (h).

