

EHB 2568

1 THE STATE SENATE
2 Tuesday, March 30, 2004

3 ENGROSSED

4 House Bill No. 2568

5 ENGROSSED HOUSE BILL NO. 2568 - By: MORGAN (Fred), VAUGHN, DANK and
6 NANCE of the House and COFFEE of the Senate.

7 An Act relating to public health and safety; amending 63
8 O.S. 2001, Section 3101.4, as amended by Section 1, Chapter
9 270, O.S.L. 2003 (63 O.S. Supp. 2003, Section 3101.4), which
10 relates to the advance directive for health care; modifying
11 form; and providing an effective date.

12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 63 O.S. 2001, Section 3101.4, as
14 amended by Section 1, Chapter 270, O.S.L. 2003 (63 O.S. Supp. 2003,
15 Section 3101.4), is amended to read as follows:

16 Section 3101.4 A. An individual of sound mind and eighteen
17 (18) years of age or older may execute at any time an advance
18 directive governing the withholding or withdrawal of life-sustaining
19 treatment. The advance directive shall be signed by the declarant
20 and witnessed by two individuals who are eighteen (18) years of age
21 or older who are not legatees, devisees or heirs at law.

22 B. An advance directive shall be in substantially the following
23 form:

24 Advance Directive for Health Care

25 I, _____, being of sound mind and
26 eighteen (18) years of age or older, willfully and

1 voluntarily make known my desire, by my instructions to
2 others through my living will, or by my appointment of a
3 health care proxy, or both, that my life shall not be
4 artificially prolonged under the circumstances set forth
5 below. I thus do hereby declare:

6 I. Living Will

7 a. If my attending physician and another physician
8 determine that I am no longer able to make decisions
9 regarding my medical treatment, I direct my attending
10 physician and other health care providers, pursuant
11 to the Oklahoma Rights of the Terminally Ill or
12 Persistently Unconscious Act, to withhold or withdraw
13 treatment from me under the circumstances I have
14 indicated below by my ~~signature~~ initials. I
15 understand that I will be given treatment that is
16 necessary for my comfort or to alleviate my pain.

17 b. If I have a terminal condition or am persistently
18 unconscious:

19 (1) I direct that life-sustaining treatment shall be
20 withheld or withdrawn if such treatment would
21 only prolong my process of dying, and if my
22 attending physician and another physician
23 determine that I:

1 (a) have an incurable and irreversible condition
2 that even with the administration of life-
3 sustaining treatment will cause my death
4 within six (6) months. _____

5 ~~(initials)~~, or

6 (Initial one box only)

7

8 YES

7

8 NO

9 (b) am in an irreversible condition in which
10 thought and awareness of self and environment
11 are absent.

12 (Initial one box only)

13

14 YES

13

14 NO

15 (2) I understand that the subject of the artificial
16 administration of nutrition and hydration (food
17 and water) that will only prolong the process of
18 dying from an incurable and irreversible
19 condition or for individuals who have become
20 persistently unconscious is of particular
21 importance. I understand that if I do not ~~sign~~
22 ~~this paragraph~~ initial the "yes" boxes below,
23 artificially administered nutrition and hydration
24 will be administered to me. I further understand

1 that if I ~~sign this paragraph~~ initial the "yes"
2 boxes below, I am authorizing the withholding or
3 withdrawal of artificially administered nutrition
4 (food) and hydration (water). _____

5 ~~(initials):~~

6 (a) if I have an incurable and irreversible
7 condition that even with the administration
8 of life-sustaining treatment will cause my
9 death within six (6) months, or

10 (Initial one box only)

11

12 YES

11

12 NO

13 (b) if I am in an irreversible condition in which
14 thought and awareness of self and environment
15 are absent.

16 (Initial one box only)

17

18 YES

17

18 NO

19 (3) I direct that (add other medical directives, if
20 any)

21 _____
22 _____
23 _____ . _____

24 ~~(initials)~~

(Initial one box only)

YES

NO

~~e. If I am persistently unconscious:~~

~~(1) I direct that life-sustaining treatment be~~

~~withheld or withdrawn if such treatment will only~~

~~serve to maintain me in an irreversible~~

~~condition, as determined by my attending~~

~~physician and another physician, in which thought~~

~~and awareness of self and environment are absent.~~

~~_____ (initials)~~

~~(2) I understand that the subject of the artificial~~

~~administration of nutrition and hydration (food~~

~~and water) for individuals who have become~~

~~persistently unconscious is of particular~~

~~importance. I understand that if I do not sign~~

~~this paragraph, artificially administered~~

~~nutrition and hydration will be administered to~~

~~me. I further understand that if I sign this~~

~~paragraph, I am authorizing the withholding or~~

~~withdrawal of artificially administered nutrition~~

~~(food) and hydration (water). _____~~

~~_____ (initials)~~

1 ~~(3) I direct that (add other medical directives, if~~
2 ~~any)~~

3 _____
4 _____
5 _____

6 ~~(initials)~~

7 II. My Appointment of My Health Care Proxy

8 ~~a.~~ If my attending physician and another physician
9 determine that I am no longer able to make decisions
10 regarding my medical treatment, I direct my attending
11 physician and other health care providers pursuant to
12 the Oklahoma Rights of the Terminally Ill or
13 Persistently Unconscious Act to follow the
14 instructions of _____, whom I appoint as my
15 health care proxy. If my health care proxy is unable
16 or unwilling to serve, I appoint _____ as my
17 alternate health care proxy with the same authority.
18 My health care proxy is authorized to make whatever
19 medical treatment decisions I could make if I were
20 able, except that decisions regarding life-sustaining
21 treatment can be made by my health care proxy or
22 alternate health care proxy only as I ~~indicate~~ have
23 indicated in the ~~following~~ foregoing sections.

1 ~~b. If I have a terminal condition:~~

2 ~~(1) I authorize my health care proxy to direct that~~
3 ~~life-sustaining treatment be withheld or~~
4 ~~withdrawn if such treatment would only prolong my~~
5 ~~process of dying and if my attending physician~~
6 ~~and another physician determine that I have an~~
7 ~~incurable and irreversible condition that even~~
8 ~~with the administration of life-sustaining~~
9 ~~treatment will cause my death within six (6)~~
10 ~~months. _____ (initials)~~

11 ~~(2) I understand that the subject of the artificial~~
12 ~~administration of nutrition and hydration (food~~
13 ~~and water) is of particular importance. I~~
14 ~~understand that if I do not sign this paragraph,~~
15 ~~artificially administered nutrition (food) or~~
16 ~~hydration (water) will be administered to me. I~~
17 ~~further understand that if I sign this paragraph,~~
18 ~~I am authorizing the withholding or withdrawal of~~
19 ~~artificially administered nutrition and~~
20 ~~hydration. _____ (initials)~~

21 ~~(3) I authorize my health care proxy to (add other~~
22 ~~medical directives, if any)~~

23 _____

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_____.

(initials)

~~c. If I am persistently unconscious:~~

~~(1) I authorize my health care proxy to direct that life-sustaining treatment be withheld or withdrawn if such treatment will only serve to maintain me in an irreversible condition, as determined by my attending physician and another physician, in which thought and awareness of self and environment are absent.~~

(initials)

~~(2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) is of particular importance. I understand that if I do not sign this paragraph, artificially administered nutrition (food) and hydration (water) will be administered to me. I further understand that if I sign this paragraph, I am authorizing the withholding and withdrawal of artificially administered nutrition and hydration.~~

(initials)

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County, Oklahoma

Date of birth

(Optional for identification purposes)

This advance directive was signed in my presence.

~~{Signature of Witness}~~
_____, Oklahoma
~~{Address}~~ Residence

~~{Signature of Witness}~~
_____, Oklahoma
~~{Address}~~ Residence

C. A physician or other health care provider who is furnished the original or a photocopy of the advance directive shall make it a part of the declarant's medical record and, if unwilling to comply with the advance directive, promptly so advise the declarant.

D. In the case of a qualified patient, the patient's health care proxy, in consultation with the attending physician, shall have the authority to make treatment decisions for the patient including

1 the withholding or withdrawal of life-sustaining procedures if so
2 indicated in the patient's advance directive.

3 E. A person executing an ~~advanced~~ advance directive appointing
4 a health care proxy who may not have an attending physician for
5 reasons based on established religious beliefs or tenets may
6 designate an individual other than the designated health care proxy,
7 in lieu of an attending physician and other physician, to determine
8 the lack of decisional capacity of the person. Such designation
9 shall be specified and included as part of the ~~advanced~~ advance
10 directive executed pursuant to the provisions of this section.

11 SECTION 2. This act shall become effective November 1, 2004.

12 COMMITTEE REPORT BY: COMMITTEE ON HUMAN RESOURCES, dated 3-25-04 -
13 DO PASS.