

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5447

By Delegates Pritt and Worrell

[Introduced February 11, 2026; referred to the
Committee on Health and Human Resources]

1 A BILL to amend and reenact §16-30C-3 and §16-30C-7 of the Code of West Virginia, 1931, as
 2 amended; and to amend said code by adding a new section designated §16-30C-7a,
 3 relating to the Do Not Resuscitate Act; adding definitions clarifying code status orders;
 4 compliance with do-not-resuscitate orders; and requiring hospitals and other health-care
 5 facilities to adopt or amend internal do-not-resuscitate order policy to reflect the availability
 6 of two-tier code status (DNR-CCA and DNR-CC).

Be it enacted by the Legislature of West Virginia:

ARTICLE 30C. DO NOT RESUSCITATE ACT.

§16-30C-3. Definitions.

1 As used in this article, unless the context clearly requires otherwise, the following
 2 definitions apply:

3 (a) "Attending physician" means the physician selected by or assigned to the person who
 4 has primary responsibility for treatment or care of the person and who is a licensed physician. If
 5 more than one physician shares that responsibility, any of those physicians may act as the
 6 attending physician under the provisions of this article.

7 (b) "Cardiopulmonary resuscitation" means those measures used to restore or support
 8 cardiac or respiratory function in the event of a cardiac or respiratory arrest.

9 "Do-not-resuscitate comfort care arrest (DNR-CCA)" means a code-status order indicating
 10 that the patient may receive all medically indicated or desired interventions — including
 11 diagnostics, therapies, mechanical ventilation, vasopressors, IV fluids, nutrition, and other
 12 disease-directed treatments — up until the moment of cardiopulmonary arrest; at that moment,
 13 CPR (chest compressions, defibrillation, ACLS, etc.) shall not be performed.

14 "Do-not-resuscitate comfort care (DNR-CC)" means a code-status order indicating that the
 15 patient wishes for comfort-focused care only, with the withholding or withdrawal of all life-
 16 prolonging therapies, including but not limited to CPR, mechanical ventilation, vasopressors,
 17 hemodialysis, artificial nutrition/hydration, antibiotics for life-prolonging purposes, and invasive

18 diagnostics or surgeries — while ensuring adequate palliative and comfort measures
19 (pain/symptom management, oxygen for comfort, psychosocial/spiritual support, hygiene, oral
20 intake if tolerated).

21 (c) "Do-not-resuscitate identification" means a standardized identification necklace,
22 bracelet, card or physician orders for scope of treatment form as set forth in this article that
23 signifies that a do-not-resuscitate order has been issued for the possessor.

24 (d) "Do-not-resuscitate order" means an order issued by a licensed physician that
25 cardiopulmonary resuscitation should not be administered to a particular person and shall be
26 interpreted to include DNR-CCA and DNR-CC categories when properly specified on the DNR
27 order form or POST form.

28 (e) "Emergency medical services personnel" means paid or volunteer firefighters, law-
29 enforcement officers, emergency medical technicians, paramedics or other emergency services
30 personnel, providers or entities acting within the usual course of their professions.

31 (f) "Health care decision" means a decision to give, withhold or withdraw informed consent
32 to any type of health care, including, but not limited to, medical and surgical treatments, including
33 life-prolonging interventions, nursing care, hospitalization, treatment in a nursing home or other
34 extended care facility, home health care and the gift or donation of a body organ or tissue.

35 (g) "Health care facility" means a facility established to administer and provide health care
36 services and which is commonly known by a wide variety of titles, including, but not limited to,
37 hospitals, medical centers, ambulatory health care facilities, physicians' offices and clinics,
38 extended care facilities operated in connection with hospitals, nursing homes and extended care
39 facilities operated in connection with rehabilitation centers.

40 (h) "Health care provider" means any physician, dentist, nurse, paramedic, psychologist or
41 other person providing medical, dental, nursing, psychological or other health care services of any
42 kind.

43 (i) "Home" means any place of residence other than a health care facility and includes

44 residential board and care homes and personal care homes.

45 (~~g~~) "Incapacity" or words of like import means the inability because of physical or mental
46 impairment, to appreciate the nature and implications of a health care decision, to make an
47 informed choice regarding the alternatives presented and to communicate that choice in an
48 unambiguous manner.

49 (~~k~~) "Physician orders for scope of treatment (POST) form" means a standardized form
50 containing orders by a qualified physician that details a person's life-sustaining wishes as provided
51 by §16-30-25 of this code.

52 (~~h~~) "Qualified physician" means a physician licensed to practice medicine who has
53 personally examined the person.

54 (~~m~~) "Representative" means a person designated by a principal to make health care
55 decisions in accordance with §16-30A-1 *et seq.* of this code.

56 (~~n~~) "Surrogate decision maker" or "surrogate" means an individual eighteen years of age or
57 older who is reasonably available, is willing to make health care decisions on behalf of an
58 incapacitated person, possesses the capacity to make health care decisions and is identified or
59 selected by the attending physician or advanced nurse practitioner in accordance with applicable
60 provisions of §16-30-1 *et seq.* of this code as the person or persons who is to make decisions
61 pursuant to this article: *Provided*, That a representative named in the incapacitated person's
62 medical power of attorney, if such document has been completed, shall have priority over a
63 surrogate decision maker.

64 (~~o~~) "Trauma" means blunt or penetrating bodily injuries from impact which occur in
65 situations, including, but not limited to, motor vehicle collisions, mass casualty incidents and
66 industrial accidents.

§16-30C-7. Compliance with a do-not-resuscitate order.

1 (a) Health care providers shall comply with the do-not-resuscitate order when presented
2 with one of the following:

3 (1) A do-not-resuscitate order completed by a physician on a form as specified in §16-30C-
4 6 this code;

5 (2) Do-not-resuscitate identification as set forth in §16-30C-6 this code;

6 (3) A do-not-resuscitate order for a person present or residing in a health care facility
7 issued in accordance with the health care facility's policies and procedures; or

8 (4) A physician orders for scope of treatment form in which a qualified physician has
9 documented a do-not-resuscitate order.

10 (b) Pursuant to this article, health care providers shall respect do-not-resuscitate orders for
11 persons in health care facilities, ambulances, homes and communities within this state.

12 (c) Every in hospital do-not-resuscitate order shall include explicit specification of the
13 code-status category (Full Code / DNR-CCA / DNR-CC). The order form (or POST form where
14 used) shall include checkboxes or fields for:

15 (1) When a DNR order is placed or changed, the attending physician (or qualified
16 APRN/PA ~~per as in~~ §16-30C-6 of this code) ~~must~~ shall discuss with the patient (or surrogate) the
17 full scope of interventions that will be withheld or permitted under the selected category, ensuring
18 informed consent;

19 (2) Code-status category (Full Code / DNR-CCA / DNR-CC);

20 (3) Scope of permitted interventions (if DNR-CCA or DNR-CC) — including, but not limited
21 to, mechanical ventilation, vasopressors, IV fluids, antibiotics, nutrition, and comfort measures;

22 (4) Name of ordering provider, credentials, date/time; and

23 (5) Capacity assessment (or surrogate identification), consent documentation, and
24 revocation instructions consistent with §16-30C-8.

§16-30C-7a. Facility Policy Requirement.

1 Hospitals and other health-care facilities shall adopt internal policy (or amend existing do-
2 not-resuscitate order policy) to reflect the availability of the two-tier code statuses (DNR-CCA and

- 2 DNR-CC), provide staff training, and include standardized order sets or EHR templates that
- 3 incorporate the new categories.

NOTE: The purpose of this bill is to add explicit recognition of Do-not-resuscitate -Comfort Care Arrest (DNR-CCA) and Do-not-resuscitate -Comfort Care (DNR-CC) that is feasible and legally coherent, promoting clearer and more patient-centered care.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.