

**Health-Care Decisions Act Amendments**

2025 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Michael K. McKell**

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**LONG TITLE****General Description:**

This bill enacts the Uniform Health-Care Decisions Act.

**Highlighted Provisions:**

This bill:

- defines terms;
- enacts the Uniform Health-Care Decisions Act;
- enacts provisions related to advance health-care directives including mental health-care directives;
- creates an optional form;
- enacts provisions related to allowing a health-care provider to be a surrogate for health-care decision making in limited circumstances;
- enacts provisions related to liability and immunity regarding health-care decision making;
- repeals provisions related to advance-health care directives not contained in the Uniform Health-Care Decisions Act;
- renumbers sections pertaining to orders for life sustaining treatment; and
- makes conforming and technical changes.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**75A-9-101**, Utah Code Annotated 1953

**75A-9-102**, Utah Code Annotated 1953

**75A-9-103**, Utah Code Annotated 1953

**75A-9-104**, Utah Code Annotated 1953

**75A-9-105**, Utah Code Annotated 1953

**75A-9-106**, Utah Code Annotated 1953

- 32 **75A-9-107**, Utah Code Annotated 1953
- 33 **75A-9-108**, Utah Code Annotated 1953
- 34 **75A-9-109**, Utah Code Annotated 1953
- 35 **75A-9-110**, Utah Code Annotated 1953
- 36 **75A-9-111**, Utah Code Annotated 1953
- 37 **75A-9-112**, Utah Code Annotated 1953
- 38 **75A-9-113**, Utah Code Annotated 1953
- 39 **75A-9-114**, Utah Code Annotated 1953
- 40 **75A-9-115**, Utah Code Annotated 1953
- 41 **75A-9-116**, Utah Code Annotated 1953
- 42 **75A-9-117**, Utah Code Annotated 1953
- 43 **75A-9-118**, Utah Code Annotated 1953
- 44 **75A-9-119**, Utah Code Annotated 1953
- 45 **75A-9-120**, Utah Code Annotated 1953
- 46 **75A-9-121**, Utah Code Annotated 1953
- 47 **75A-9-122**, Utah Code Annotated 1953
- 48 **75A-9-123**, Utah Code Annotated 1953
- 49 **75A-9-124**, Utah Code Annotated 1953
- 50 **75A-9-125**, Utah Code Annotated 1953
- 51 **75A-9-126**, Utah Code Annotated 1953
- 52 **75A-9-127**, Utah Code Annotated 1953
- 53 **75A-9-128**, Utah Code Annotated 1953
- 54 **75A-9-129**, Utah Code Annotated 1953

55 RENUMBERS AND AMENDS:

- 56 **26B-2-801**, (Renumbered from 75A-3-101, as renumbered and amended by Laws of
- 57 Utah 2024, Chapter 364)
- 58 **26B-2-802**, (Renumbered from 75A-3-106)

59 REPEALS:

- 60 **75A-3-102**, as renumbered and amended by Laws of Utah 2024, Chapter 364
- 61 **75A-3-103**, as renumbered and amended by Laws of Utah 2024, Chapter 364
- 62 **75A-3-104**, as renumbered and amended by Laws of Utah 2024, Chapter 364
- 63 **75A-3-105**, as renumbered and amended by Laws of Utah 2024, Chapter 364
- 64 **75A-3-107**, as renumbered and amended by Laws of Utah 2024, Chapter 364
- 65 **75A-3-201**, as renumbered and amended by Laws of Utah 2024, Chapter 364

66 **75A-3-202**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 67 **75A-3-203**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 68 **75A-3-204**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 69 **75A-3-205**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 70 **75A-3-206**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 71 **75A-3-207**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 72 **75A-3-208**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 73 **75A-3-301**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 74 **75A-3-302**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 75 **75A-3-303**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 76 **75A-3-304**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 77 **75A-3-305**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 78 **75A-3-306**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 79 **75A-3-307**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 80 **75A-3-308**, as renumbered and amended by Laws of Utah 2024, Chapter 364  
 81 **75A-3-309**, as renumbered and amended by Laws of Utah 2024, Chapter 364

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83 *Be it enacted by the Legislature of the state of Utah:*

84 Section 1. Section **26B-2-801**, which is renumbered from Section 75A-3-101 is renumbered  
 85 and amended to read:

86 **Part 8. Order for Life Sustaining Treatment**

87 ~~[75A-3-101]~~ **26B-2-801** . **Definitions.**

88 As used in this chapter:

89 (1) "Adult" means an individual who is:

- 90 (a) at least 18 years old; or  
 91 (b) an emancipated minor.

92 ~~[(2) "Advance health care directive":]~~

93 ~~[(a) includes:]~~

94 ~~[(i) a designation of an agent to make health care decisions for an adult when the adult  
 95 cannot make or communicate health care decisions; or]~~

96 ~~[(ii) an expression of preferences about health care decisions;]~~

97 ~~[(b) may take one of the following forms:]~~

98 ~~[(i) a written document, voluntarily executed by an adult in accordance with the  
 99 requirements of this chapter; or]~~

- 100           (ii) a witnessed oral statement, made in accordance with the requirements of this chapter;  
101           and]
- 102       ~~[(e) does not include an order for life sustaining treatment.]~~
- 103       (3) "Agent" means an adult designated in an advance health care directive to make health  
104       care decisions for the declarant.]
- 105       ~~[(4)]~~ (2) "APRN" means an individual who is:
- 106           (a) certified or licensed as an advance practice registered nurse under Subsection  
107           58-31b-301(2)(e);
- 108           (b) an independent practitioner; and
- 109           (c) acting within the scope of practice for that individual, as provided by law, rule, and  
110           specialized certification and training in that individual's area of practice.
- 111       (3) "Capacity" means the same as that term is defined in Section 75A-9-101.
- 112       (5) "Best interest" means that the benefits to the individual resulting from a treatment  
113       outweigh the burdens to the individual resulting from the treatment, taking into account:]
- 114           (a) the effect of the treatment on the physical, emotional, and cognitive functions of the  
115           individual;]
- 116           (b) the degree of physical pain or discomfort caused to the individual by the treatment or  
117           the withholding or withdrawal of treatment;]
- 118           (c) the degree to which the individual's medical condition, the treatment, or the  
119           withholding or withdrawal of treatment, result in a severe and continuing impairment of  
120           the dignity of the individual by subjecting the individual to humiliation and dependency;]
- 121           (d) the effect of the treatment on the life expectancy of the individual;]
- 122           (e) the prognosis of the individual for recovery with and without the treatment;]
- 123           (f) the risks, side effects, and benefits of the treatment, or the withholding or withdrawal  
124           of treatment; and]
- 125           (g) the religious beliefs and basic values of the individual receiving treatment, to the  
126           extent these may assist the decision maker in determining the best interest.]
- 127       (6) "Capacity to appoint an agent" means that the adult understands the consequences of  
128       appointing a particular individual as agent.]
- 129       (7) "Child" means the same as that term is defined in Section 75-1-201.]
- 130       (8) "Declarant" means an adult who has completed and signed or directed the signing of  
131       an advance health care directive.]
- 132       (9) "Default surrogate" means the adult who may make decisions for an individual when  
133       either:]

- 134        [(a) an agent or guardian has not been appointed; or]
- 135        [(b) an agent is not able, available, or willing to make decisions for an adult.]
- 136    [(10)] (4) "Emergency medical services provider" means a person that is licensed,  
 137        designated, or certified under Title 53, Chapter 2d, Emergency Medical Services Act.
- 138    [(11) "Estate" means the same as that term is defined in Section 75-1-201.]
- 139    [(12) "Generally-accepted health care standards":]
- 140        [(a) is defined only for the purpose of:]
- 141            [(i) this chapter and does not define the standard of care for any other purpose under Utah  
 142            law; and]
- 143            [(ii) enabling health care providers to interpret the statutory form set forth in Section  
 144            75A-3-303; and]
- 145        [(b) means the standard of care that justifies a provider in declining to provide life  
 146        sustaining care because the proposed life sustaining care:]
- 147            [(i) will not prevent or reduce the deterioration in the health or functional status of an  
 148            individual;]
- 149            [(ii) will not prevent the impending death of an individual; or]
- 150            [(iii) will impose more burden on the individual than any expected benefit to the individual.]
- 151    [(13)] (5) "Guardian" means the same as that term is defined in Section 75-1-201.
- 152    [(14)] (6) "Health care" means [any care, treatment, service, or procedure to improve,  
 153        maintain, diagnose, or otherwise affect an individual's physical or mental condition] the  
 154        same as that term is defined in Section 75A-9-101.
- 155    [(15) "Health care decision":]
- 156        [(a) means a decision about an adult's health care made by, or on behalf of, an adult, that is  
 157        communicated to a health care provider;]
- 158        [(b) includes:]
- 159            [(i) selection and discharge of a health care provider and a health care facility;]
- 160            [(ii) approval or disapproval of diagnostic tests, procedures, programs of medication, and  
 161            orders not to resuscitate; and]
- 162            [(iii) directions to provide, withhold, or withdraw artificial nutrition and hydration and all  
 163            other forms of health care; and]
- 164        [(c) does not include decisions about an adult's financial affairs or social interactions other  
 165        than as indirectly affected by the health care decision.]
- 166    [(16) "Health care decision making capacity" means an adult's ability to make an informed  
 167        decision about receiving or refusing health care, including:]

- 168       ~~[(a) the ability to understand the nature, extent, or probable consequences of health status~~  
169           ~~and health care alternatives;]~~
- 170       ~~[(b) the ability to make a rational evaluation of the burdens, risks, benefits, and alternatives~~  
171           ~~of accepting or rejecting health care; and]~~
- 172       ~~[(c) the ability to communicate a decision.]~~
- 173   ~~[(17) "Health care facility" means:]~~
- 174       ~~[(a) a health care facility as defined in Title 26B, Chapter 2, Part 2, Health Care Facility~~  
175           ~~Licensing and Inspection; and]~~
- 176       ~~[(b) private offices of physicians, dentists, and other health care providers licensed to~~  
177           ~~provide health care under Title 58, Occupations and Professions.]~~
- 178   ~~[(18)]~~ (7) "Health care provider" means the same as that term is defined in Section  
179       78B-3-403, except that "health care provider" does not include an emergency medical  
180       services provider.
- 181   ~~[(19) "Incapacitated" means the same as that term is defined in Section 75-1-201.]~~
- 182   ~~[(20) "Incapacity" means the same as that term is defined in Section 75-1-201.]~~
- 183   ~~[(21)]~~ (8)(a) "Life sustaining care" means any medical intervention, including  
184       procedures, administration of medication, or use of a medical device, that maintains  
185       life by sustaining, restoring, or supplanting a vital function.
- 186       (b) "Life sustaining care" does not include care provided for the purpose of keeping an  
187       individual comfortable.
- 188   ~~[(22)]~~ (9) "Minor" means an individual who:
- 189       (a) is under 18 years old; and
- 190       (b) is not an emancipated minor.
- 191   ~~[(23)]~~ (10) "Order for life sustaining treatment" means an order related to life sustaining  
192       treatment, on a form designated by the Department of Health and Human Services under  
193       Section ~~[75-3-106]~~ 26B-2-802, that gives direction to health care providers, health care  
194       facilities, and emergency medical services providers regarding the specific health care  
195       decisions of the individual to whom the order relates.
- 196   ~~[(24)]~~ (11) "Parent" means the same as that term is defined in Section 75-1-201.
- 197   ~~[(25) "Personal representative" means the same as that term is defined in Section 75-1-201.]~~
- 198   ~~[(26)]~~ (12) "Physician" means a physician and surgeon or osteopathic surgeon licensed  
199       under Title 58, Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic  
200       Medical Practice Act.
- 201   ~~[(27)]~~ (13) "Physician assistant" means an individual licensed as a physician assistant under

202 Title 58, Chapter 70a, Utah Physician Assistant Act.

203 [~~(28)~~ "Reasonably available" means:]

204 [(a) readily able to be contacted without undue effort; and]

205 [(b) willing and able to act in a timely manner considering the urgency of the  
206 circumstances.]

207 [~~(29)~~ "State" means the same as that term is defined in Section 75-1-201.]

208 [~~(30)~~ (14) "Substituted judgment" means the standard to be applied by a surrogate when  
209 making a health care decision for an adult who previously had the capacity to make  
210 health care decisions, which requires the surrogate to consider:

211 (a) specific preferences expressed by the adult:

212 (i) when the adult had the capacity to make health care decisions; and

213 (ii) at the time the decision is being made;

214 (b) the surrogate's understanding of the adult's health care preferences;

215 (c) the surrogate's understanding of what the adult would have wanted under the  
216 circumstances; and

217 (d) to the extent that the preferences described in Subsections [~~(30)(a)~~] (14)(a) through  
218 (c) are unknown, the best interest of the adult.

219 [~~(31)~~ (15) "Surrogate" means [~~a health care decision maker who is:~~] the same as that term is  
220 defined in Section 75A-9-101.

221 [(a) an appointed agent;]

222 [(b) a default surrogate under the provisions of Section 75A-3-203; or]

223 [(c) a guardian].

224 [~~(32)~~ "Trust" means the same as that term is defined in Section 75-1-201.]

225 [~~(33)~~ "Will" means the same as that term is defined in Section 75-1-201.]

226 Section 2. Section **26B-2-802**, which is renumbered from Section 75A-3-106 is renumbered  
227 and amended to read:

228 **[75A-3-106] 26B-2-802 . Order for life sustaining treatment.**

229 (1) An order for life sustaining treatment may be created by or on behalf of an individual as  
230 described in this section.

231 (2) An order for life sustaining treatment shall, in consultation with the individual  
232 authorized to consent to the order pursuant to this section, be prepared by:

233 (a) the physician, APRN, or physician assistant of the individual to whom the order for  
234 life sustaining treatment relates; or

235 (b) a health care provider who:

- 236 (i) is acting under the supervision of an individual described in Subsection (2)(a); and  
237 (ii) is:
- 238 (A) a nurse, licensed under Title 58, Chapter 31b, Nurse Practice Act;  
239 (B) a physician assistant, licensed under Title 58, Chapter 70a, Utah Physician  
240 Assistant Act;  
241 (C) a mental health professional, licensed under Title 58, Chapter 60, Mental  
242 Health Professional Practice Act; or  
243 (D) another health care provider, designated by rule as described in Subsection  
244 (10).
- 245 (3) An order for life sustaining treatment shall be signed:
- 246 (a) personally, by the physician, APRN, or physician assistant of the individual to whom  
247 the order for life sustaining treatment relates; and  
248 (b)(i) if the individual to whom the order for life sustaining treatment relates is an  
249 adult with ~~[health care decision making]~~capacity, by:
- 250 (A) the individual; or  
251 (B) an adult who is directed by the individual to sign the order for life sustaining  
252 treatment on behalf of the individual;
- 253 (ii) if the individual to whom the order for life sustaining treatment relates is an adult  
254 who lacks ~~[health care decision making]~~capacity, by:
- 255 (A) the surrogate with the highest priority under Section ~~[75A-3-206]~~ 75A-9-111;  
256 (B) the majority of the class of surrogates with the highest priority under Section [  
257 ~~75A-3-206]~~ 75A-9-111; or  
258 (C) an individual directed to sign the order for life sustaining treatment by, and on  
259 behalf of, the individuals described in Subsection (3)(b)(ii)(A) or (B); or  
260 (iii) if the individual to whom the order for life sustaining treatment relates is a  
261 minor, by a parent or guardian of the minor.
- 262 (4) If an order for life sustaining treatment relates to a minor and directs that life sustaining  
263 treatment be withheld or withdrawn from the minor, the order shall include a  
264 certification by two physicians that, in their clinical judgment, an order to withhold or  
265 withdraw life sustaining treatment is in the best interest of the minor.
- 266 (5) An order for life sustaining treatment:
- 267 (a) shall be in writing, on a form designated by the Department of Health and Human  
268 Services;  
269 (b) shall state the date on which the order for life sustaining treatment was made;



- 270 (c) may specify the level of life sustaining care to be provided to the individual to whom  
271 the order relates; and
- 272 (d) may direct that life sustaining care be withheld or withdrawn from the individual to  
273 whom the order relates.
- 274 (6) A health care provider or emergency medical service provider, licensed or certified  
275 under Title 53, Chapter 2d, Emergency Medical Services Act, is immune from civil or  
276 criminal liability, and is not subject to discipline for unprofessional conduct, for:
- 277 (a) complying with an order for life sustaining treatment in good faith; or  
278 (b) providing life sustaining treatment to an individual when an order for life sustaining  
279 treatment directs that the life sustaining treatment be withheld or withdrawn.
- 280 (7) To the extent that the provisions of an order for life sustaining treatment described in  
281 this section conflict with the provisions of an advance health care directive made under  
282 Section ~~[75A-3-301]~~ 75A-9-906, the provisions of the order for life sustaining treatment  
283 take precedence.
- 284 (8) An adult, or a parent or guardian of a minor, may revoke an order for life sustaining  
285 treatment by:
- 286 (a) orally informing emergency service personnel;  
287 (b) writing "void" across the order for life sustaining treatment form;  
288 (c) burning, tearing, or otherwise destroying or defacing:  
289 (i) the order for life sustaining treatment form; or  
290 (ii) a bracelet or other evidence of the order for life sustaining treatment;  
291 (d) asking another adult to take the action described in this Subsection (8) on the  
292 individual's behalf;  
293 (e) signing or directing another adult to sign a written revocation on the individual's  
294 behalf;  
295 (f) stating, in the presence of an adult witness, that the individual wishes to revoke the  
296 order; or  
297 (g) completing a new order for life sustaining treatment.
- 298 (9)(a) Except as provided in Subsection (9)(c), a surrogate for an adult who lacks [  
299 ~~health care decision making~~]capacity may only revoke an order for life sustaining  
300 treatment if the revocation is consistent with the substituted judgment standard.
- 301 (b) Except as provided in Subsection (9)(c), a surrogate who has authority under this  
302 section to sign an order for life sustaining treatment may revoke an order for life  
303 sustaining treatment, in accordance with Subsection (9)(a), by:

- 304 (i) signing a written revocation of the order for life sustaining treatment; or  
 305 (ii) completing and signing a new order for life sustaining treatment.
- 306 (c) A surrogate may not revoke an order for life sustaining treatment during the period  
 307 of time beginning when an emergency service provider is contacted for assistance,  
 308 and ending when the emergency ends.
- 309 (10)(a) The Department of Health and Human Services shall make rules, in accordance  
 310 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
- 311 (i) create the forms and systems described in this section; and  
 312 (ii) develop uniform instructions for the form established in Section [~~75A-3-303~~]  
 313 75A-9-110.
- 314 (b) The Department of Health and Human Services may make rules, in accordance with  
 315 Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to designate health care  
 316 professionals, in addition to those described in Subsection (2)(b)(ii), who may  
 317 prepare an order for life sustaining treatment.
- 318 (c) The Department of Health and Human Services may assist others with training of  
 319 health care professionals regarding this chapter.
- 320 (11)(a) Notwithstanding any other provision of this section:
- 321 (i) the provisions of Title 46, Chapter 4, Uniform Electronic Transactions Act, apply  
 322 to any signature required on the order for life sustaining treatment; and  
 323 (ii) a verbal confirmation satisfies the requirement for a signature from an individual  
 324 under Subsection (3)(b)(ii) or (iii), if:
- 325 (A) requiring the individual described in Subsection (3)(b)(i)(B), (ii), or (iii) to  
 326 sign the order for life sustaining treatment in person or electronically would  
 327 require significant difficulty or expense; and  
 328 (B) a licensed health care provider witnesses the verbal confirmation and signs the  
 329 order for life sustaining treatment attesting that the health care provider  
 330 witnessed the verbal confirmation.
- 331 (b) The health care provider described in Subsection (11)(a)(ii)(B):
- 332 (i) may not be the same individual who signs the order for life sustaining treatment  
 333 under Subsection (3)(a); and  
 334 (ii) shall verify, in accordance with HIPAA as defined in Section 26B-3-126, the  
 335 identity of the individual who is providing the verbal confirmation.

336 Section 3. Section **75A-9-101** is enacted to read:

337 **CHAPTER 9. UNIFORM HEALTH-CARE DECISIONS ACT**

338 **75A-9-101 . Definitions.**339 As used in this chapter:

- 340 (1)(a) "Advance health-care directive" means a power of attorney for health care,  
341 health-care instruction, or both.
- 342 (b) "Advance health-care directive" includes an advance mental health-care directive.
- 343 (2) "Advance mental health-care" directive means a power of attorney for health care,  
344 health-care instruction, or both, created under Section 75A-9-108.
- 345 (3)(a) "Agent" means an individual appointed under a power of attorney for health care  
346 to make a health-care decision for the individual who made the appointment.
- 347 (b) "Agent" includes a co-agent or alternate agent appointed under Section 75A-9-119.
- 348 (4) "Capacity" means having capacity under Section 75A-9-102.
- 349 (5) "Cohabitant" means each of two individuals who have been living together as a couple  
350 for at least one year after each became an adult or was emancipated and who are not  
351 married to each other.
- 352 (6) "Default surrogate" means an individual authorized under Section 75A-9-111 to make a  
353 health-care decision for another individual.
- 354 (7) "Electronic" means relating to technology having electrical, digital, magnetic, wireless,  
355 optical, electromagnetic, or similar capabilities.
- 356 (8) "Emergency medical services provider" means a person that is licensed, designated, or  
357 certified under Title 53, Chapter 2d, Emergency Medical Services Act.
- 358 (9) "Family member" means a spouse, adult child, parent, or grandparent, or an adult  
359 descendant of a spouse, child, parent, or grandparent.
- 360 (10)(a) "Guardian" means a person appointed under other law by a court to make  
361 decisions regarding the personal affairs of an individual, which may include  
362 health-care decisions.
- 363 (b) "Guardian" does not include a guardian ad litem.
- 364 (11)(a) "Health care" means care or treatment or a service or procedure to maintain,  
365 monitor, diagnose, or otherwise affect an individual's physical or mental illness,  
366 injury, or condition.
- 367 (b) "Health care" includes mental health care.
- 368 (12) "Health-care decision" means a decision made by an individual or the individual's  
369 surrogate regarding the individual's health care, including:
- 370 (a) selection or discharge of a health-care professional or health-care institution;  
371 (b) approval or disapproval of a diagnostic test, surgical procedure, medication,

- 372 therapeutic intervention, or other health care; and  
373 (c) direction to provide, withhold, or withdraw artificial nutrition or hydration,  
374 mechanical ventilation, or other health care.
- 375 (13) "Health-care institution" means a facility or agency licensed, certified, or otherwise  
376 authorized or permitted by other law to provide health care in this state in the ordinary  
377 course of business.
- 378 (14)(a) "Health-care instruction" means a direction, whether or not in a record, made by  
379 an individual that indicates the individual's goals, preferences, or wishes concerning  
380 the provision, withholding, or withdrawal of health care.
- 381 (b) "Health-care instruction" includes a direction intended to be effective if a specified  
382 condition arises.
- 383 (15) "Health-care professional" means a physician or other individual licensed, certified, or  
384 otherwise authorized or permitted by other law of this state to provide health care in this  
385 state in the ordinary course of business or the practice of the physician's or individual's  
386 profession.
- 387 (16) "Individual" means an adult or emancipated minor.
- 388 (17) "Mental health care" means care or treatment or a service or procedure to maintain,  
389 monitor, diagnose, or otherwise affect an individual's mental illness or other psychiatric,  
390 psychological, or psychosocial condition.
- 391 (18) "Nursing home" means a nursing facility as defined in Sec. 1919(a)(1) of the Social  
392 Security Act, 42 U.S.C. Section 1396r(a)(1), as amended or skilled nursing facility as  
393 defined in Section 1819(a)(1) of the Social Security Act, 42 U.S.C. Section  
394 1395i3(a)(1), as amended.
- 395 (19) "Person" means an individual, estate, business or nonprofit entity, government or  
396 governmental subdivision, agency, or instrumentality, or other legal entity.
- 397 (20) "Person interested in the welfare of the individual" means:
- 398 (a) the individual's surrogate;  
399 (b) a family member of the individual;  
400 (c) the cohabitant of the individual;  
401 (d) a public entity providing health-care case management or protective services to the  
402 individual;  
403 (e) a person appointed under other law to make decisions for the individual under a  
404 power of attorney for finances; or  
405 (f) a person that has an ongoing personal or professional relationship with the individual,

406 including a person that has provided educational or health-care services or supported  
407 decision making to the individual.

408 (21) "Physician" means an individual licensed to practice as a physician or osteopath under  
409 Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah  
410 Osteopathic Medical Practice Act.

411 (22) "Power of attorney for health care" means a record in which an individual appoints an  
412 agent to make health-care decisions for the individual.

413 (23) "Reasonably available" means being able to be contacted without undue effort and  
414 being willing and able to act in a timely manner considering the urgency of an  
415 individual's health-care situation. When used to refer to an agent or default surrogate, the  
416 term includes being willing and able to comply with the duties under Section 75A-9-116  
417 in a timely manner considering the urgency of an individual's health-care situation.

418 (24) "Record" means information:

419 (a) inscribed on a tangible medium; or

420 (b) stored in an electronic or other medium and retrievable in perceivable form.

421 (25) "Responsible health-care professional" means:

422 (a) a health-care professional designated by an individual or the individual's surrogate to  
423 have primary responsibility for the individual's health care or for overseeing a course  
424 of treatment; or

425 (b) in the absence of a designation under Subsection (25)(a) or, if the professional  
426 designated under Subsection (25)(a) is not reasonably available, a health-care  
427 professional who has primary responsibility for overseeing the individual's health  
428 care or for overseeing a course of treatment.

429 (26) "Sign" means, with present intent to authenticate or adopt a record:

430 (a) execute or adopt a tangible symbol; or

431 (b) attach to or logically associate with the record an electronic symbol, sound, or  
432 process.

433 (27) "State" means a state of the United States, the District of Columbia, Puerto Rico, the  
434 United States Virgin Islands, any other territory or possession subject to the jurisdiction  
435 of the United States, or a federally recognized Indian tribe.

436 (28) "Supported decision making" means assistance, from one or more persons of an  
437 individual's choosing, that helps the individual make or communicate a decision,  
438 including by helping the individual understand the nature and consequences of the  
439 decision.

440 (29) "Surrogate" means:

441 (a) an agent;

442 (b) a default surrogate; or

443 (c) a guardian authorized to make health-care decisions.

444 Section 4. Section **75A-9-102** is enacted to read:

445 **75A-9-102 . Capacity.**

446 (1) An individual has capacity for the purpose of this chapter if the individual:

447 (a) is willing and able to communicate a decision independently or with appropriate  
448 services, technological assistance, supported decision making, or other reasonable  
449 accommodation; and

450 (b) in making or revoking:

451 (i) a health-care decision, understands the nature and consequences of the decision,  
452 including the primary risks and benefits of the decision;

453 (ii) a health-care instruction, understands the nature and consequences of the  
454 instruction, including the primary risks and benefits of the choices expressed in  
455 the instruction; and

456 (iii) an appointment of an agent under a health-care power of attorney or  
457 identification of a default surrogate under Section 75A-9-111, recognizes the  
458 identity of the individual being appointed or identified and understands the  
459 general nature of the relationship of the individual making the appointment or  
460 identification with the individual being appointed or identified.

461 (2) The right of an individual who has capacity to make a decision about the individual's  
462 health care is not affected by whether the individual creates or revokes an advance  
463 health-care directive.

464 Section 5. Section **75A-9-103** is enacted to read:

465 **75A-9-103 . Presumption of capacity -- Overcoming presumption.**

466 (1) An individual is presumed to have capacity to make or revoke a health-care decision,  
467 health-care instruction, and power of attorney for health care unless:

468 (a) a court has found the individual lacks capacity to do so; or

469 (b) the presumption is rebutted under Subsection (2).

470 (2) Subject to Sections 75A-9-104 and 75A-9-105, a presumption under Subsection (1) may  
471 be rebutted by a finding that the individual lacks capacity:

472 (a) subject to Subsection (3), made on the basis of a contemporaneous examination by  
473 any of the following:

- 474 (i) a physician;  
 475 (ii) a psychologist licensed or otherwise authorized to practice in this state;  
 476 (iii) an individual with training and expertise in the finding of lack of capacity who is  
 477 licensed or otherwise authorized to practice in this state as:  
 478 (A) a physician assistant; or  
 479 (B) an advanced practice registered nurse; or  
 480 (iv) a responsible health-care professional not described in Subsections (2)(a)(i)  
 481 through (iii) if:  
 482 (A) the individual about whom the finding is to be made is experiencing a health  
 483 condition requiring a decision regarding health-care treatment to be made  
 484 promptly to avoid loss of life or serious harm to the health of the individual;  
 485 and  
 486 (B) an individual described in Subsections (2)(a)(i) through (iii) is not reasonably  
 487 available;  
 488 (b) made in accordance with accepted standards of the profession and the scope of  
 489 practice of the individual making the finding and to a reasonable degree of certainty;  
 490 and  
 491 (c) documented in a record signed by the individual making the finding that includes an  
 492 opinion of the cause, nature, extent, and probable duration of the lack of capacity.  
 493 (3) The finding under Subsection (2) may not be made by:  
 494 (a) a family member of the individual presumed to have capacity;  
 495 (b) the cohabitant of the individual or a descendant of the cohabitant; or  
 496 (c) the individual's surrogate, a family member of the surrogate, or a descendant of the  
 497 surrogate.  
 498 (4) If the finding under Subsection (2) was based on a condition the individual no longer  
 499 has or a responsible health-care professional subsequently has good cause to believe the  
 500 individual has capacity, the individual is presumed to have capacity unless a court finds  
 501 the individual lacks capacity or the presumption is rebutted under Subsection (2).  
 502 Section 6. Section **75A-9-104** is enacted to read:  
 503 **75A-9-104 . Notice of finding of lack of capacity -- Right to object.**  
 504 (1) As soon as reasonably feasible, an individual who makes a finding under Subsection  
 505 75A-9-103(2) shall inform the individual about whom the finding was made or the  
 506 individual's responsible health-care professional of the finding.  
 507 (2) As soon as reasonably feasible, a responsible health-care professional who is informed

- 508 of a finding under Subsection 75A-9-103(2) shall inform the individual about whom the  
509 finding was made and the individual's surrogate.
- 510 (3) An individual found under Subsection 75A-9-103(2) to lack capacity may object to the  
511 finding:
- 512 (a) by orally informing a responsible health-care professional;  
513 (b) in a record provided to a responsible health-care professional or the health-care  
514 institution in which the individual resides or is receiving care; or  
515 (c) by another act that clearly indicates the individual's objection.
- 516 (4) If the individual objects under Subsection (3), the finding under Subsection  
517 75A-9-103(2) is not sufficient to rebut a presumption of capacity in Subsection  
518 75A-9-103(1) and the individual must be treated as having capacity unless:
- 519 (a) the individual withdraws the objection;  
520 (b) a court finds the individual lacks the presumed capacity;  
521 (c) the individual is experiencing a health condition requiring a decision regarding  
522 health-care treatment to be made promptly to avoid imminent loss of life or serious  
523 harm to the health of the individual; or  
524 (d) subject to Subsection (5), the finding is confirmed by a second finding made by an  
525 individual authorized under Subsection 75A-9-103(2)(a) who:
- 526 (i) did not make the first finding;  
527 (ii) is not a family member of the individual who made the first finding; and  
528 (iii) is not the cohabitant of the individual who made the first finding or a descendant  
529 of the cohabitant.
- 530 (5) A second finding that the individual lacks capacity under Subsection (4)(d) is not  
531 sufficient to rebut the presumption of capacity if the individual is requesting the  
532 provision or continuation of life-sustaining treatment and the finding is being used to  
533 make a decision to withhold or withdraw the treatment.
- 534 (6) As soon as reasonably feasible, a health-care professional who is informed of an  
535 objection under Subsection (3) shall:
- 536 (a) communicate the objection to a responsible health-care professional; and  
537 (b) document the objection and the date of the objection in the individual's medical  
538 record or communicate the objection and the date of the objection to an administrator  
539 with responsibility for medical records of the health-care institution providing health  
540 care to the individual, who shall document the objection and the date of the objection  
541 in the individual's medical record.



542 Section 7. Section **75A-9-105** is enacted to read:

543 **75A-9-105 . Judicial review of finding of lack of capacity.**

- 544 (1) An individual found under Subsection 75A-9-103(2) to lack capacity, a responsible  
545 health-care professional, the health-care institution providing health care to the  
546 individual, or a person interested in the welfare of the individual may petition the court  
547 in the county in which the individual resides or is located to determine whether the  
548 individual lacks capacity.
- 549 (2)(a) The court in which a petition under Subsection (1) is filed shall appoint legal  
550 counsel to represent the individual if the individual does not have legal counsel.
- 551 (b) The court shall hear the petition as soon as possible.
- 552 (c) As soon as possible the court shall determine whether the individual lacks capacity.
- 553 (d) The court may determine the individual lacks capacity only if the court finds by clear  
554 and convincing evidence that the individual lacks capacity.

555 Section 8. Section **75A-9-106** is enacted to read:

556 **75A-9-106 . Health-care instructions.**

- 557 (1) An individual may create a health-care instruction that expresses the individual's  
558 preferences for future health care, including preferences regarding:
- 559 (a) health-care professionals or health-care institutions;  
560 (b) how a health-care decision will be made and communicated;  
561 (c) persons that should or should not be consulted regarding a health-care decision;  
562 (d) a person to serve as guardian for the individual if one is appointed; and  
563 (e) an individual to serve as a default surrogate.
- 564 (2) A health-care professional to whom an individual communicates or provides an  
565 instruction under Subsection (1) shall document the instruction and the date of the  
566 instruction in the individual's medical record or communicate the instruction and date of  
567 the instruction to an administrator with responsibility for medical records of the  
568 health-care institution providing health care to the individual, who shall document the  
569 instruction and the date of the instruction in the individual's medical record.
- 570 (3) A health-care instruction made by an individual that conflicts with an earlier health-care  
571 instruction made by the individual, including an instruction documented in a medical  
572 order, revokes the earlier instruction to the extent of the conflict.
- 573 (4) A health-care instruction may be in the same record as a power of attorney for health  
574 care.

575 Section 9. Section **75A-9-107** is enacted to read:

576 **75A-9-107 . Power of attorney for health care.**

- 577 (1) An individual may create a power of attorney for health care to appoint an agent to  
578 make health-care decisions for the individual.
- 579 (2) An individual is disqualified from acting as agent for an individual who lacks capacity  
580 to make health-care decisions if:
- 581 (a) a court finds that the potential agent poses a danger to the individual's well-being,  
582 even if the court does not issue a protective order against the potential agent; or
- 583 (b) the potential agent is an owner, operator, employee, or contractor of a nursing home  
584 or assisted living facility in which the individual resides or is receiving care, unless  
585 the owner, operator, employee, or contractor is a family member of the individual,  
586 the cohabitant of the individual, or a descendant of the cohabitant.
- 587 (3) A health-care decision made by an agent is effective without judicial approval.
- 588 (4) A power of attorney for health care must be in a record, signed by the individual  
589 creating the power, and signed by an adult witness who:
- 590 (a) reasonably believes the act of the individual to create the power of attorney is  
591 voluntary and knowing;
- 592 (b) is not:
- 593 (i) the agent appointed by the individual;
- 594 (ii) the agent's spouse or cohabitant; or
- 595 (iii) if the individual resides or is receiving care in a nursing home or assisted living  
596 facility, the owner, operator, employee, or contractor of the nursing home or  
597 assisted living facility; and
- 598 (c) is present when the individual signs the power of attorney or when the individual  
599 represents that the power of attorney reflects the individual's wishes.
- 600 (5) A witness under Subsection (4) is considered present if the witness and the individual  
601 are:
- 602 (a) physically present in the same location;
- 603 (b) using electronic means that allow for real time audio and visual transmission and  
604 communication in real time to the same extent as if the witness and the individual  
605 were physically present in the same location; or
- 606 (c) able to speak to and hear each other in real time through audio connection if:
- 607 (i) the identity of the individual is personally known to the witness; or
- 608 (ii) the witness is able to authenticate the identity of the individual by receiving  
609 accurate answers from the individual that enable the authentication.

610 (6) A power of attorney for health care may include a health-care instruction.

611 Section 10. Section **75A-9-108** is enacted to read:

612 **75A-9-108 . Advance mental health-care directive.**

613 (1)(a) An individual may create an advance health-care directive that addresses only  
614 mental health care for the individual.

615 (b) The directive may include a health-care instruction, a power of attorney for health  
616 care, or both.

617 (2) A health-care instruction under this section may include the individual's:

618 (a) general philosophy and objectives regarding mental health care; or

619 (b) specific goals, preferences, and wishes regarding the provision, withholding, or  
620 withdrawal of a form of mental health care, including:

621 (i) preferences regarding professionals, programs, and facilities;

622 (ii) admission to a mental-health facility, including duration of admission;

623 (iii) preferences regarding medications;

624 (iv) refusal to accept a specific type of mental health care, including a medication; and

625 (v) preferences regarding crisis intervention.

626 (3) A power of attorney for health care under this section may appoint an agent to make  
627 decisions only for mental health care.

628 Section 11. Section **75A-9-109** is enacted to read:

629 **75A-9-109 . Relationship of advance mental health-care directive and other**  
630 **advance health-care directive.**

631 (1) If a direction in an advance mental health-care directive of an individual conflicts with a  
632 direction in another advance health-care directive of the individual, the later direction  
633 revokes the earlier direction to the extent of the conflict.

634 (2)(a) An appointment of an agent to make decisions only for mental health care for an  
635 individual does not revoke an earlier appointment of an agent to make other  
636 health-care decisions for the individual.

637 (b) A later appointment revokes the authority of an agent under the earlier appointment  
638 to make decisions about mental health care unless otherwise specified in the power of  
639 attorney making the later appointment.

640 (3) An appointment of an agent to make health-care decisions for an individual other than  
641 decisions about mental health care made after appointment of an agent authorized to  
642 make only mental health-care decisions does not revoke the appointment of the agent  
643 authorized to make only mental health-care decisions.

644 Section 12. Section **75A-9-110** is enacted to read:

645 **75A-9-110 . Optional form.**

646 The following form may be used to create an advance health-care directive:

647 ADVANCE HEALTH-CARE DIRECTIVE

648

649 HOW YOU CAN USE THIS FORM

650

651 You can use this form if you wish to name someone to make health-care decisions for you  
652 in case you cannot make decisions for yourself. This is called giving the person a power of  
653 attorney for health care. This person is called your Agent.

654

655 You can also use this form to state your wishes, preferences, and goals for health care, and  
656 to say if you want to be an organ donor after you die.

657

658 YOUR NAME AND DATE OF BIRTH

659

660 Name:

661

662 Date of birth:

663

664 PART A: NAMING AN AGENT

665

666 This part lets you name someone else to make health-care decisions for you. You may leave  
667 any item blank.

668

669

670 1. NAMING AN AGENT

671

672 I want the following person to make health-care decisions for me if I cannot make  
673 decisions for myself:

674

675 Name:

676

677 Optional contact information (it is helpful to include information such as address, phone,

678 and email):

679

680 2. NAMING AN ALTERNATE AGENT

681

682 I want the following person to make health-care decisions for me if I cannot and my  
683 Agent is not able or available to make them for me:

684

685 Name:

686

687 Optional contact information (it is helpful to include information such as address, phone,  
688 and email):

689

690 3. LIMITING YOUR AGENT'S AUTHORITY

691

692 I give my Agent the power to make all health-care decisions for me if I cannot make  
693 those decisions for myself, except the following:

694

695 (If you do not add a limitation here, your Agent will be able to make all health-care  
696 decisions that an Agent is permitted to make under state law.)

697

698 PART B: HEALTH-CARE INSTRUCTIONS

699

700 This part lets you state your priorities for health care and to state types of health care you  
701 do and do not want.

702

703 1. INSTRUCTIONS ABOUT LIFE-SUSTAINING TREATMENT

704

705 This section gives you the opportunity to say how you want your Agent to act while making  
706 decisions for you. You may mark or initial each choice. You also may leave any choice blank.

707

708 Treatment. Medical treatment needed to keep me alive but not needed for comfort or any  
709 other purpose should (mark or initial all that apply):

710 (  ) Always be given to me. (If you mark or initial this choice, you should not mark  
711 or initial other choices in this "treatment" section.)

712  Not be given to me if I have a condition that is not curable and is expected to  
713 cause my death soon, even if treated.

714  Not be given to me if I am unconscious and I am not expected to be conscious  
715 again.

716  Not be given to me if I have a medical condition from which I am not expected  
717 to recover that prevents me from communicating with people I care about, caring for myself,  
718 and recognizing family and friends.

719  Other (write what you want or do not want):

720

721

722 Food and liquids. If I can't swallow and staying alive requires me to get food or liquids  
723 through a tube or other means for the rest of my life, then food or liquids should (mark or  
724 initial all that apply):

725  Always be given to me. (If you mark or initial this choice, you should not mark  
726 or initial other choices in this food and liquids section.)

727  Not be given to me if I have a condition that is not curable and is expected to  
728 cause me to die soon, even if treated.

729  Not be given to me if I am unconscious and am not expected to be conscious  
730 again.

731  Not be given to me if I have a medical condition from which I am not expected  
732 to recover that prevents me from communicating with people I care about, caring for myself,  
733 and recognizing family and friends.

734  Other (write what you want or do not want):

735

736

737 Pain relief. If I am in significant pain, care that will keep me comfortable but is likely to  
738 shorten my life should (mark or initial all that apply):

739  Always be given to me. (If you mark or initial this choice, you should not mark  
740 or initial other choices in this pain relief section.)

741  Never be given to me. (If you mark or initial this choice, you should not mark or  
742 initial other choices in this pain relief section.)

743  Be given to me if I have a condition that is not curable and is expected to cause  
744 me to die soon, even if treated.

745  Be given to me if I am unconscious and am not expected to be conscious again.

746 ( ) Be given to me if I have a medical condition from which I am not expected to  
747 recover that prevents me from communicating with people I care about, caring for myself, and  
748 recognizing family and friends.

749 ( ) Other (write what you want or do not want):

750

751

## 752 2. MY PRIORITIES

753

754 You can use this section to indicate what is important to you, and what is not important to  
755 you. This information can help your Agent make decisions for you if you cannot. It also helps  
756 others understand your preferences.

757

758 You may mark or initial each choice. You also may leave any choice blank.

759

760 Staying alive as long as possible even if I have substantial physical limitations is:

761 ( ) Very important

762 ( ) Somewhat important

763 ( ) Not important

764

765 Staying alive as long as possible even if I have substantial mental limitations is:

766 ( ) Very important

767 ( ) Somewhat important

768 ( ) Not important

769

770 Being free from significant pain is:

771 ( ) Very important

772 ( ) Somewhat important

773 ( ) Not important

774

775 Being independent is:

776 ( ) Very important

777 ( ) Somewhat important

778 ( ) Not important

779

780 Having my Agent talk with my family before making decisions about my care is:

781 ( ) Very important

782 ( ) Somewhat important

783 ( ) Not important

784

785 Having my Agent talk with my friends before making decisions about my care is:

786 ( ) Very important

787 ( ) Somewhat important

788 ( ) Not important

789

790 3. OTHER INSTRUCTIONS

791

792 You can write in this section more information about your goals, values, and preferences  
793 for treatment, including care you want or do not want. You can also use this section to name  
794 anyone who you do not want to make decisions for you under any conditions.

795

796 PART C: OPTIONAL SPECIAL POWERS AND GUIDANCE

797

798 This part lets you give your Agent additional powers and provide more guidance about your  
799 wishes. You may mark or initial each choice. You also may leave any choice blank.

800

801 1. OPTIONAL SPECIAL POWERS

802

803 My Agent can do the following things ONLY if I have marked or initialed them below:

804

805 ( ) Admit me as a voluntary patient to a facility for mental health treatment for  
806 up to \_\_\_\_\_ days (write in the number of days you want like 7, 14, 30, or another number).

807 (If I do not mark or initial this choice, my Agent MAY NOT admit me as a voluntary  
808 patient to this type of facility.)

809

810 ( ) Place me in a nursing home for more than 100 days even if my needs can be  
811 met somewhere else, I am not terminally ill, and I object.

812 (If I do not mark or initial this choice, my Agent MAY NOT do this.)

813



814 2. ACCESS TO MY HEALTH INFORMATION

815

816 My Agent may obtain, examine, and share information about my health needs and health  
817 care if I am not able to make decisions for myself. If I mark or initial below, my Agent may  
818 also do that at any time my Agent thinks it will help me.

819

820 ( ) I give my Agent permission to obtain, examine, and share information about  
821 my health needs and health care whenever my Agent thinks it will help me.

822

823 3. FLEXIBILITY FOR MY AGENT

824

825 Mark or initial below if you want to give your Agent flexibility in following instructions  
826 you provide in this form. If you do not, your Agent must follow the instructions even if your  
827 Agent thinks something else would be better for you.

828

829 ( ) I give my Agent permission to be flexible in applying these instructions if my  
830 Agent thinks it would be in my best interest based on what my Agent knows about me.

831

832 4. NOMINATION OF GUARDIAN

833

834 You can say who you would want as your guardian if you needed one. A guardian is a  
835 person appointed by a court to make decisions for someone who cannot make decisions.  
836 Filling this out does NOT mean you want or need a guardian.

837

838 If a court appoints a guardian to make personal decisions for me, I want the court to  
839 choose:

840 ( ) My Agent named in this form. If my Agent cannot be a guardian, I want the  
841 Alternate Agent named in this form.

842 ( ) Other (write who you would want and their contact information):

843

844 PART D: ORGAN DONATION

845

846 This part lets you donate your organs after you die. You may leave any item blank.

847

848 1. DONATION

849

850 You may mark or initial only one choice.

851 ( ) I donate my organs, tissues, and other body parts after I die, even if it  
852 requires maintaining treatments that conflict with other instructions I have put in this form,  
853 EXCEPT for those I list below (list any body parts you do NOT want to donate):

854

855 ( ) I do not want my organs, tissues, or body parts donated to anybody for any  
856 reason. (If you mark or initial this choice, you should skip the purpose of donation section.)

857

858 2. PURPOSE OF DONATION

859

860 You may mark or initial all that apply. (If you do not mark or initial any of the purposes  
861 below, your donation can be used for all of them.)

862

863 Organs, tissues, or body parts that I donate may be used for:

864 ( ) Transplant

865 ( ) Therapy

866 ( ) Research

867 ( ) Education

868 ( ) All of the above

869

870 PART E: SIGNATURES

871

872 YOUR SIGNATURE

873

874 Sign your name:

875

876 Today's date:

877

878 City/Town/Village and State (optional):

879

880 SIGNATURE OF A WITNESS

881

882 You need a witness if you are using this form to name an Agent. The witness must be an  
 883 adult and cannot be the person you are naming as Agent or the Agent's spouse or someone the  
 884 Agent lives with as a couple. If you live or are receiving care in a nursing home, the witness  
 885 cannot be an employee or contractor of the home or someone who owns or runs the home.

886

887 Name of Witness:

888

889 Signature of Witness: (Only sign as a witness if you think the person signing above is doing  
 890 it voluntarily.)

891

892 Date witness signed:

893

894

#### PART F: INFORMATION FOR AGENTS

895

896 1. If this form names you as an Agent, you can make decisions about health care for the  
 897 person who named you when the person cannot make their own.

898

899 2. If you make a decision for the person, follow any instructions the person gave, including  
 900 any in this form.

901

902 3. If you do not know what the person would want, make the decision that you think is in  
 903 the person's best interest. To figure out what is in the person's best interest, consider the  
 904 person's values, preferences, and goals if you know them or can learn them. Some of these  
 905 preferences may be in this form. You should also consider any behavior or communication  
 906 from the person that indicates what the person currently wants.

907

908 4. If this form names you as an Agent, you can also get and share the person's health  
 909 information. But unless the person has said so in this form, you can get or share this  
 910 information only when the person cannot make decisions about the person's health care.

911 Section 13. Section **75A-9-111** is enacted to read:

912 **75A-9-111 . Default surrogate.**

913 (1) A default surrogate may make a health-care decision for an individual who lacks  
 914 capacity to make health-care decisions and for whom an agent, or guardian authorized to  
 915 make health-care decisions, has not been appointed or is not reasonably available.

- 916 (2) Unless the individual has an advance health-care directive that indicates otherwise, a  
917 member of the following classes, in descending order of priority, who is reasonably  
918 available and not disqualified under Section 75A-9-113, may act as a default surrogate  
919 for the individual:
- 920 (a) an adult the individual has identified, other than in a power of attorney for health  
921 care, to make a health-care decision for the individual if the individual cannot make  
922 the decision;
- 923 (b) the individual's spouse unless:
- 924 (i) a petition for annulment, divorce, dissolution of marriage, legal separation, or  
925 termination has been filed and not dismissed or withdrawn;
- 926 (ii) a decree of annulment, divorce, dissolution of marriage, legal separation, or  
927 termination has been issued;
- 928 (iii) the individual and the spouse have agreed in a record to a legal separation; or  
929 (iv) the spouse has willfully deserted the individual for more than one year;
- 930 (c) the individual's adult child or parent;
- 931 (d) the individual's cohabitant;
- 932 (e) the individual's adult sibling;
- 933 (f) the individual's adult grandchild or grandparent;
- 934 (g) an adult not listed in Subsections (2)(a) through (f) who has assisted the individual  
935 with supported decision making routinely during the preceding six months;
- 936 (h) the individual's adult stepchild not listed in Subsections (2)(a) through (g) whom the  
937 individual actively parented during the stepchild's minor years and with whom the  
938 individual has an ongoing relationship;
- 939 (i) an adult not listed in Subsections (2)(a) through (h) who has exhibited special care  
940 and concern for the individual and is familiar with the individual's personal values; or
- 941 (j) a physician designated in accordance with Subsection (6).
- 942 (3) A responsible health-care professional may require an individual who assumes authority  
943 to act as a default surrogate to provide a declaration in a record under penalty of perjury  
944 stating facts and circumstances reasonably sufficient to establish the authority.
- 945 (4) If a responsible health-care professional reasonably determines that an individual who  
946 assumed authority to act as a default surrogate is not willing or able to comply with a  
947 duty under Section 75A-9-116 or fails to comply with the duty in a timely manner, the  
948 professional may recognize the individual next in priority under Subsection (2) as the  
949 default surrogate.

- 950 (5) A health-care decision made by a default surrogate is effective without judicial approval.
- 951 (6) If an individual resides in or is receiving care in a health-care institution, and is  
952 determined to lack capacity to make a health-care decision, the responsible health-care  
953 professional may designate a willing physician to make the decision on behalf of the  
954 individual if:
- 955 (a) the responsible health-care professional, or person acting under the supervision of the  
956 responsible health-care professional, after using best efforts cannot identify and  
957 locate:
- 958 (i) an agent who has been appointed by the individual to make health-care decisions;  
959 (ii) a guardian authorized to make health-care decisions for the individual; or  
960 (iii) a default surrogate under Subsections (2)(a) through (i);
- 961 (b)(i) the responsible health-care professional has consulted with and obtained a  
962 consensus on the designation with the medical ethics committee of the health-care  
963 institution where the individual resides or is receiving care; or  
964 (ii) if no medical ethics committee exists within the health-care institution, has  
965 consulted with and obtained consensus from a similar entity utilized by the  
966 health-care institution;
- 967 (c) the physician designated to act as default surrogate under this subsection is not:
- 968 (i) providing health care to the individual;  
969 (ii) under the actual or constructive authority of the responsible health-care  
970 professional;  
971 (iii) a family member or cohabitant of the responsible health-care professional; or  
972 (iv) disqualified from acting as default surrogate under Section 75A-9-113;
- 973 (d) the responsible health-care professional informs the individual of the designation of a  
974 willing physician, the identity of the designated physician, and of the individual's  
975 right to object to the designation; and
- 976 (e) the identity of the physician designated by the responsible health-care professional is  
977 documented in the individual's medical record.
- 978 (7) The power of a physician designated under Subsection (6) to act as default surrogate  
979 terminates if:
- 980 (a) a person listed in Subsections (2)(a) through (i) is identified and located and is  
981 reasonably available and willing to serve as default surrogate;
- 982 (b) the individual no longer is residing in or receiving care from the health-care  
983 institution; or

984 (c) the conditions in Subsection (1) do not exist.

985 (8) If the authority of the responsible health-care professional to make the designation  
986 under Subsection (6) or the authority of the physician designated by the responsible  
987 health-care professional to make a health-care decision for the individual terminates for  
988 any reason, including a reason designated in Subsection (7), the responsible health-care  
989 professional shall document the termination and the reason in the individual's medical  
990 record.

991 (9) In making a health-care decision on behalf of the individual, a physician designated to  
992 act as default surrogate under Subsection (6):

993 (a) shall comply with the duties of a default surrogate set forth in Section 75A-9-116; and

994 (b) may consult with the medical ethics committee or similar entity and rely on the  
995 committee or entity's evaluation of the individual's best interest if the goals,  
996 preferences, and wishes of the individual regarding a health-care decision are not  
997 known or reasonably ascertainable by the physician.

998 Section 14. Section **75A-9-112** is enacted to read:

999 **75A-9-112 . Disagreement among default surrogates.**

1000 (1) A default surrogate who assumes authority under Section 75A-9-111 shall inform a  
1001 responsible health-care professional if two or more members of a class under Subsection  
1002 75A-9-111(2) have assumed authority to act as default surrogates and the members do  
1003 not agree on a health-care decision.

1004 (2) A responsible health-care professional shall comply with the decision of a majority of  
1005 the members of the class with highest priority under Subsection 75A-9-111(2) who have  
1006 communicated their views to the professional and the professional reasonably believes  
1007 are acting consistent with their duties under Section 75A-9-116.

1008 (3)(a) If a responsible health-care professional is informed that the members of the class  
1009 who have communicated their views to the professional are evenly divided  
1010 concerning the health-care decision, the professional shall make a reasonable effort to  
1011 solicit the views of members of the class who are reasonably available but have not  
1012 yet communicated their views to the professional.

1013 (b) The professional, after the solicitation, shall comply with the decision of a majority  
1014 of the members who have communicated their views to the professional and the  
1015 professional reasonably believes are acting consistent with their duties under Section  
1016 75A-9-116.

1017 (4) If the class remains evenly divided after the effort is made under Subsection (3), the

1018 health-care decision must be made as provided by other law of this state regarding the  
1019 treatment of an individual who is found to lack capacity.

1020 Section 15. Section **75A-9-113** is enacted to read:

1021 **75A-9-113 . Disqualification to act as default surrogate.**

1022 (1)(a) An individual for whom a health-care decision would be made may disqualify  
1023 another individual from acting as default surrogate for the first individual.

1024 (b) The disqualification must be in a record signed by the first individual or  
1025 communicated verbally or nonverbally to the individual being disqualified, another  
1026 individual, or a responsible health-care professional.

1027 (c) Disqualification under this subsection is effective even if made by an individual who  
1028 lacks capacity to make an advance directive if the individual clearly communicates a  
1029 desire that the individual being disqualified not make health-care decisions for the  
1030 individual.

1031 (2) An individual is disqualified from acting as a default surrogate for an individual who  
1032 lacks capacity to make health-care decisions if:

1033 (a) a court finds that the potential default surrogate poses a danger to the individual's  
1034 well-being, even if the court does not issue a protective order against the potential  
1035 surrogate;

1036 (b) the potential default surrogate is an owner, operator, employee, or contractor of a  
1037 nursing home or assisted living facility in which the individual is residing or  
1038 receiving care unless the owner, operator, employee, or contractor is a family  
1039 member of the individual, the cohabitant of the individual, or a descendant of the  
1040 cohabitant; or

1041 (c) the potential default surrogate refuses to provide a timely declaration under  
1042 Subsection 75A-9-111(3).

1043 Section 16. Section **75A-9-114** is enacted to read:

1044 **75A-9-114 . Revocation.**

1045 (1) An individual may revoke the appointment of an agent, the designation of a default  
1046 surrogate, or a health-care instruction in whole or in part, unless:

1047 (a) a court finds the individual lacks capacity to do so; or

1048 (b) the individual is found under Subsection 75A-9-103(2) to lack capacity to do so and,  
1049 if the individual objects to the finding, the finding is confirmed under Subsection  
1050 75A-9-104(4)(d).

1051 (2) Revocation under Subsection (1) may be by any act of the individual that clearly

- 1052 indicates that the individual intends to revoke the appointment, designation, or  
1053 instruction, including an oral statement to a health-care professional.
- 1054 (3) Except as provided in Section 75A-9-109, an advance health-care directive of an  
1055 individual that conflicts with another advance health-care directive of the individual  
1056 revokes the earlier directive to the extent of the conflict.
- 1057 (4) Unless otherwise provided in an individual's advance health-care directive appointing an  
1058 agent, the appointment of a spouse of an individual as agent for the individual is revoked  
1059 if:
- 1060 (a) a petition for annulment, divorce, dissolution of marriage, legal separation, or  
1061 termination has been filed and not dismissed or withdrawn;
- 1062 (b) a decree of annulment, divorce, dissolution of marriage, legal separation, or  
1063 termination has been issued;
- 1064 (c) the individual and the spouse have agreed in a record to a legal separation; or  
1065 (d) the spouse has willfully deserted the individual for more than one year.

1066 Section 17. Section **75A-9-115** is enacted to read:

1067 **75A-9-115 . Validity of advance health-care directive -- Conflict with other law.**

- 1068 (1) An advance health-care directive created outside this state is valid if it complies with:  
1069 (a) the law of the state specified in the directive or, if a state is not specified, the state in  
1070 which the individual created the directive; or  
1071 (b) this chapter.
- 1072 (2) A person may assume without inquiry that an advance health-care directive is genuine,  
1073 valid, and still in effect, and may implement and rely on it, unless the person has good  
1074 cause to believe the directive is invalid or has been revoked.
- 1075 (3) An advance health-care directive, revocation of a directive, or a signature on a directive  
1076 or revocation may not be denied legal effect or enforceability solely because it is in  
1077 electronic form.
- 1078 (4) Evidence relating to an advance health-care directive, revocation of a directive, or a  
1079 signature on a directive or revocation may not be excluded in a proceeding solely  
1080 because the evidence is in electronic form.
- 1081 (5) This chapter does not affect the validity of an electronic record or signature that is valid  
1082 under Title 46, Chapter 4, Uniform Electronic Transactions Act.
- 1083 (6) If this chapter conflicts with other law of this state relating to the creation, execution,  
1084 implementation, or revocation of an advance health-care directive, this chapter prevails.

1085 Section 18. Section **75A-9-116** is enacted to read:



1086 **75A-9-116 . Duties of agent or default surrogate.**

1087 (1) An agent or default surrogate has a fiduciary duty to the individual for whom the agent  
1088 or default surrogate is acting when exercising or purporting to exercise a power under  
1089 Section 75A-9-117.

1090 (2) An agent or default surrogate shall make a health-care decision in accordance with the  
1091 direction of the individual in an advance health-care directive and other goals,  
1092 preferences, and wishes of the individual to the extent known or reasonably  
1093 ascertainable by the agent or default surrogate.

1094 (3) If there is not a direction in an advance health-care directive and the goals, preferences,  
1095 and wishes of the individual regarding a health-care decision are not known or  
1096 reasonably ascertainable by the agent or default surrogate, the agent or default surrogate  
1097 shall make the decision in accordance with the agent's or default surrogate's  
1098 determination of the individual's best interest.

1099 (4) In determining the individual's best interest under Subsection (3), the agent or default  
1100 surrogate shall:

1101 (a) give primary consideration to the individual's contemporaneous communications,  
1102 including verbal and nonverbal expressions;

1103 (b) consider the individual's values to the extent known or reasonably ascertainable by  
1104 the agent or default surrogate; and

1105 (c) consider the risks and benefits of the potential health-care decision.

1106 (5) As soon as reasonably feasible, an agent or default surrogate who is informed of a  
1107 revocation of an advance health-care directive or disqualification of the agent or default  
1108 surrogate shall communicate the revocation or disqualification to a responsible  
1109 health-care professional.

1110 Section 19. Section **75A-9-117** is enacted to read:

1111 **75A-9-117 . Powers of agent and default surrogate.**

1112 (1)(a) Except as provided in Subsection (3), the power of an agent or default surrogate  
1113 commences when the individual is found under Subsection 75A-9-103(2) or by a  
1114 court to lack capacity to make a health-care decision.

1115 (b) The power ceases if the individual later is found to have capacity to make a  
1116 health-care decision, or the individual objects under Subsection 75A-9-104(3) to the  
1117 finding of lack of capacity under Subsection 75A-9-103(2).

1118 (c) The power resumes if:

1119 (i) the power ceased because the individual objected under Subsection 75A-9-104(3);

- 1120           and
- 1121           (ii) the finding of lack of capacity is confirmed under Subsection 75A-9-104(4)(d) or
- 1122           a court finds that the individual lacks capacity to make a health-care decision.
- 1123 (2) An agent or default surrogate may request, receive, examine, copy, and consent to the
- 1124           disclosure of medical and other health-care information about the individual if the
- 1125           individual would have the right to request, receive, examine, copy, or consent to the
- 1126           disclosure of the information.
- 1127 (3) A power of attorney for health care may provide that the power of an agent under
- 1128           Subsection (1) commences on appointment.
- 1129 (4)(a) If no other person is authorized to do so, an agent or default surrogate may apply
- 1130           for public or private health insurance and benefits on behalf of the individual.
- 1131           (b) An agent or default surrogate who may apply for insurance and benefits does not,
- 1132           solely by reason of the power, have a duty to apply for the insurance or benefits.
- 1133 (5) An agent or default surrogate may not consent to voluntary admission of the individual
- 1134           to a facility for mental health treatment unless:
- 1135           (a) voluntary admission is specifically authorized by the individual in an advance
- 1136           health-care directive in a record; and
- 1137           (b) the admission is for no more than the maximum of the number of days specified in
- 1138           the directive.
- 1139 (6) Except as provided in Subsection (7), an agent or default surrogate may not consent to
- 1140           placement of the individual in a nursing home if the placement is intended to be for
- 1141           more than 100 days if:
- 1142           (a) an alternative living arrangement is reasonably feasible;
- 1143           (b) the individual objects to the placement; or
- 1144           (c) the individual is not terminally ill.
- 1145 (7) If specifically authorized by the individual in an advance health-care directive in a
- 1146           record, an agent or default surrogate may consent to placement of the individual in a
- 1147           nursing home for more than 100 days even if:
- 1148           (a) an alternative living arrangement is reasonably feasible;
- 1149           (b) the individual objects to the placement; and
- 1150           (c) the individual is not terminally ill.

1151       Section 20. Section **75A-9-118** is enacted to read:

1152       **75A-9-118 . Limitations on powers.**

- 1153 (1) If an individual has a long-term disability requiring routine treatment by artificial

- 1154 nutrition, hydration, or mechanical ventilation and a history of using the treatment  
1155 without objection, an agent or default surrogate may not consent to withhold or  
1156 withdraw the treatment unless:
- 1157 (a) the treatment is not necessary to sustain the individual's life or maintain the  
1158 individual's well-being;
- 1159 (b) the individual has expressly authorized the withholding or withdrawal in a  
1160 health-care instruction that has not been revoked; or
- 1161 (c) the individual has experienced a major reduction in health or functional ability from  
1162 which the individual is not expected to recover, even with other appropriate  
1163 treatment, and the individual has not:
- 1164 (i) given a direction inconsistent with withholding or withdrawal; or  
1165 (ii) communicated by verbal or nonverbal expression a desire for artificial nutrition,  
1166 hydration, or mechanical ventilation.
- 1167 (2) A default surrogate may not make a health-care decision if, under other law of this state,  
1168 the decision:
- 1169 (a) may not be made by a guardian; or  
1170 (b) may be made by a guardian only if the court appointing the guardian specifically  
1171 authorizes the guardian to make the decision.
- 1172 Section 21. Section **75A-9-119** is enacted to read:
- 1173 **75A-9-119 . Co-agents -- Alternate agent.**
- 1174 (1)(a) An individual in a power of attorney for health care may appoint multiple  
1175 individuals as co-agents.
- 1176 (b) Unless the power of attorney provides otherwise, each co-agent may exercise  
1177 independent authority.
- 1178 (2) An individual in a power of attorney for health care may appoint one or more  
1179 individuals to act as alternate agents if a predecessor agent resigns, dies, becomes  
1180 disqualified, is not reasonably available, or otherwise is unwilling or unable to act as  
1181 agent.
- 1182 (3) Unless the power of attorney provides otherwise, an alternate agent has the same  
1183 authority as the original agent:
- 1184 (a) at any time the original agent is not reasonably available or is otherwise unwilling or  
1185 unable to act, for the duration of the unavailability, unwillingness, or inability to act;  
1186 or
- 1187 (b) if the original agent and all other predecessor agents have resigned or died or are

1188 disqualified from acting as agent.

1189 Section 22. Section **75A-9-120** is enacted to read:

1190 **75A-9-120 . Duties of health-care professional, responsible health-care**  
1191 **professional, and health-care institution.**

1192 (1) A responsible health-care professional who is aware that an individual has been found  
1193 to lack capacity to make a decision shall make a reasonable effort to determine if the  
1194 individual has a surrogate.

1195 (2) If possible before implementing a health-care decision made by a surrogate, a  
1196 responsible health-care professional as soon as reasonably feasible shall communicate to  
1197 the individual the decision made and the identity of the surrogate.

1198 (3) A responsible health-care professional who makes or is informed of a finding that an  
1199 individual lacks capacity to make a health-care decision or no longer lacks capacity, or  
1200 that other circumstances exist that affect a health-care instruction or the authority of a  
1201 surrogate, as soon as reasonably feasible, shall:

1202 (a) document the finding or circumstance in the individual's medical record; and

1203 (b) if possible, communicate to the individual and the individual's surrogate the finding  
1204 or circumstance and that the individual may object under Subsection 75A-9-104(3) to  
1205 the finding under Subsection 75A-9-103(2).

1206 (4) A responsible health-care professional who is informed that an individual has created or  
1207 revoked an advance health-care directive, or that a surrogate for an individual has been  
1208 appointed, designated, or disqualified, shall:

1209 (a) document the information as soon as reasonably feasible in the individual's medical  
1210 record; and

1211 (b) if evidence of the directive, revocation, appointment, designation, or disqualification  
1212 is in a record, request a copy and, on receipt, cause the copy to be included in the  
1213 individual's medical record.

1214 (5) Except as provided in Subsections (6) and (7), a health-care professional or health-care  
1215 institution providing health care to an individual shall comply with:

1216 (a) a health-care instruction given by the individual regarding the individual's health care;

1217 (b) a reasonable interpretation by the individual's surrogate of an instruction given by the  
1218 individual; and

1219 (c) a health-care decision for the individual made by the individual's surrogate in  
1220 accordance with Sections 75A-9-116 and 75A-9-117 to the same extent as if the  
1221 decision had been made by the individual at a time when the individual had capacity.

- 1222 (6) A health-care professional or a health-care institution may refuse to provide health care  
 1223 consistent with a health-care instruction or health-care decision if:
- 1224 (a) the instruction or decision is contrary to a policy of the health-care institution  
 1225 providing care to the individual that is based expressly on reasons of conscience and  
 1226 the policy was timely communicated to the individual or to the individual's surrogate;
- 1227 (b) the care would require health care that is not available to the professional or  
 1228 institution; or
- 1229 (c) compliance with the instruction or decision would:
- 1230 (i) require the professional to provide care that is contrary to the professional's  
 1231 religious belief or moral conviction if other law permits the professional to refuse  
 1232 to provide care for that reason;
- 1233 (ii) require the professional or institution to provide care that is contrary to generally  
 1234 accepted health-care standards applicable to the professional or institution; or
- 1235 (iii) violate a court order or other law.
- 1236 (7) A health-care professional or health-care institution that refuses to provide care under  
 1237 Subsection (6) shall:
- 1238 (a) as soon as reasonably feasible, inform the individual, if possible, and the individual's  
 1239 surrogate of the refusal;
- 1240 (b) immediately make a reasonable effort to transfer the individual to another health-care  
 1241 professional or health-care institution that is willing to comply with the instruction or  
 1242 decision; and
- 1243 (c) either:
- 1244 (i) if care is refused under Subsection (6)(a) or (b), provide life-sustaining care and  
 1245 care needed to keep or make the individual comfortable, consistent with accepted  
 1246 medical standards to the extent feasible, until a transfer is made; or
- 1247 (ii) if care is refused under Subsection (6)(c), provide life-sustaining care and care  
 1248 needed to keep or make the individual comfortable, consistent with accepted  
 1249 medical standards, until a transfer is made or, if the professional or institution  
 1250 reasonably believes that a transfer cannot be made, for at least 10 days after the  
 1251 refusal.

1252 Section 23. Section **75A-9-121** is enacted to read:

1253 **75A-9-121 . Decision by guardian.**

- 1254 (1) A guardian may refuse to comply with or revoke the individual's advance health-care  
 1255 directive only if the court appointing the guardian expressly orders the noncompliance or

1256 revocation.

1257 (2) Unless a court orders otherwise, a health-care decision made by an agent appointed by  
1258 an individual subject to guardianship prevails over a decision of the guardian appointed  
1259 for the individual.

1260 Section 24. Section **75A-9-122** is enacted to read:

1261 **75A-9-122 . Immunity.**

1262 (1) A health-care professional or health-care institution acting in good faith is not subject to  
1263 civil or criminal liability or to discipline for unprofessional conduct for:

1264 (a) complying with a health-care decision made for an individual by another person if  
1265 compliance is based on a reasonable belief that the person has authority to make the  
1266 decision, including a decision to withhold or withdraw health care;

1267 (b) refusing to comply with a health-care decision made for an individual by another  
1268 person if the refusal is based on a reasonable belief that the person lacked authority or  
1269 capacity to make the decision;

1270 (c) complying with an advance health-care directive based on a reasonable belief that the  
1271 directive is valid;

1272 (d) refusing to comply with an advance health-care directive based on a reasonable  
1273 belief that the directive is not valid, including a reasonable belief that the directive  
1274 was not made by the individual or, after its creation, was substantively altered by a  
1275 person other than the individual who created it; or

1276 (e) determining that an individual who otherwise might be authorized to act as an agent  
1277 or default surrogate is not reasonably available.

1278 (2) An agent, default surrogate, or individual with a reasonable belief that the individual is  
1279 an agent or a default surrogate is not subject to civil or criminal liability or to discipline  
1280 for unprofessional conduct for a health-care decision made in a good faith effort to  
1281 comply with Section 75A-9-116.

1282 Section 25. Section **75A-9-123** is enacted to read:

1283 **75A-9-123 . Prohibited conduct -- Damages.**

1284 (1) A person may not:

1285 (a) intentionally falsify, in whole or in part, an advance health-care directive;

1286 (b) for the purpose of frustrating the intent of the individual who created an advance  
1287 health-care directive or with knowledge that doing so is likely to frustrate the intent:

1288 (i) intentionally conceal, deface, obliterate, or delete the directive or a revocation of  
1289 the directive without consent of the individual who created or revoked the

- 1290 directive; or
- 1291 (ii) intentionally withhold knowledge of the existence or revocation of the directive
- 1292 from a responsible health-care professional or health-care institution providing
- 1293 health care to the individual who created or revoked the directive;
- 1294 (c) coerce or fraudulently induce an individual to create, revoke, or refrain from creating
- 1295 or revoking an advance health-care directive or a part of a directive; or
- 1296 (d) require or prohibit the creation or revocation of an advance health-care directive as a
- 1297 condition for providing health care.
- 1298 (2) An individual who is the subject of conduct prohibited under Subsection (1), or the
- 1299 individual's estate, has a cause of action against a person that violates Subsection (1) for
- 1300 statutory damages of \$25,000 or actual damages resulting from the violation, whichever
- 1301 is greater.
- 1302 (3) Subject to Subsection (4), an individual who makes a health-care instruction, or the
- 1303 individual's estate, has a cause of action against a health-care professional or health-care
- 1304 institution that intentionally violates Section 75A-9-120 for statutory damages of
- 1305 \$50,000 or actual damages resulting from the violation, whichever is greater.
- 1306 (4) A health-care professional who is an emergency medical services provider is not liable
- 1307 under Subsection (3) for a violation of Subsection 75A-9-120(5) if:
- 1308 (a) the violation occurs in the course of providing care to an individual experiencing a
- 1309 health condition for which the emergency medical services provider reasonably
- 1310 believes the care was appropriate to avoid imminent loss of life or serious harm to the
- 1311 individual;
- 1312 (b) the failure to comply is consistent with accepted standards of the profession of the
- 1313 emergency medical services provider; and
- 1314 (c) the provision of care does not begin in a health-care institution in which the
- 1315 individual resides or was receiving care.
- 1316 (5) In an action under this section, a prevailing plaintiff may recover reasonable attorney
- 1317 fees, court costs, and other reasonable litigation expenses.
- 1318 (6) A cause of action or remedy under this section is in addition to any cause of action or
- 1319 remedy under other law.

1320 Section 26. Section **75A-9-124** is enacted to read:

1321 **75A-9-124 . Effect of copy -- Certified physical copy.**

- 1322 (1) A physical or electronic copy of an advance health-care directive, revocation of an
- 1323 advance health-care directive, or appointment, designation, or disqualification of a

1324 surrogate has the same effect as the original.

1325 (2) An individual may create a certified physical copy of an advance health-care directive  
1326 or revocation of an advance health-care directive that is in electronic form by affirming  
1327 under penalty of perjury that the physical copy is a complete and accurate copy of the  
1328 directive or revocation.

1329 Section 27. Section **75A-9-125** is enacted to read:

1330 **75A-9-125 . Judicial relief.**

1331 (1) On petition of an individual, the individual's surrogate, a health-care professional or  
1332 health-care institution providing health care to the individual, or a person interested in  
1333 the welfare of the individual, the court may:

1334 (a) enjoin implementation of a health-care decision made by an agent or default  
1335 surrogate on behalf of the individual, on a finding that the decision is inconsistent  
1336 with Section 75A-9-116 or 75A-9-117;

1337 (b) enjoin an agent from making a health-care decision for the individual, on a finding  
1338 that the individual's appointment of the agent has been revoked or the agent:

1339 (i) is disqualified under Subsection 75A-9-107(2);

1340 (ii) is unwilling or unable to comply with Section 75A-9-116; or

1341 (iii) poses a danger to the individual's well-being;

1342 (c) enjoin another individual from acting as a default surrogate, on a finding that the  
1343 other individual:

1344 (i) acting as a default surrogate did not comply with Section 75A-9-111;

1345 (ii) is disqualified under Section 75A-9-113;

1346 (iii) is unwilling or unable to comply with Section 75A-9-116;

1347 (iv) poses a danger to the first individual's well-being; or

1348 (d) order implementation of a health-care decision made:

1349 (i) by and for the individual; or

1350 (ii) by an agent or default surrogate who is acting in compliance with the powers and  
1351 duties of the agent or default surrogate.

1352 (2) In this chapter, advocacy for the withholding or withdrawal of health care or mental  
1353 health care from an individual is not itself evidence that an agent or default surrogate, or  
1354 a potential agent or default surrogate, poses a danger to the individual's well-being.

1355 (3) A proceeding under this chapter is governed by the Utah Rules of Civil Procedure and  
1356 shall be expedited by the court.

1357 Section 28. Section **75A-9-126** is enacted to read:



1358 **75A-9-126 . Construction.**

- 1359 (1) This chapter does not authorize mercy killing, assisted suicide, or euthanasia.
- 1360 (2) This chapter does not affect other law of this state governing treatment for mental
- 1361 illness of an individual involuntarily committed under Section 26B-5-332.
- 1362 (3) Death of an individual caused by withholding or withdrawing health care in accordance
- 1363 with this chapter does not constitute a suicide or homicide or legally impair or invalidate
- 1364 a policy of insurance or an annuity providing a death benefit, notwithstanding any term
- 1365 of the policy or annuity.
- 1366 (4) This chapter does not create a presumption concerning the intention of an individual
- 1367 who has not created an advance health-care directive.
- 1368 (5) An advance health-care directive created before, on, or after May 7, 2025, shall be
- 1369 interpreted in accordance with law of this state, excluding the state's choice-of-law rules,
- 1370 at the time the directive is implemented.

1371 Section 29. Section **75A-9-127** is enacted to read:

1372 **75A-9-127 . Uniformity of application and construction.**

1373 In applying and construing this uniform act, a court shall consider the promotion of

1374 uniformity of the law among jurisdictions that enact it.

1375 Section 30. Section **75A-9-128** is enacted to read:

1376 **75A-9-128 . Saving provision.**

- 1377 (1) An advance health-care directive created before May 7, 2025, is valid if it complies with
- 1378 this chapter or complied at the time of creation with the law of the state in which it was
- 1379 created.
- 1380 (2) This chapter does not affect the validity or effect of an act done before May 7, 2025.
- 1381 (3) An individual who assumed authority to act as default surrogate before May 7, 2025,
- 1382 may continue to act as default surrogate until the individual for whom the default
- 1383 surrogate is acting has capacity or the default surrogate is disqualified, whichever occurs
- 1384 first.

1385 Section 31. Section **75A-9-129** is enacted to read:

1386 **75A-9-129 . Transitional provision.**

1387 This chapter applies to an advance health-care directive created before, on, or after May

1388 7, 2025.

1389 Section 32. **Repealer.**

1390 This bill repeals:

1391 Section **75A-3-102, Intent statement.**

- 1392 Section **75A-3-103, Effect of chapter.**
- 1393 Section **75A-3-104, Provisions cumulative with existing law.**
- 1394 Section **75A-3-105, Severability.**
- 1395 Section **75A-3-107, Judicial relief.**
- 1396 Section **75A-3-201, Capacity to make health care decisions -- Presumption --**
- 1397 **Overcoming presumption.**
- 1398 Section **75A-3-202, Effect of current health care preferences -- Health care decision**
- 1399 **making.**
- 1400 Section **75A-3-203, Default surrogates.**
- 1401 Section **75A-3-204, Surrogate decision making -- Scope of authority.**
- 1402 Section **75A-3-205, Health care decisions by guardian.**
- 1403 Section **75A-3-206, Priority of decision makers.**
- 1404 Section **75A-3-207, Notification to health care provider -- Obligations of health care**
- 1405 **providers -- Liability.**
- 1406 Section **75A-3-208, Personal representative status.**
- 1407 Section **75A-3-301, Advance health care directive -- Appointment of agent -- Powers of**
- 1408 **agent.**
- 1409 Section **75A-3-302, Capacity to complete an advance health care directive.**
- 1410 Section **75A-3-303, Optional form for advance health care directive.**
- 1411 Section **75A-3-304, Presumption of validity of advance health care directive.**
- 1412 Section **75A-3-305, Advance health care directive effect on insurance policies.**
- 1413 Section **75A-3-306, Advance health care directive effect during pregnancy.**
- 1414 Section **75A-3-307, Revocation of advance health care directive.**
- 1415 Section **75A-3-308, Illegal destruction or falsification of advance health care directive.**
- 1416 Section **75A-3-309, Reciprocity of advance health care directive -- Application of**
- 1417 **former provisions of law.**
- 1418 Section 33. **Effective Date.**
- 1419 This bill takes effect on May 7, 2025.