

1                   **CONCURRENT RESOLUTION ENCOURAGING ADVANCE**  
2                                   **HEALTH CARE DIRECTIVES**

3   2012 GENERAL SESSION

4   STATE OF UTAH

5                                   **Chief Sponsor: Patricia W. Jones**

6                                   House Sponsor: Ken Ivory

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8                   **LONG TITLE**

9                   **General Description:**

10                   This concurrent resolution of the Legislature and the Governor urges each adult citizen  
11 of the state of Utah to strongly consider preparing an advance health care directive.

12                   **Highlighted Provisions:**

13                   This resolution:

14                   ▶ urges adult citizens of the state of Utah to strongly consider preparing an advance  
15 health care directive that expresses their preferences about health care decisions  
16 under particular circumstances and that helps ensure that their health care wishes  
17 will be honored at a time when they cannot make or communicate health care  
18 decisions.

19                   **Special Clauses:**

20                   None

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22                   *Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:*

23                   WHEREAS, medical technology can extend the time it takes for death to occur by days,  
24 weeks, months, or years;

25                   WHEREAS, because medical technology often cannot assure that persons who are kept  
26 alive will have the ability to make and communicate their own health care decisions, a large  
27 majority of people will have some decisions, and often end-of-life decisions, made by another



28 person on their behalf;

29 WHEREAS, an advance health care directive is a voluntarily executed written  
30 document or a witnessed oral statement that may designate an agent to make health care  
31 decisions for an adult when the adult cannot make or communicate health care decisions, or  
32 expresses the adult's preferences about health care decisions under particular circumstances;

33 WHEREAS, the Utah Advance Health Care Directive form offers a simple way for  
34 persons to inform their family, friends, and physicians regarding who should serve as a  
35 surrogate decision-maker and of their end-of-life care treatment preferences;

36 WHEREAS, advance health care planning begins when a person thoughtfully considers  
37 a time when the person may not be able to make health care decisions for himself or herself;

38 WHEREAS, every adult Utahn should consider choosing another person who can serve  
39 as a "health care agent" with the legal authority to make decisions if the person becomes unable  
40 to make or communicate health care decisions;

41 WHEREAS, the person should appoint a health care agent who is willing and able to  
42 serve and who will respect the person's choices and preferences;

43 WHEREAS, the person should legally appoint the health care agent by completing a  
44 Utah Advance Health Care Directive form;

45 WHEREAS, people should communicate with their appointed health care agents  
46 through ongoing discussions and communication tools, and by documenting end-of-life care  
47 preferences in the Utah Advance Health Care Directive form;

48 WHEREAS, appointed agents, families, and health care providers cannot honor a  
49 person's end-of-life wishes if the person has never thought about or stated those wishes;

50 WHEREAS, persons should consider preferences for care if they are rendered  
51 permanently unable to make or communicate health care decisions through accident or illness;

52 WHEREAS, persons should make an effort to learn whether there are life-sustaining  
53 treatments that they are likely to need, given their health, and tell their health care agents how  
54 decisions about those interventions should be made;

55 WHEREAS, persons should consider whether there are any specific end-of-life care  
56 interventions that they think they would always or never want under any circumstances;

57 WHEREAS, persons should consider whether there are criteria that their health care  
58 agent should use in making end-of-life care decisions, including their goals for care and how

59 they would weigh the benefits or burdens of treatment;

60 WHEREAS, persons should: consider what they would want if they were diagnosed  
61 with a serious medical condition or a serious injury; share their thoughts and feelings with  
62 family members and loved ones; have a frank conversation with the appointed health care agent  
63 and other involved family members so they know the person's wishes; and communicate their  
64 wishes to their primary care provider;

65 WHEREAS, individuals who complete an advance health care directive improve the  
66 chances that their health care preferences -- whether asserting the desire for treatment,  
67 declining some or all life-sustaining measures, or something in between -- will be honored;

68 WHEREAS, directions recorded in an advance health care directive can help prevent  
69 disagreements among family members and friends when a person loses the ability to make  
70 health care decisions;

71 WHEREAS, advance health care directives can help to remove the burden from those  
72 who have to make treatment decisions on behalf of others;

73 WHEREAS, decision-makers experience less grief and conflict after the death of the  
74 person when the person has made end-of-life care choices clear;

75 WHEREAS, persons who have an advance health care directive have the freedom to  
76 change their end-of-life care instructions at any time;

77 WHEREAS, advance health care directives may also save health care costs because  
78 unwanted care is not provided;

79 WHEREAS, health care providers should encourage their patients to complete an  
80 advance health care directive, and provide support to those who request assistance;

81 WHEREAS, the time for these important health care decisions may never come, but the  
82 thinking, sharing, and recording that is done will still be valuable;

83 WHEREAS, advance health care planning can help clarify values and put the minds of  
84 both the person and their loved ones at ease; and

85 WHEREAS, having an advance health care directive can help persons and their loved  
86 ones face the future with more confidence and clarity;

87 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the  
88 Governor concurring therein, urge Utahns who have no known serious illness to consider what  
89 they would want done if they were rendered unable to make or communicate health care

90 decisions.

91 BE IT FURTHER RESOLVED that the Legislature and the Governor urge Utahns who  
92 have serious medical conditions to talk with their doctors or do research to understand what  
93 complications they may face and what life-sustaining treatments would likely be offered to  
94 address the possible complications.

95 BE IT FURTHER RESOLVED that the Legislature and the Governor urge Utahns to  
96 then take the following steps: (1) meet with family and loved ones to have a discussion about  
97 health care and end-of-life care preferences; (2) secure the Utah Advance Health Care Directive  
98 Form; (3) fill out the form; (4) keep a copy in a convenient place that can be taken to a hospital  
99 or other care facility; (5) provide a copy for the physician and the hospital and request that it be  
100 included in their medical record; and (6) at every birthday, when there is a change in health  
101 status, or when there is a change in family composition such as the death of a spouse, review  
102 their advance health care directive and complete a new form if preferences or circumstances  
103 have changed.

104 BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Utah  
105 Healthcare Association, the Utah Assisted Living Association, the Utah Association for Home  
106 Care, the Utah Hospital Association, the Utah Medical Association, the Utah Association of  
107 Physician Assistants, the Utah Nurses Association, the Utah Nurse Practitioner Association, the  
108 Utah Geriatrics Society, the Utah Aging Alliance, the Utah Bar Association's Elder Law  
109 Section and Estate Planning Section, the Utah Commission on Aging, the Utah Department of  
110 Health, the Division of Health Facility Licensing, the Bureau of Emergency Services, the Utah  
111 Department of Human Services, the Division of Aging and Adult Services, the Office of Public  
112 Guardian, Utah Legal Services, the Utah Disability Law Center, and the Salt Lake Interfaith  
113 Roundtable.

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**Legislative Review Note**  
**as of 1-18-12 1:58 PM**

**Office of Legislative Research and General Counsel**