

# MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

NO. 1584

H.P. 1158

House of Representatives, May 15, 1987

Submitted by the Department of Mental Health and Mental Retardation pursuant to Joint Rule 24.

Reference to the Committee on Human Resources suggested and ordered printed.

EDWIN H. PERT, Clerk

Presented by Representative DELLERT of Gardiner.

Cosponsored by Representatives LEBOWITZ of Bangor, MANNING of Portland, and Senator GAUVREAU of Androscoggin.

STATE OF MAINE

IN THE YEAR OF OUR LORD  
NINETEEN HUNDRED AND EIGHTY-SEVEN

1                    **AN ACT to Require Rulemaking by the**  
2                    **Department of Mental Health and Mental**  
3                    **Retardation Regarding Administration of**  
4                    **Cardiopulmonary Resuscitation in State**  
5                    **Institutions.**  
6

7                    Be it enacted by the People of the State of Maine as  
8                    follows:

9                    **34-B MRSA §1436 is enacted to read:**

10                    §1436. Rules regarding cardiopulmonary resuscitation

11                    The department shall promulgate rules regarding  
12                    the use of cardiopulmonary resuscitation in state in-  
13                    stitutions, pursuant to the Maine Administrative Pro-  
14                    cedure Act, Title 5, section 8053.

1

STATEMENT OF FACT

2       Cardiopulmonary resuscitation, CPR, is automati-  
3 cally initiated by trained staff, according to stan-  
4 dard medical practice, for all patients of state in-  
5 stitutions of the Department of Mental Health and  
6 Mental Retardation to prevent sudden, unexpected car-  
7 diac or respiratory arrest. However, many authori-  
8 ties, including the federal Commission for the Study  
9 of Ethical Problems in Medicine, believe that  
10 cardiopulmonary resuscitation should not be automati-  
11 cally initiated when: A competent patient decides  
12 and directs in advance that cardiopulmonary  
13 resuscitation be withheld in the event of his cardiac  
14 or respiratory arrest; or the use of cardiopulmonary  
15 resuscitation has been determined by the physician in  
16 advance to be medically contraindicated and the pa-  
17 tient or his guardian or family, if he is incapaci-  
18 tated, consents to the withholding of cardiopulmonary  
19 resuscitation.

20       The commission, in its 1983 report, strongly rec-  
21 ommended that hospitals adopt a written policy in  
22 this area and many private hospitals in this State  
23 have enacted such policies. The state hospitals of  
24 the Department of Mental Health and Mental Retarda-  
25 tion need guidelines in this area of critical medical  
26 care to ensure a uniform and responsible decision-  
27 making process.

28       This bill empowers and directs the department to  
29 establish rules setting out procedures to be observed  
30 in cardiopulmonary resuscitation decision making by  
31 mental health and mental retardation institutions.

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