1	ADVANCE REALIR CARE DIRECTIVE ACT
2	AMENDMENTS
3	2009 GENERAL SESSION
4	STATE OF UTAH
5	Chief Sponsor: Allen M. Christensen
6	House Sponsor:
7 8	LONG TITLE
9	General Description:
10	This bill amends the Advance Health Care Directive Act to expand the list of health
11	care professionals authorized to determine whether an adult lacks health care decision
12	making capacity and to sign a life with dignity order.
13	Highlighted Provisions:
14	This bill:
15	<ul><li>defines terms;</li></ul>
16	▶ authorizes a physician assistant $\hat{S} \rightarrow [\frac{1}{2}]$ or $f(x)$ a psychologist $\hat{S} \rightarrow [\frac{1}{2}]$ or a clinical social
16a	worker] ←Ŝ to
17	determine whether an adult lacks health care decision making capacity or the
18	capacity to make or revoke an advance health care directive;
19	<ul> <li>provides that a physician assistant may sign a life with dignity order; and</li> </ul>
20	<ul><li>makes technical changes.</li></ul>
21	Monies Appropriated in this Bill:
22	None
23	Other Special Clauses:
24	None
25	<b>Utah Code Sections Affected:</b>
26	AMENDS:
27	<b>75-2a-103</b> , as last amended by Laws of Utah 2008, Chapters 3 and 107



28	75-2a-104, as last amended by Laws of Utah 2008, Chapter 107
29	75-2a-106, as repealed and reenacted by Laws of Utah 2008, Chapter 107
30	75-2a-109, as last amended by Laws of Utah 2008, Chapter 107
31	75-2a-117, as last amended by Laws of Utah 2008, Chapter 107
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33	Be it enacted by the Legislature of the state of Utah:
34	Section 1. Section <b>75-2a-103</b> is amended to read:
35	75-2a-103. Definitions.
36	As used in this chapter:
37	(1) "Adult" means a person who is:
38	(a) at least 18 years of age; or
39	(b) an emancipated minor.
40	(2) "Advance health care directive":
41	(a) includes:
42	(i) a designation of an agent to make health care decisions for an adult when the adult
43	cannot make or communicate health care decisions; or
44	(ii) an expression of preferences about health care decisions;
45	(b) may take one of the following forms:
46	(i) a written document, voluntarily executed by an adult in accordance with the
47	requirements of this chapter; or
48	(ii) a witnessed oral statement, made in accordance with the requirements of this
49	chapter; and
50	(c) does not include a life with dignity order.
51	(3) "Agent" means a person designated in an advance health care directive to make
52	health care decisions for the declarant.
53	(4) "APRN" means a person who is:
54	(a) certified or licensed as an advance practice registered nurse under Subsection
55	58-31b-301(2)(d);
56	(b) an independent practitioner;
57	(c) acting under a consultation and referral plan with a physician; and
58	(d) acting within the scope of practice for that person, as provided by law, rule, and

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59	specialized certification and training in that person's area of practice.
60	(5) "Best interest" means that the benefits to the person resulting from a treatment
61	outweigh the burdens to the person resulting from the treatment, taking into account:
62	(a) the effect of the treatment on the physical, emotional, and cognitive functions of the
63	person;
64	(b) the degree of physical pain or discomfort caused to the person by the treatment or
65	the withholding or withdrawal of treatment;
66	(c) the degree to which the person's medical condition, the treatment, or the
67	withholding or withdrawal of treatment, result in a severe and continuing impairment of the
68	dignity of the person by subjecting the person to humiliation and dependency;
69	(d) the effect of the treatment on the life expectancy of the person;
70	(e) the prognosis of the person for recovery with and without the treatment;
71	(f) the risks, side effects, and benefits of the treatment, or the withholding or
72	withdrawal of treatment; and
73	(g) the religious beliefs and basic values of the person receiving treatment, to the extent
74	these may assist the decision maker in determining the best interest.
75	(6) "Capacity to appoint an agent" means that the adult understands the consequences
76	of appointing a particular person as agent.
77	Ŝ→ [(7) "Clinical social worker" means a person licensed as a clinical social worker under
<b>78</b>	Title 58, Chapter 60, Mental Health Professional Practice Act.
<b>79</b>	[] (7) [] (8) Declarant" means an adult who has completed and signed or directed the
80	signing of an advance health care directive.
81	$\hat{S} \rightarrow [f]$ (8) $[\frac{1}{2}] \leftarrow \hat{S}$ "Default surrogate" means the adult who may make decisions for an
81a	individual
82	when either:
83	(a) an agent or guardian has not been appointed; or
84	(b) an agent is not able, available, or willing to make decisions for an adult.
85	$\hat{S} \rightarrow [f]$ (9) $[\frac{1}{100}] \leftarrow \hat{S}$ "Emergency medical services provider" means a person who is
85a	licensed,
86	designated, or certified under Title 26, Chapter 8a, Utah Emergency Medical Services System
87	Act.
88	$\hat{S} \rightarrow [f] (10) [f] (111)$ $\leftarrow \hat{S}$ "Generally accepted health care standards":

(a) is defined only for the purpose of:

90	(i) this chapter and does not define the standard of care for any other purpose under
91	Utah law; and
92	(ii) enabling health care providers to interpret the statutory form set forth in Section
93	75-2a-117; and
94	(b) means the standard of care that justifies a provider in declining to provide life
95	sustaining care because the proposed life sustaining care:
96	(i) will not prevent or reduce the deterioration in the health or functional status of a
97	person;
98	(ii) will not prevent the impending death of a person; or
99	(iii) will impose more burden on the person than any expected benefit to the person.
100	[(11)] (12) "Health care" means any care, treatment, service, or procedure to improve,
101	maintain, diagnose, or otherwise affect a person's physical or mental condition.
102	[ <del>(12)</del> ] (13) "Health care decision":
103	(a) means a decision about an adult's health care made by, or on behalf of, an adult, that
104	is communicated to a health care provider;
105	(b) includes:
106	(i) selection and discharge of a health care provider and a health care facility;
107	(ii) approval or disapproval of diagnostic tests, procedures, programs of medication,
108	and orders not to resuscitate; and
109	(iii) directions to provide, withhold, or withdraw artificial nutrition and hydration and
110	all other forms of health care; and
111	(c) does not include decisions about an adult's financial affairs or social interactions
112	other than as indirectly affected by the health care decision.
113	[(13)] (14) "Health care decision making capacity" means an adult's ability to make an
114	informed decision about receiving or refusing health care, including:
115	(a) the ability to understand the nature, extent, or probable consequences of health
116	status and health care alternatives;
117	(b) the ability to make a rational evaluation of the burdens, risks, benefits, and
118	alternatives of accepting or rejecting health care; and
119	(c) the ability to communicate a decision.
120	[ <del>(14)</del> ] (15) "Health care facility" means:

121	(a) a health care facility as defined in Title 26, Chapter 21, Health Care Facility
122	Licensing and Inspection Act; and
123	(b) private offices of physicians, dentists, and other health care providers licensed to
124	provide health care under Title 58, Occupations and Professions.
125	$\hat{S} \rightarrow [f]$ (15) $[\frac{1}{10}] \leftarrow \hat{S}$ "Health care provider" is as defined in Section 78B-3-403, except that it
126	does not include an emergency medical services provider.
127	$\hat{S} \rightarrow [f]$ (16) $[f]$ (17) $\leftarrow \hat{S}$ (a) "Life sustaining care" means any medical intervention, including
128	procedures, administration of medication, or use of a medical device, that maintains life by
129	sustaining, restoring, or supplanting a vital function.
130	(b) "Life sustaining care" does not include care provided for the purpose of keeping a
131	person comfortable.
132	$\hat{S} \rightarrow [f]$ (17) $[f] + \hat{S}$ "Life with dignity order" means an order, designated by the
132a	Department of
133	Health under Section 75-2a-106(5)(a), that gives direction to health care providers, health care
134	facilities, and emergency medical services providers regarding the specific health care
135	decisions of the person to whom the order relates.
136	$\hat{S} \rightarrow [f]$ (18) $[\frac{1}{19}] \leftarrow \hat{S}$ "Minor" means a person who:
137	(a) is under 18 years of age; and
138	(b) is not an emancipated minor.
139	$\hat{S} \rightarrow [f]$ (19) $[\frac{1}{20}]$ $\leftarrow \hat{S}$ "Physician" means a physician and surgeon or osteopathic surgeon
139a	licensed
140	under Title 58, Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic
141	Medical Practice Act.
142	\$→ [(21)] 20 ←\$ "Physician assistant" means a person licensed as a physician assistant
142a	under Title
143	58, Chapter 70a, Physician Assistant Act.
144	\$→ [(22)] 21 ←\$ "Psychologist" means a person licensed as a psychologist under Title 58,
144a	<u>Chapter</u>
145	61, Psychologist Licensing Act.
146	[ <del>(20)</del> ] <b>\$→</b> [ <del>(23)</del> ] <u>22</u> <b>←\$</b> "Reasonably available" means:
147	(a) readily able to be contacted without undue effort; and
148	(b) willing and able to act in a timely manner considering the urgency of the
149	circumstances.
150	$[(21)]$ $\hat{S} \rightarrow [(24)]$ 23 $\leftarrow \hat{S}$ "Substituted judgment" means the standard to be applied by a
	surrogate
151	when making a health care decision for an adult who previously had the canacity to make

152	health care decisions, which requires the surrogate to consider:
153	(a) specific preferences expressed by the adult:
154	(i) when the adult had the capacity to make health care decisions; and
155	(ii) at the time the decision is being made;
156	(b) the surrogate's understanding of the adult's health care preferences;
157	(c) the surrogate's understanding of what the adult would have wanted under the
158	circumstances; and
159	(d) to the extent that the preferences described in Subsections [(21)] (24)(a) through (c)
160	are unknown, the best interest of the adult.
161	$[(22)]$ $\$ \rightarrow [(25)]$ $(24)$ $\leftarrow \$$ "Surrogate" means a health care decision maker who is:
162	(a) an appointed agent;
163	(b) a default surrogate under the provisions of Section 75-2a-108; or
164	(c) a guardian.
165	Section 2. Section <b>75-2a-104</b> is amended to read:
166	75-2a-104. Capacity to make health care decisions Presumption Overcoming
167	presumption.
168	(1) An adult is presumed to have:
169	(a) health care decision making capacity; and
170	(b) capacity to make or revoke an advance health care directive.
171	(2) To overcome the presumption of capacity, a physician, physician assistant,
172	<u>psychologist</u> , $\$ \rightarrow [\underline{clinical\ social\ worker}] \leftarrow \$$ , or an APRN who has personally examined the adult and
173	assessed the adult's health care decision making capacity must:
174	(a) find that the adult lacks health care decision making capacity;
175	(b) record the finding in the adult's medical chart including an indication of whether
176	the adult is likely to regain health care decision making capacity; and
177	(c) make a reasonable effort to communicate the determination to:
178	(i) the adult;
179	(ii) other health care providers or health care facilities that the [physician or APRN]
180	person who makes the finding would routinely inform of such a finding; and
181	(iii) if the adult has a surrogate, any known surrogate.
182	(3) (a) [If a physician or APRN finds that an adult lacks] An adult who is found to lack

- health care decision making capacity in accordance with Subsection (2)[, the adult] may, at any time, challenge the finding by:
  - (i) submitting to a health care provider a written notice stating that the adult disagrees with the physician's finding; or
    - (ii) orally informing the health care provider that the adult disagrees with the finding.
  - (b) A health care provider who is informed of a challenge under Subsection (3)(a), shall, if the adult has a surrogate, promptly inform the surrogate of the adult's challenge.
  - (c) A surrogate informed of a challenge to a finding under this section, or the adult if no surrogate is acting on the adult's behalf, shall inform the following of the adult's challenge:
    - (i) any other health care providers involved in the adult's care; and
    - (ii) the health care facility, if any, in which the adult is receiving care.
  - (d) Unless otherwise ordered by a court, a finding [by a physician], under Subsection (2), that the adult lacks health care decision making capacity, is not in effect if the adult challenges the finding under Subsection (3)(a).
  - (e) If an adult does not challenge the finding described in Subsection (2), the health care provider and health care facility may rely on a surrogate, pursuant to the provisions of this chapter, to make health care decisions for the adult.
  - (4) A health care provider or health care facility that relies on a surrogate to make decisions on behalf of an adult has an ongoing obligation to consider whether the adult continues to lack health care decision making capacity.
  - (5) If at any time a health care provider finds, based on an examination and assessment, that the adult has regained health care decision making capacity, the health care provider shall record the results of the assessment in the adult's medical record, and the adult can direct the adult's own health care.
    - Section 3. Section **75-2a-106** is amended to read:
    - 75-2a-106. Emergency medical services -- Life with dignity order.
  - (1) A life with dignity order may be created by or on behalf of a person as described in this section.
  - (2) A life with dignity order shall, in consultation with the person authorized to consent to the order pursuant to this section, be prepared by:
    - (a) the physician or APRN of the person to whom the life with dignity order relates; or

214	(b) a health care provider who:
215	(i) is acting under the supervision of a person described in Subsection (2)(a); and
216	(ii) is:
217	(A) a nurse, licensed under Title 58, Chapter 31b, Nurse Practice Act;
218	(B) a physician assistant, licensed under Title 58, Chapter 70a, Physician Assistant
219	Act;
220	(C) a mental health professional, licensed under Title 58, Chapter 60, Mental Health
221	Professional Practice Act; or
222	(D) another health care provider, designated by rule as described in Subsection (10).
223	(3) A life with dignity order shall be signed:
224	(a) personally, by the physician, physician assistant, or APRN of the person to whom
225	the life with dignity order relates; and
226	(b) (i) if the person to whom the life with dignity order relates is an adult with health
227	care decision making capacity, by:
228	(A) the person; or
229	(B) an adult who is directed by the person to sign the life with dignity order on behalf
230	of the person;
231	(ii) if the person to whom the life with dignity order relates is an adult who lacks health
232	care decision making capacity, by:
233	(A) the surrogate with the highest priority under Section 75-2a-111;
234	(B) the majority of the class of surrogates with the highest priority under Section
235	75-2a-111; or
236	(C) a person directed to sign the order by, and on behalf of, the persons described in
237	Subsection (3)(b)(ii)(A) or (B); or
238	(iii) if the person to whom the life with dignity order relates is a minor, by a parent or
239	guardian of the minor.
240	(4) If a life with dignity order relates to a minor and directs that life sustaining
241	treatment be withheld or withdrawn from the minor, the order shall include a certification by
242	two physicians that, in their clinical judgment, an order to withhold or withdraw life sustaining
243	treatment is in the best interest of the minor.
244	(5) A life with dignity order:

245	(a) shall be in writing, on a form approved by the Department of Health;
246	(b) shall state the date on which the order was made;
247	(c) may specify the level of life sustaining care to be provided to the person to whom
248	the order relates; and
249	(d) may direct that life sustaining care be withheld or withdrawn from the person to
250	whom the order relates.
251	(6) A health care provider or emergency medical service provider, licensed or certified
252	under Title 26, Chapter 8a, Utah Emergency Medical Services System Act, is immune from
253	civil or criminal liability, and is not subject to discipline for unprofessional conduct, for:
254	(a) complying with a life with dignity order in good faith; or
255	(b) providing life sustaining treatment to a person when a life with dignity order directs
256	that the life sustaining treatment be withheld or withdrawn.
257	(7) To the extent that the provisions of a life with dignity order described in this
258	section conflict with the provisions of an advance health care directive made under Section
259	75-2a-107, the provisions of the life with dignity order take precedence.
260	(8) An adult, or a parent or guardian of a minor, may revoke a life with dignity order
261	by:
262	(a) orally informing emergency service personnel;
263	(b) writing "void" across the form;
264	(c) burning, tearing, or otherwise destroying or defacing:
265	(i) the form; or
266	(ii) a bracelet or other evidence of the life with dignity order;
267	(d) asking another adult to take the action described in this Subsection (8) on the
268	person's behalf;
269	(e) signing or directing another adult to sign a written revocation on the person's
270	behalf;
271	(f) stating, in the presence of an adult witness, that the person wishes to revoke the
272	order; or
273	(g) completing a new life with dignity order.
274	(9) (a) Except as provided in Subsection (9)(c), a surrogate for an adult who lacks
275	health care decision making capacity may only revoke a life with dignity order if the revocation

is consistent with the substituted judgment standard.

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- 277 (b) Except as provided in Subsection (9)(c), a surrogate who has authority under this 278 section to sign a life with dignity order may revoke a life with dignity order, in accordance with 279 Subsection (9)(a), by:
  - (i) signing a written revocation of the life with dignity order; or
  - (ii) completing and signing a new life with dignity order.
    - (c) A surrogate may not revoke a life with dignity order during the period of time beginning when an emergency service provider is contacted for assistance, and ending when the emergency ends.
  - (10) (a) The Department of Health shall adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
    - (i) create the forms and systems described in this section; and
    - (ii) develop uniform instructions for the form established in Section 75-2a-117.
    - (b) The Department of Health may adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to designate health care professionals, in addition to those described in Subsection (2)(b)(ii), who may prepare a life with dignity order.
    - (c) The Department of Health may assist others with training of health care professionals regarding this chapter.
      - Section 4. Section **75-2a-109** is amended to read:

### 75-2a-109. Effect of current health care preferences -- When a surrogate may act.

- (1) An adult with health care decision making capacity retains the right to make health care decisions as long as the adult has health care decision making capacity as defined in Section 75-2a-103. For purposes of this chapter, the inability to communicate through speech does not mean that the adult lacks health care decision making capacity.
- (2) An adult's current health care decisions, however expressed or indicated, always supersede an adult's prior decisions or health care directives.
- (3) Unless otherwise directed in an advance health care directive, an advance health care directive or the authority of a surrogate to make health care decisions on behalf of an adult:
- (a) is effective only after a physician, physician assistant, psychologist, clinical social worker, or APRN makes a determination of incapacity as provided in Section 75-2a-104;

307	(b) remains in effect during any period of time in which the declarant lacks capacity to
308	make health care decisions; and
309	(c) ceases to be effective when:
310	(i) a declarant disqualifies a surrogate or revokes the advance health care directive;
311	(ii) a health care provider finds that the declarant has health care decision making
312	capacity;
313	(iii) a court issues an order invalidating a health care directive; or
314	(iv) the declarant has challenged the finding of incapacity under the provisions of
315	Subsection 75-2a-104(3).
316	Section 5. Section <b>75-2a-117</b> is amended to read:
317	75-2a-117. Optional form.
318	(1) The form created in Subsection (2), or a substantially similar form, is presumed
319	valid under this chapter.
320	(2) The following form is presumed valid under Subsection (1):
321	Utah Advance Health Care Directive
322	(Pursuant to Utah Code Section 75-2a-117)
323	Part I: Allows you to name another person to make health care decisions for you when you
324	cannot make decisions or speak for yourself.
325	Part II: Allows you to record your wishes about health care in writing.
326	Part III: Tells you how to revoke or change this directive.
327	Part IV: Makes your directive legal.
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329	My Personal Information
330	Name:
331	Street Address:
<ul><li>332</li><li>333</li></ul>	City, State, Zip Code:
334	Telephone: Cell Phone:
335 336	Birth date:
337	Part I: My Agent (Health Care Power of Attorney)

A. No Agent	
If you do not want to name an agent: initial the box below, then go to Part II	; do not name an
agent in B or C below. No one can force you to name an agent.	
I do not want to choose an agent.	
B. My Agent	
Agent's Name:	
Street Address:	_
City, State, Zip Code:	_
Home Phone: ( ) Cell Phone: ( ) Work Phone:	
C. My Alternate Agent	
This person will serve as your agent if your agent, named above, is unable o	r unwilling to
serve.	
Alternate Agent's Name:	
Street Address:	
City, State, Zip Code:	_
Home Phone: ( ) Cell Phone: ( ) Work Phone:	
D. Agent's Authority	
If I cannot make decisions or speak for myself (in other words, after my phy	sician or [APRN]
another authorized provider finds that I lack health care decision making cap	pacity under
Section 75-2a-104 of the Advance Health Care Directive Act), my agent has	s the power to make
any health care decision I could have made such as, but not limited to:	
• Consent to, refuse, or withdraw any health care. This may include care to	prolong my life
such as food and fluids by tube, use of antibiotics, CPR (cardiopulmonary re	esuscitation), and
dialysis, and mental health care, such as convulsive therapy and psychoactive	e medications.
This authority is subject to any limits in paragraph F of Part I or in Part II of	this directive.

• Hire and fire health care providers. 369 370 • Ask questions and get answers from health care providers. 371 • Consent to admission or transfer to a health care provider or health care facility, including a mental health facility, subject to any limits in paragraphs E and F of Part I. 372 373 • Get copies of my medical records. 374 • Ask for consultations or second opinions. 375 My agent cannot force health care against my will, even if a physician has found that I lack 376 health care decision making capacity. 377 E. Other Authority 378 My agent has the powers below ONLY IF I initial the "yes" option that precedes the statement. 379 I authorize my agent to: 380 YES \_\_\_\_\_ NO \_\_\_\_ Get copies of my medical records at any time, even when I can 381 speak for myself. 382 YES \_\_\_\_\_ NO \_\_\_\_ Admit me to a licensed health care facility, such as a hospital, nursing home, assisted living, or other facility for long-term placement other than convalescent 383 384 or recuperative care. 385 F. Limits/Expansion of Authority 386 I wish to limit or expand the powers of my health care agent as follows: 387 388 389 G. Nomination of Guardian 390 Even though appointing an agent should help you avoid a guardianship, a guardianship may 391 still be necessary. Initial the "YES" option if you want the court to appoint your agent or, if 392 your agent is unable or unwilling to serve, your alternate agent, to serve as your guardian, if a 393 guardianship is ever necessary. YES NO 394 395 I, being of sound mind and not acting under duress, fraud, or other undue influence, do hereby 396 nominate my agent, or if my agent is unable or unwilling to serve, I hereby nominate my 397 alternate agent, to serve as my guardian in the event that, after the date of this instrument, I 398 become incapacitated. 399 H. Consent to Participate in Medical Research

400	YES NO I authorize my agent to consent to my participation in medical
401	research or clinical trials, even if I may not benefit from the results.
402	I. Organ Donation
403	YES NO If I have not otherwise agreed to organ donation, my agent may
404	consent to the donation of my organs for the purpose of organ transplantation.
405 406	Part II: My Health Care Wishes (Living Will)
407	I want my health care providers to follow the instructions I give them when I am being treated,
408	even if my instructions conflict with these or other advance directives. My health care
409	providers should always provide health care to keep me as comfortable and functional as
410	possible.
411	Choose only one of the following options, numbered Option 1 through Option 4, by placing
412	your initials before the numbered statement. Do not initial more than one option. If you do not
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413	wish to document end-of-life wishes, initial Option 4. You may choose to draw a line through
414	the options that you are not choosing.
415	Option 1
416	Initial
417	I choose to let my agent decide. I have chosen my agent carefully. I have talked with my agent
418	about my health care wishes. I trust my agent to make the health care decisions for me that I
419	would make under the circumstances.
420	Additional Comments:
421	
422	Option 2
423	Initial
424	I choose to prolong life. Regardless of my condition or prognosis, I want my health care team
425	to try to prolong my life as long as possible within the limits of generally accepted health care
426	standards.
427	Other:
428	
429	Option 3
430	Initial

	Tenoose not to receive care for the purpose of prolonging fife, including food and fluids by
	tube, antibiotics, CPR, or dialysis being used to prolong my life. I always want comfort care
	and routine medical care that will keep me as comfortable and functional as possible, even if
	that care may prolong my life.
	If you choose this option, you must also choose either (a) or (b), below.
	Initial
	(a) I put no limit on the ability of my health care provider or agent to withhold or withdraw
	life-sustaining care.
	If you selected (a), above, do not choose any options under (b).
	Initial
	(b) My health care provider should withhold or withdraw life-sustaining care if at least one of
	the following initialed conditions is met:
	I have a progressive illness that will cause death.
	I am close to death and am unlikely to recover.
-	I cannot communicate and it is unlikely that my condition will improve.
	I do not recognize my friends or family and it is unlikely that my condition will
	improve.
	I am in a persistent vegetative state.
	Other:
	Option 4
	Initial
	I do not wish to express preferences about health care wishes in this directive.
	Other:
	Additional instructions about your health care wishes:
	If you do not want emergency medical service providers to provide CPR or other life sustaining
	measures, you must work with a physician or APRN to complete an order that reflects your
	wishes on a form approved by the Utah Department of Health.

462	Part III: Revoking or Changing a Directive
463	I may revoke or change this directive by:
464	1. Writing "void" across the form, or burning, tearing, or otherwise destroying or defacing this
465	document or directing another person to do the same on my behalf;
466	2. Signing a written revocation of the directive, or directing another person to sign a
467	revocation on my behalf;
468	3. Stating that I wish to revoke the directive in the presence of a witness who: is 18 years of
469	age or older; will not be appointed as my agent in a substitute directive; will not become a
470	default surrogate if the directive is revoked; and signs and dates a written document confirming
471	my statement; or
472	4. Signing a new directive. (If you sign more than one Advance Health Care Directive, the
473	most recent one applies.)
474	Part IV: Making My Directive Legal
475	I sign this directive voluntarily. I understand the choices I have made and declare that I am
476	emotionally and mentally competent to make this directive. My signature on this form revokes
477	any living will or power of attorney form, naming a health care agent, that I have completed in
478	the past.
479	
480	Date
481	·
482	Signature
483	
484	City, County, and State of Residence
485	I have witnessed the signing of this directive, I am 18 years of age or older, and I am not:
486	1. related to the declarant by blood or marriage;
487	2. entitled to any portion of the declarant's estate according to the laws of intestate succession
488	of any state or jurisdiction or under any will or codicil of the declarant;
489	3. a beneficiary of a life insurance policy, trust, qualified plan, pay on death account, or
490	transfer on death deed that is held, owned, made, or established by, or on behalf of, the
491	declarant;
492	4. entitled to benefit financially upon the death of the declarant;

7. a health care provider who is providing care to the declarant or an administrator at a health				
care facility in which the declarant is receiving care; or				
8. the appointed agent or alternate age	ent.			
Signature of Witness	Printed Na	Printed Name of Witness		
Street Address	City	State	Zip Code	
If the witness is signing to confirm an	oral directive, describe b	elow the circum	stances under	
which the directive was made.				

Legislative Review Note as of 1-23-09 4:16 PM

Office of Legislative Research and General Counsel

### S.B. 117 - Advance Health Care Directive Act Amendments

# **Fiscal Note**

2009 General Session State of Utah

## **State Impact**

Enactment of this bill will not require additional appropriations.

### Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.

1/28/2009, 8:27:54 AM, Lead Analyst: Frandsen, R.

Office of the Legislative Fiscal Analyst