1	SENATE FLOOR VERSION February 22, 2022
2	rebluary 22, 2022
3	COMMITTEE SUBSTITUTE FOR
4	SENATE BILL NO. 1596 By: Howard of the Senate
5	and
6	Stinson of the House
7	
8	
9	An Act relating to health care power of attorney;
10	creating the Oklahoma Health Care Agent Act; providing short title; defining terms; authorizing
11	execution of power of attorney for health care; establishing requirements for execution of power of
12	attorney for health care; specifying when power of attorney for health care is effective; establishing
13	requirements for revocation of power of attorney for health care; creating optional form for execution of
14	power of attorney for health care; requiring certain communication by health care provider; requiring
15	record of certain information; requiring certain compliance by health care provider; providing
16	exceptions; requiring notice of certain noncompliance; authorizing access to certain
17	information; establishing immunity from liability for certain actions; creating certain presumption;
18	stating effectiveness of copy; construing provisions; providing for judicial relief; requiring retroactive
10	application of provisions to certain documents; amending 63 O.S. 2021, Sections 1-1973, 3102.4,
	3105.2, 3105.4, 3131.3, and 3131.5, which relate to the Home Care Act, the Oklahoma Advance Directive
20	Act, the Physician Orders for Life-Sustaining
21	Treatment Act, and the Oklahoma Do-Not-Resuscitate Act; updating statutory references; providing for
22	codification; and declaring an emergency.
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1 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

2 SECTION 1. NEW LAW A new section of law to be codified 3 in the Oklahoma Statutes as Section 3111.1 of Title 63, unless there 4 is created a duplication in numbering, reads as follows:

5 This act shall be known and may be cited as the "Oklahoma Health6 Care Agent Act".

7 SECTION 2. NEW LAW A new section of law to be codified
8 in the Oklahoma Statutes as Section 3111.2 of Title 63, unless there
9 is created a duplication in numbering, reads as follows:

10 As used in the Oklahoma Health Care Agent Act:

11 1. "Advance directive for health care" means any writing
 12 executed in accordance with the requirements of Section 3101.4 of
 13 Title 63 of the Oklahoma Statutes;

14 2. "Agent" means an individual designated in a power of 15 attorney for health care to make a health care decision for the 16 individual granting the power;

17 3. "Attending physician" means the physician who has primary18 responsibility for the treatment and care of a patient;

19 4. "Capacity" means an individual's ability to understand and 20 appreciate the nature and implications of a health care decision, to 21 make an informed choice regarding the alternatives presented 22 including understanding and appreciating the significant benefits 23 and risks, and to make and communicate a health care decision in an 24 unambiguous manner;

5. "Health care" means any care, treatment, service, or
 procedure to maintain, diagnose, or otherwise affect an individual's
 physical or mental condition;

6. "Health care decision" means a decision made by an
individual or the individual's agent regarding the individual's
health care including:

- 7 a. selection and discharge of health care providers and
  8 facilities,
- 9 b. consent to or refusal of any care, treatment, service,
  10 or procedure to maintain, diagnose, or otherwise
  11 affect a physical or mental condition, and
- 12 c. signing a do-not-resuscitate consent in accordance
  13 with the provisions of the Oklahoma Do-Not-Resuscitate
  14 Act, Section 3131.1 et seq. of Title 63 of the
  15 Oklahoma Statutes.

16 Health care decision shall not include the ability of the agent to 17 make decisions about the withholding or withdrawal of nutrition or 18 hydration;

19 7. "Health care facility" means any public or private 20 organization, corporation, authority, partnership, sole 21 proprietorship, association, agency, network, joint venture, or 22 other entity that is established and appropriately licensed in this 23 state to administer or provide health care services. Health care 24 facility includes but is not limited to hospitals, medical centers,

1 ambulatory surgery centers, physicians' offices, clinics, nursing 2 homes, rehabilitation centers, home care agencies, hospices, and 3 long-term care agencies;

8. "Health care provider" means a person who is licensed,
certified, or otherwise authorized by the laws of this state to
administer health care in the ordinary course of business or
practice of a profession;

8 9. "Individual instruction" means an individual's direction9 concerning a health care decision for the individual;

10 10. "Person" means a person eighteen (18) years of age or older 11 or a minor who may consent to have services provided by health 12 professionals pursuant to Section 2602 of Title 63 of the Oklahoma 13 Statutes;

14 11. "Physician" means an individual authorized to practice 15 medicine or osteopathy pursuant to Chapter 11 or Chapter 14 of Title 16 59 of the Oklahoma Statutes;

17 12. "Power of attorney for health care" means the designation 18 of an agent to make health care decisions for the individual 19 granting the power;

20 13. "Reasonably available" means readily able to be contacted 21 without undue effort and willing and able to act in a timely manner 22 considering the urgency of the patient's health care needs; and

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14. "State" means a state of the United States, the District of
 Columbia, the Commonwealth of Puerto Rico, or a territory or insular
 possession subject to the jurisdiction of the United States.

4 SECTION 3. NEW LAW A new section of law to be codified 5 in the Oklahoma Statutes as Section 3111.3 of Title 63, unless there 6 is created a duplication in numbering, reads as follows:

A. A person with capacity may give an oral or written
8 individual instruction. The instruction may be limited to take
9 effect only if a specified condition arises.

10 B. A person with capacity may execute a power of attorney for health care, which may authorize the agent to make any health care 11 12 decision the principal could have made while having capacity other than the withholding or withdrawal of life-sustaining treatment, 13 nutrition, or hydration, which may only be authorized in compliance 14 with the Oklahoma Advance Directive Act; provided, however, the 15 power of attorney for health care may authorize the agent to sign a 16 do-not-resuscitate consent in accordance with the provisions of the 17 Oklahoma Do-Not-Resuscitate Act, Section 3131.1 et seq. of Title 63 18 of the Oklahoma Statutes. The power shall be in writing and signed 19 by the principal. The power remains in effect notwithstanding the 20 principal's later incapacity and may include individual 21 instructions. Unless related to the principal by blood, marriage, 22 or adoption, an agent may not be an owner, operator, or employee of 23

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1 a residential long-term health care institution at which the 2 principal is receiving care.

C. Unless otherwise specified in a power of attorney for health care, the authority of an agent becomes effective only upon a determination that the principal lacks capacity and ceases to be effective upon a determination that the principal has recovered capacity.

D. Unless otherwise specified in a power of attorney for health
care, a determination that an individual lacks or has recovered
capacity, or that another condition exists that affects an
individual instruction or the authority of an agent, shall be made
by the attending physician.

E. An agent shall make health care decisions in accordance with the principal's individual instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining the principal's best interest, the agent shall consider the principal's personal values to the extent known to the agent.

F. A health care decision made by an agent for a principal iseffective without judicial approval.

G. A power of attorney for health care shall be signed by the principal and witnessed by two (2) individuals who are at least

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1 eighteen (18) years of age and who are not legatees, devisees, or 2 heirs at law of the principal.

3 H. A power of attorney for health care is valid for purposes of
4 this act if it is in substantial compliance with this act,
5 regardless of when or where executed or communicated.

6 SECTION 4. NEW LAW A new section of law to be codified 7 in the Oklahoma Statutes as Section 3111.4 of Title 63, unless there 8 is created a duplication in numbering, reads as follows:

9 A. An individual may revoke the designation of an agent by a 10 signed writing or by personally informing the health care provider 11 at any time and in any manner that communicates an intent to revoke.

B. A health care provider or agent who is informed of a revocation shall promptly communicate the fact of the revocation to the attending physician and to any health care facility at which the patient is receiving care.

16 C. A decree of annulment, divorce, dissolution of marriage, or 17 legal separation revokes a previous designation of a spouse as agent 18 unless otherwise specified in the decree or specifically enumerated 19 in a power of attorney for health care.

20 D. A power of attorney for health care that conflicts with an 21 earlier power of attorney for health care revokes the earlier power 22 of attorney to the extent of the conflict.

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SECTION 5. NEW LAW A new section of law to be codified
 in the Oklahoma Statutes as Section 3111.5 of Title 63, unless there
 is created a duplication in numbering, reads as follows:

The following form may, but need not, be used to create a power of attorney for health care. The other sections of this act govern the effect of this form or any other writing used to create a power of attorney for health care. An individual may complete or modify all or any part of the following form to the extent consistent with subsection B of Section 3 of this act:

## 10

## HEALTH CARE POWER OF ATTORNEY

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

This form is a power of attorney for health care that lets you 16 name another individual as agent to make health care decisions for 17 you if you become incapable of making your own decisions or if you 18 want someone else to make those decisions for you now even though 19 you are still capable. You may also name an alternate agent to act 20 for you if your first choice is not willing, able, or reasonably 21 available to make decisions for you. Unless related to you, your 22 agent may not be an owner, operator, or employee of a residential 23 long-term health care institution at which you are receiving care. 24

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

8 1. Consent or refuse consent to any care, treatment, service,
9 or procedure to maintain, diagnose, or otherwise affect a physical
10 or mental condition;

11 2. Select or discharge health care providers and facilities; 12 and

13 3. Sign a do-not-resuscitate consent.

14This form does not authorize the agent to make any decisions15directing the withholding or withdrawal of life-sustaining16treatment, nutrition, or hydration, which may only be authorized in17compliance with the Oklahoma Advance Directive Act, except that this18form may authorize the agent to sign a do-not-resuscitate consent.

After completing this form, sign and date the form at the end. It is required that two other individuals sign as witnesses. These witnesses must be at least 18 years old and not related to you or named to inherit from you. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care facility at which you are receiving care,

1	and to any heal	th care agents you	have named. You sh	ould talk to
2	the person you I	have named as agent	to make sure that	he or she
3	understands you	r wishes and is wil	ling to take the re	sponsibility.
4	You have the	e right to revoke t	chis power of attorn	ey for health
5	care or replace	this form at any t	cime.	
6		POWER OF ATTORNE	EY FOR HEALTH CARE	
7	1. DESIGNA	TION OF AGENT: I C	lesignate the follow	ing individual
8	as my agent to a	make health care de	ecisions for me:	
9				
10	(name of in	dividual you choose	e as agent)	
11				
12	(address)	(city)	(state)	(zip code)
13				
14	(home phone	)	(work phon	e)
15	OPTIONAL:	If I revoke my agen	nt's authority or if	my agent is
16	not willing, ab	le, or reasonably a	available to make a	health care
17	decision for me	, I designate as my	y first alternate ag	ent:
18				
19	(name of in	dividual you choose	e as first alternate	agent)
20				
21	(address)	(city)	(state)	(zip code)
00				
22				
22	(home phone	)	(work phon	e)

1	OPTIONAL: If I revoke the authority of my agent and first			
2	alternate agent or if neither is willing, able, or reasonably			
3	available to make a health care decision for me, I designate as my			
4	second alternate agent:			
5				
6	(name of individual you choose as second alternate agent)			
7				
8	(address) (city) (state) (zip code)			
9				
10	(home phone) (work phone)			
11	2. AGENT'S AUTHORITY: My agent is authorized to make all			
12	health care decisions (not to include the withholding or withdrawal			
13	of life-sustaining treatment, nutrition, or hydration, other than			
14	signing a do-not-resuscitate consent) for me that I could make if I			
15	were able, except as I state here:			
16				
17				
18				
19	(Add additional sheets if needed.)			
20	3. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's			
21	authority becomes effective when my attending physician determines			
22	that I am unable to make my own health care decisions unless I mark			
23	the following box. If I mark this box [ ], my agent's authority			
24	to make health care decisions for me takes effect immediately.			

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2 (Initials)

4. AGENT'S OBLIGATION: My agent shall make health care 3 decisions for me in accordance with this power of attorney for 4 5 health care and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care 6 decisions for me in accordance with what my agent determines to be 7 in my best interest. In determining my best interest, my agent 8 9 shall consider the decisions I would have made myself to the extent 10 known to my agent. 11 12 (Initials)

13 5. RELIEF FROM PAIN: Except as I state in the following space, 14 I direct that treatment for alleviation of pain or discomfort be 15 provided at all times, even if it hastens my death:

17
18
6. OTHER WISHES: (If you do not agree with any of the optional
19 choices above and wish to write your own, or if you wish to add to
20 the instructions you have given above, you may do so here.) I
21 direct that:
22
23
24
(Add additional sheets if needed.)

1	7. EFFECT OF COPY: A cop	y of th	is form has the	same effect as
2	the original.			
3	8. SIGNATURES: Sign and	date th	e form here:	
4		_		
5	(date)		(sign	your name)
6		_		
7	(address)		(pri	nt your name)
8				
9	(city) (state)			
10	SIGNATURES	OF WIT	NESSES:	
11	First witness		Second witness	
12				
13	(print name)			(print name)
14				
15	(address)			(address)
16				
17	(city) (state)		(city)	(state)
18				
19	(signature of witness)		(signat	ure of witness)
20				
21	(date)			(date)
22	SECTION 6. NEW LAW	A new	section of law t	o be codified
23	in the Oklahoma Statutes as Se	ction 3	111.6 of Title 6	3, unless there
24	is created a duplication in nu	mbering	, reads as follo	ows:

A. Before implementing a health care decision made for a
 patient, the attending physician, if possible, shall promptly
 communicate to the patient the decision made and the identity of the
 person making the decision.

5 B. An attending physician who knows of the existence of a power of attorney for health care or a revocation of a power of attorney 6 for health care shall promptly record its existence in the patient's 7 medical record and, if it is in writing, shall request a copy and if 8 9 one is furnished shall arrange for its maintenance in the medical 10 record. An attending physician who makes or is informed of a determination that a patient lacks or has recovered capacity shall 11 12 promptly record the determination in the patient's medical record and communicate the determination to the patient, if possible, and 13 to any person then authorized to make health care decisions for the 14 15 patient.

16 C. Except as provided in subsections D and E of this section, a 17 health care provider or facility providing care to a patient shall: 18 1. Comply with an individual instruction of the patient and 19 with a reasonable interpretation of that instruction made by a 20 person then authorized to make health care decisions for the 21 patient; and

22 2. Comply with a health care decision for the patient made by a23 person then authorized to make health care decisions for the patient

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1 to the same extent as if the decision had been made by the patient 2 while having capacity.

D. An attending physician or health care provider may decline 3 to comply with an individual instruction or health care decision for 4 5 reasons of conscience. A health care facility may decline to comply with an individual instruction or health care decision if the 6 instruction or decision is contrary to a policy of the facility 7 which is expressly based on reasons of conscience and if the policy 8 9 was timely communicated to the patient or to a person then authorized to make health care decisions for the patient. 10

E. A health care provider or facility may decline to comply with an individual instruction or health care decision that requires medically ineffective or non-beneficial health care or health care contrary to generally accepted health care standards applicable to the health care provider or facility.

16 F. A health care provider or facility that declines to comply 17 with an individual instruction or health care decision shall:

Promptly so inform the patient, if possible, and any person
 then authorized to make health care decisions for the patient;

Provide continuing care to the patient until a transfer can
 be effected; and

3. Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to

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another health care provider or facility that is willing to comply
 with the instruction or decision.

G. A health care provider or facility may not require or prohibit the execution or revocation of an advance health care directive as a condition for providing health care.

H. The provisions of this section shall not be construed to
supersede or authorize noncompliance with the requirements of the
Oklahoma Advance Directive Act as provided in Section 3101.9 of
Title 63 of the Oklahoma Statutes.

10 SECTION 7. NEW LAW A new section of law to be codified 11 in the Oklahoma Statutes as Section 3111.7 of Title 63, unless there 12 is created a duplication in numbering, reads as follows:

Unless otherwise specified in a power of attorney for health care, a person then authorized to make health care decisions for a patient has the same rights as the patient to request, receive, examine, copy, and consent to the disclosure of medical or any other health care information.

18 SECTION 8. NEW LAW A new section of law to be codified 19 in the Oklahoma Statutes as Section 3111.8 of Title 63, unless there 20 is created a duplication in numbering, reads as follows:

A. A health care provider or facility acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or facility shall not be

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1 subject to civil or criminal liability or to discipline for 2 unprofessional conduct for:

Complying with a health care decision of a person apparently
 having authority to make a health care decision for a patient;
 Declining to comply with a health care decision of a person
 based on a belief that the person then lacked authority; or

3. Complying with a power of attorney for health care and
assuming that the designation was valid when made and has not been
revoked or terminated.

B. An individual acting as agent under this act shall not be
subject to civil or criminal liability or to discipline for
unprofessional conduct for health care decisions made in good faith.
SECTION 9. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 3111.9 of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. This act shall not be construed to affect the right of an individual to make health care decisions while having capacity to do so.

B. An individual is presumed to have capacity to make a health care decision and to give or revoke powers of attorney for health care.

22 SECTION 10. NEW LAW A new section of law to be codified 23 in the Oklahoma Statutes as Section 3111.10 of Title 63, unless 24 there is created a duplication in numbering, reads as follows:

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A copy of a written power of attorney for health care or
 revocation of a power of attorney for health care has the same
 effect as the original.

4 SECTION 11. NEW LAW A new section of law to be codified 5 in the Oklahoma Statutes as Section 3111.11 of Title 63, unless 6 there is created a duplication in numbering, reads as follows:

A. This act shall not be construed to create a presumption
8 concerning the intention of an individual who has not made or who
9 has revoked a power of attorney for health care.

B. This act shall not be construed to authorize or require a health care provider or facility to provide health care contrary to generally accepted health care standards applicable to the health care provider or facility; provided, this provision shall not be construed to supersede or authorize noncompliance with the requirements of the Oklahoma Advance Directive Act as provided in Section 3101.9 of Title 63 of the Oklahoma Statutes.

17 C. This act shall not be construed to authorize an agent to 18 consent to the admission of an individual to a mental health care 19 facility unless the individual's written directive expressly so 20 provides.

D. This act shall not affect other statutes of this state governing treatment for mental illness of an individual involuntarily committed to a mental health care facility under Chapter 1 of Title 43A of the Oklahoma Statutes.

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SECTION 12. NEW LAW A new section of law to be codified
 in the Oklahoma Statutes as Section 3111.12 of Title 63, unless
 there is created a duplication in numbering, reads as follows:

On petition of a patient, the patient's agent, or a health care
provider or facility involved with the patient's care, the court may
enjoin or direct a health care decision or order other equitable
relief. A proceeding under this section shall be governed by Title
12 of the Oklahoma Statutes.

9 SECTION 13. NEW LAW A new section of law to be codified 10 in the Oklahoma Statutes as Section 3111.13 of Title 63, unless there is created a duplication in numbering, reads as follows: 11 12 Any document made in substantial compliance with the requirements of the Oklahoma Health Care Agent Act shall have full 13 force and effect including such documents made prior to the 14 effective date of this act. 15

16 SECTION 14. AMENDATORY 63 O.S. 2021, Section 1-1973, is 17 amended to read as follows:

Section 1-1973. A. Patients who are capable of selfadministering their own medications without assistance shall be encouraged and allowed to do so. However, a certified nurse aide may assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered, if the following conditions are met:

For an oral medication, the medication shall have been
 placed in a medication planner by a registered nurse, a relative of
 the patient or nursing staff of an Oklahoma licensed home health or
 hospice agency that is currently serving the patient; and

5 2. For all other forms, the certified nurse aide shall assist
6 with self-administration consistent with a dispensed prescription's
7 label or the package directions of an over-the-counter medication.

B. For purposes of this section, self-administered medications
include both legend and over-the-counter oral dosage forms, topical
dosage forms and topical ophthalmic, otic and nasal dosage forms,
including solutions, suspensions, sprays and inhalers.

12 C. Assistance with self-administration of medication by a 13 certified nurse aide may occur only upon a documented request by, 14 and the written informed consent of, a patient or the patient's 15 surrogate, guardian or attorney-in-fact.

16 D. For purposes of this section, assistance with self-17 administration of medication includes:

Taking an oral medication out of a pill planner and bringing
 it to the patient;

20 2. Placing an oral dosage in the patient's hand or placing the 21 dosage in another container and helping the patient by lifting the 22 container to his or her mouth;

3. If ordered by a physician, placing an oral medication infood before the patient self-administers;

1 4. Crushing an oral medication pursuant to orders given by a physician or health care professional; 2 5. Applying topical medications; and 3 6. Keeping a record of when a patient receives assistance with 4 5 self-administration pursuant to this section. E. For purposes of this section, assistance with self-6 administration of medication does not include: 7 1. Removing oral medication from any container other than a 8 9 pill planner; 2. Mixing, compounding, converting or calculating medication 10 11 doses; 12 3. The preparation of syringes for injection or the administration of medications by any injectable route; 13 4. Administration of medications through intermittent positive 14 pressure breathing machines; 15 5. Administration of medications by way of a tube inserted in a 16 cavity of the body; 17 6. Administration of parenteral preparations; 18 7. Irrigations or debriding agents used in the treatment of a 19 skin condition; 20 8. Rectal, urethral, or vaginal preparations; 21 9. Medications ordered by the physician or health care 22 professional with prescriptive authority to be given "as needed", 23 unless the order is written with specific parameters that preclude 24

1 independent judgment on the part of the certified nurse aide, and at
2 the request of a competent patient;

3 10. Medications for which the time of administration, the 4 amount, the strength of dosage, the method of administration or the 5 reason for administration requires judgment or discretion on the 6 part of the certified nurse aide; or

7 11. Assistance with the self-administration of medication by a
8 certified nurse aide in an assisted living center through home care
9 services as provided for in Section 1-890.8 of Title 63 of the
10 Oklahoma Statutes.

F. Assistance with the self-administration of medication by a certified nurse aide as described in this section does not constitute administration as defined in Section 353.1 of Title 59 of the Oklahoma Statutes.

G. The State Commissioner of Health may by rule establish procedures and interpret terms as necessary to implement the provisions of this section.

18 H. For purposes of this section:

19 1. "Informed consent" means advising the patient, or the 20 patient's surrogate, guardian or attorney-in-fact, that the patient 21 may be receiving assistance with self-administration of medication 22 from a certified nurse aide; and

23 2. "Attorney-in-fact" means an attorney-in-fact authorized to
24 act pursuant to the Uniform Durable Power of Attorney Act, Sections

1 1071 through 1077 of Title 58 of the Oklahoma Statutes Oklahoma
2 Health Care Agent Act, with authority to act regarding the patient's
3 health and medical care decisions, subject to the limitations under
4 paragraph 1 of subsection B of Section 1072.1 of Title 58 of the
5 Oklahoma Statutes the Oklahoma Health Care Agent Act.

6 SECTION 15. AMENDATORY 63 O.S. 2021, Section 3102.4, is 7 amended to read as follows:

Section 3102.4. A. When an adult patient or a person under 8 9 eighteen (18) years of age who may consent to have services provided 10 by health professionals under Section 2602 of this title is persistently unconscious, incompetent or otherwise mentally or 11 12 physically incapable of communicating, a person who is reasonably available and willing in the following classes, in the order of 13 priority set forth in this subsection, shall be authorized to make 14 health care decisions for the patient under the same standard as 15 that applicable to making life-sustaining treatment decisions under 16 Section 3101.16 of this title, excluding any person who is 17 disgualified from exercising such authority by Section 3102.5 of 18 this title. If those within a class disagree, a majority within the 19 class may make a health care decision for the patient. However, a 20 provider of health care to the patient or any member or members of 21 any of the following classes may petition a court that would have 22 jurisdiction over a guardianship proceeding concerning the patient 23 under Section 1-115 of Title 30 of the Oklahoma Statutes to seek an 24

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1 order directing a different health care decision on the ground that the health care decision or decisions made violate the standard 2 required by this section, granting another member or other members 3 from among the following classes (notwithstanding the statutory 4 5 order of priority) supervening authority to make health care decisions for the patient on the ground that clear and convincing 6 evidence demonstrates they are more likely to adhere to that 7 standard, or both. Upon motion by any party, the court shall issue 8 9 an order requiring that pending its decision on the merits and the 10 resolution of any appeal the patient be provided with health care of which denial, in reasonable medical judgment, would be likely to 11 12 result in or hasten the death of the patient, unless its provision would require denial of the same health care to another patient. 13 The classes are as follows: 14

A general guardian of the person appointed pursuant to
 subsection A of Section 3-112 of Title 30 of the Oklahoma Statutes
 or a limited guardian of the person appointed pursuant to subsection
 B of Section 3-112 of Title 30 of the Oklahoma Statutes with
 authority to make personal medical decisions as determined under
 paragraph 5 of subsection B of Section 3-113 of Title 30 of the
 Oklahoma Statutes;

22 2. A health care proxy, or alternate health care proxy,
23 designated by the patient, as defined in paragraph 6 of Section
24 3101.3 of Title 63 of the Oklahoma Statutes;

1	3. An attorney-in-fact authorized to act pursuant to the
2	Uniform Durable Power of Attorney Act, Sections 1071 through 1077 of
3	Title 58 of the Oklahoma Statutes Oklahoma Health Care Agent Act,
4	with authority to act regarding the patient's health and medical
5	care decisions, subject to the limitations under <del>paragraph 1 of</del>
6	subsection B of Section 1072.1 of Title 58 of the Oklahoma Statutes
7	the Oklahoma Health Care Agent Act;
8	4. The patient's spouse;
9	5. Adult children of the patient;
10	6. Parents of the patient;
11	7. Adult siblings;
12	8. Other adult relatives of the patient in order of kinship; or
13	9. Close friends of the patient who have maintained regular
14	contact with the patient sufficient to be familiar with the
15	patient's personal values. Execution of an affidavit stating
16	specific facts and circumstances documenting such contact
17	constitutes prima facie evidence of close friendship.
18	B. Prior to making a health care decision for a patient
19	pursuant to subsection A of this section, a person shall provide to
20	the health care provider or health care entity a signed copy of the
21	following statement to be entered into the patient's medical record:
22	"I hereby certify that:
23	I have not been convicted of, pleaded guilty to or pleaded no
24	contest to the crimes of abuse, verbal abuse, neglect or financial

1 exploitation by a caregiver; exploitation of an elderly person or 2 disabled adult; or abuse, neglect, exploitation or sexual abuse of a 3 child;

I have not been found to have committed abuse, verbal abuse or
exploitation by a final investigative finding of the State
Department of Health or Department of Human Services or by a finding
of an administrative law judge, unless it was overturned on appeal;
and

9 I have not been criminally charged as a person responsible for 10 the care of a vulnerable adult with a crime resulting in the death 11 or near death of a vulnerable adult."

12 SECTION 16. AMENDATORY 63 O.S. 2021, Section 3105.2, is 13 amended to read as follows:

Section 3105.2. As used in the Physician Orders for Life-Sustaining Treatment Act:

"Attorney-in-fact" means an attorney-in-fact authorized to 16 1. act pursuant to the Uniform Durable Power of Attorney Act, Sections 17 1071 through 1077 of Title 58 of the Oklahoma Statutes Oklahoma 18 Health Care Agent Act, with authority to act regarding the patient's 19 health and medical care decisions, subject to the limitations under 20 paragraph 1 of subsection B of Section 1072.1 of Title 58 of the 21 Oklahoma Statutes the Oklahoma Health Care Agent Act; 22 2. "Guardian" means a general guardian of the person appointed 23

24 pursuant to subsection A of Section 3-112 of Title 30 of the

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Oklahoma Statutes or a limited guardian of the person appointed
 pursuant to subsection B of Section 3-112 of Title 30 of the
 Oklahoma Statutes with the authority to make personal medical
 decisions as determined under paragraph 5 of subsection B of Section
 3-113 of Title 30 of the Oklahoma Statutes;

3. "Health care provider" means a person who is licensed,
certified or otherwise authorized by the laws of this state to
administer health care in the ordinary course of business or
practice of a profession;

4. "Health care proxy" means a health care proxy (or alternate health care proxy) authorized to act pursuant to the Oklahoma
 Advance Directive Act, Sections 3101.1 through 3101.16 of Title 63
 of the Oklahoma Statutes this title, as defined in paragraph 6 of
 Section 3101.3 of Title 63 of the Oklahoma Statutes this title; and

15 5. "Other legally authorized person" means a person, other than 16 a minor's custodial parent or guardian, the patient or the patient's 17 attorney-in-fact, guardian or health care proxy, who has authority 18 to make health care decisions for the patient under common law.

19SECTION 17.AMENDATORY63 O.S. 2021, Section 3105.4, is20amended to read as follows:

21 Section 3105.4. 1. At the top of the first page of the 22 standardized format Oklahoma physician orders for life-sustaining 23 treatment form the following wording in all capitals shall appear 24 against a contrasting color background: "FORM SHALL ACCOMPANY

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PERSON WHEN TRANSFERRED OR DISCHARGED"; at the bottom of the first page the following wording in all capitals shall appear against a contrasting color background: "HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT".

There shall be an introductory section, the left block of 6 2. which shall contain the name "Oklahoma Physician Orders for Life-7 Sustaining Treatment (POLST)" followed by the words, "This Physician 8 9 Order set is based on the patient's current medical condition and 10 wishes and is to be reviewed for potential replacement in the case of a substantial change in either, as well as in other cases listed 11 12 under F. Any section not completed indicates full treatment for that section. Photocopy or fax copy of this form is legal and 13 valid." and the right block of which shall contain lines for the 14 patient's name, the patient's date of birth and the effective date 15 of the form followed by the statement, "Form must be reviewed at 16 least annually." 17

3. In Section A of the form, the left block shall contain, in bold font, "A. Check One", and the right block shall be headed, in bold font, "Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing." below which there shall be a checkbox followed by "Attempt Resuscitation (CPR)", then a checkbox followed by "Do Not Attempt Resuscitation (DNR/ no CPR)", and below which

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1 shall be the words, "When not in cardiopulmonary arrest, follow 2 orders in B, C and D below."

4. In Section B of the form, the left block shall contain, in 3 bold, "B. Check One", and the right block shall be headed, in bold, 4 5 "Medical Interventions: Person has pulse and/or is breathing." Below this there shall be a checkbox followed by, in bold, "Full 6 Treatment" followed by, "Includes the use of intubation, advanced 7 airway interventions, mechanical ventilation, defibrillation or 8 9 cardio version as indicated, medical treatment, intravenous fluids, and cardiac monitor as indicated. Transfer to hospital if 10 indicated. Include intensive care. Includes treatment listed under 11 12 "Limited Interventions" and "Comfort Measures", followed by, in bold, "Treatment Goal: Attempt to preserve life by all medically 13 effective means." 14

Below this there shall be a checkbox followed by, in bold, 15 "Limited Interventions" followed by, "Includes the use of medical 16 treatment, oral and intravenous medications, intravenous fluids, 17 cardiac monitoring as indicated, noninvasive bi-level positive 18 airway pressure, a bag valve mask or other advanced airway 19 interventions. Includes treatment listed under "Comfort Measures", 20 followed by, "Do not use intubation or mechanical ventilation. 21 Transfer to hospital if indicated. Avoid intensive care." followed 22 by, in bold, "Treatment Goal: Attempt to preserve life by basic 23 medical treatments." 24

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1 Below this there shall be a checkbox followed by, in bold, "Comfort Measures only" followed by, "Includes keeping the patient 2 clean, warm and dry; use of medication by any route; positioning, 3 wound care and other measures to relieve pain and suffering. 4 Use 5 oxygen, suction and manual treatment of airway obstruction as needed for comfort. Transfer from current location to intermediate 6 facility only if needed and adequate to meet comfort needs and to 7 hospital only if comfort needs cannot otherwise be met in the 8 9 patient's current location (e.g., hip fracture; if intravenous route of comfort measures is required)." 10

Below this there shall be, in italics, "Additional Orders:"
followed by an underlined space for other instructions.

5. In Section C of the form, the left block shall contain, in
bold, "C. Check One" and the right block shall be headed, in bold,
"Antibiotics".

Below this there shall be a checkbox followed by, in bold, "Use antibiotics to preserve life."

Below this there shall be a checkbox followed by, in bold, "Trial period of antibiotics if and when infection occurs." After this there shall be, in italics, "\*Include goals below in E."

Below this there shall be a checkbox followed by, in bold, "Initially, use antibiotics only to relieve pain and discomfort." After this there shall be, in italics, "+Contact patient or patient's representative for further direction."

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Below this there shall be, in italics, "Additional Orders:"
 followed by an underlined space for other instructions.

6. In Section D of the form, the left block shall contain, in
bold, "D. Check One in Each Column", and the right block shall be
headed in bold, "Assisted Nutrition and Hydration", below which
shall be "Administer oral fluids and nutrition, if necessary by
spoon feeding, if physically possible." Below these the right block
shall be divided into three columns.

9 The leftmost column shall be headed, "TPN (Total Parenteral 10 Nutrition-provision of nutrition into blood vessels)." Below this 11 there shall be a checkbox followed by, in bold, "TPN long-term" 12 followed by "if needed". Below this there shall be a checkbox 13 followed by, in bold, "TPN for a trial period\*". Below this there 14 shall be a checkbox followed by, in bold, "Initially, no TPN+".

The middle column shall be headed "Tube Feeding". Below this there shall be a checkbox followed by, in bold, "Long-term feeding tube" followed by "if needed". Below this there shall be a checkbox followed by, in bold, "Feeding tube for a trial period\*". Below this there shall be a checkbox followed by, in bold, "Initially, no feeding tube".

The rightmost column shall be headed, "Intravenous (IV) Fluids for Hydration". Below this there shall be a checkbox followed by, in bold, "Long-term IV fluids" followed by "if needed". Below this there shall be a checkbox followed by, in bold, "IV fluids for a

1 trial period\*". Below this there shall be a checkbox followed by, 2 in bold, "Initially, no IV fluids+".

3 Running below all the columns there shall be, in italics,
4 "Additional Orders:" followed by an underlined space for other
5 instructions, followed by, in italics, "\*Include goals below in E.
6 +Contact patient or patient's representative for further direction."

7 7. In Section E of the form, the left block shall contain, in
8 bold, "E. Check all that apply" and the right block shall be
9 headed, in bold, "Patient Preferences as a Basis for this POLST
10 Form" shall include the following:

below the heading there shall be a box including the 11 a. words, in bold, "Patient Goals/Medical Condition:" 12 followed by an adequate space for such information, 13 below this there shall be a checkbox followed by, "The b. 14 patient has an advance directive for health care in 15 accordance with Sections 3101.4 or 3101.14 of Title 63 16 of the Oklahoma Statutes." Below that there shall be 17 a checkbox followed by, "The patient has a durable 18 power of attorney for health care decisions in 19 accordance with paragraph 1 of subsection B of Section 20 1072.1 of Title 58 of the Oklahoma Statutes the 21 Oklahoma Health Care Agent Act." Below that shall be 22 the indented words, "Date of execution" followed by an 23 underlined space. Below that shall be the words, "If 24

POLST not being executed by patient: We certify that this POLST is in accordance with the patient's advance directive." Below this there shall be an underlined space underneath which shall be positioned the words, "Name and Position (print) Signature" and "Signature of Physician",

- below these shall be the words, "Directions given by:" 7 с. and below that a checkbox followed by "Patient", a 8 9 checkbox followed by "Minor's custodial parent or guardian", a checkbox followed by "Attorney-in-fact", 10 a checkbox followed by "Health care proxy", and a 11 12 checkbox followed by "Other legally authorized person:" followed by an underlined space. Beneath or 13 beside the checkbox and "Other legally authorized 14 person:" and the underlined space shall be the words 15 "Basis of Authority:" followed by an underlined space, 16 and 17
- d. below these shall be a four-column table with four
  rows. In the top row the first column shall be blank;
  the second column shall have the words, "Printed
  Name"; the third column shall have the word,
  "Signature", and the fourth column shall have the
  word, "Date". In the remaining rows the second
  through fourth columns shall be blank. In the first

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column of these rows, in the second row shall be the words, "Attending physician"; in the third row shall be the words, "Patient or other individual checked above (patient's representative)"; and in the fourth row shall be the words, "Health care professional preparing form (besides doctor)."

8. Section F of the form, which shall have the heading, in
bold, "Information for Patient or Representative of Patient Named on
this Form", shall include the following language, appearing in bold
on the form:

"The POLST form is always voluntary and is usually for persons 11 12 with advanced illness. Before providing information for or signing it, carefully read "Information for Patients and Their Families -13 Your Medical Treatment Rights Under Oklahoma Law", which the health 14 care provider must give you. It is especially important to read the 15 sections on CPR and food and fluids, which have summaries of 16 Oklahoma laws that may control the directions you may give. POLST 17 records your wishes for medical treatment in your current state of 18 health. Once initial medical treatment is begun and the risks and 19 benefits of further therapy are clear, your treatment wishes may 20 change. Your medical care and this form can be changed to reflect 21 your new wishes at any time. However, no form can address all the 22 medical treatment decisions that may need to be made. An advance 23 health care directive is recommended, regardless of your health 24

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status. An advance directive allows you to document in detail your
 future health care instructions and/or name a health care agent to
 speak for you if you are unable to speak for yourself.

The State of Oklahoma affirms that the lives of all are of equal dignity regardless of age or disability and emphasizes that no one should ever feel pressured to agree to forego life-preserving medical treatment because of age, disability or fear of being regarded as a burden.

9 If this form is for a minor for whom you are authorized to make health care decisions, you may not direct denial of medical 10 treatment in a manner that would violate the child abuse and neglect 11 12 laws of Oklahoma. In particular, you may not direct the withholding 13 of medically indicated treatment from a disabled infant with lifethreatening conditions, as those terms are defined in 42 U.S.C., 14 Section 5106g or regulations implementing it and 42 U.S.C., Section 15 5106a." 16

9. Section G of the form, which shall have the heading, in
bold, "Directions for Completing and Implementing Form", shall
include the following three subdivisions:

a. the first subdivision, entitled "COMPLETING POLST",
shall have the following language with the words, "The
signature of the patient or the patient's
representative is required" appearing in bold on the
form:

1 "POLST must be reviewed and prepared in consultation 2 with the patient or the patient's representative after that person has been given a copy of "Information for 3 Patients and Their Families - Your Medical Treatment 4 5 Rights Under Oklahoma Law". POLST must be reviewed and signed by a physician to be valid. Be sure to 6 document the basis for concluding the patient had or 7 lacked capacity at the time of execution of the form 8 9 in the patient's medical record. If the patient lacks 10 capacity, any current advance directive form must be reviewed and the patient's representative and 11 12 physician must both certify that POLST complies with it. The signature of the patient or the patient's 13 representative is required; however, if the patient's 14 representative is not reasonably available to sign the 15 original form, a copy of the completed form with the 16 signature of the patient's representative must be 17 placed in the medical record as soon as practicable 18 and "on file" must be written on the appropriate 19 signature line on this form.", 20 b. the second subdivision, entitled "IMPLEMENTING POLST", 21 shall have the following language: 22

23 "If a minor protests a directive to deny the minor24 life-preserving medical treatment, the denial of

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1 treatment may not be implemented pending issuance of a judicial order resolving the conflict. A health care 2 provider unwilling to comply with POLST must comply 3 with the transfer and treatment pending transfer 4 requirements of Section 3101.9 of Title 63 of the 5 Oklahoma Statutes as well as those of the 6 Nondiscrimination in Treatment Act, Sections 3090.2 7 and 3090.3 of Title 63 of the Oklahoma Statutes", and 8 9 с. the third subdivision, entitled "REVIEWING POLST", 10 shall have the following language: "This POLST must be reviewed at least annually or 11 12 earlier if: 13 The patient is admitted to or discharged from a medical care facility; there is substantial change in 14 the patient's health status; or the treatment 15 preferences of the patient or patient's representative 16 change." 17 The same requirements for participation of the patient or 18 patient's representative, and signature by both a physician and the 19 patient or the patient's representative, that are described under 20 "COMPLETING POLST" shall also apply when POLST is reviewed, and must 21 be documented in Section I. 22 23

24

Section H of the form, which shall have the heading, in
 bold, "REVOCATION OF POLST", shall have the following language, with
 the words specified below appearing in bold on the form:

4 "If POLST is revised or becomes invalid, write in bold the word 5 "VOID" in large letters on the front of the form. After voiding the 6 form a new form may be completed. A patient with capacity or the 7 individual or individuals authorized to sign on behalf of the 8 patient in Section E of this form may void this form. If no new 9 form is completed, full treatment and resuscitation is to be 10 provided, except as otherwise authorized by Oklahoma law."

11 11. Section I of the form, which shall have the heading, in 12 bold, "REVIEW SECTION", followed by: "Periodic review confirms 13 current form or may require completion of new form," shall include 14 the following columns and a number of rows determined by the Office 15 of the Attorney General:

- 16 a. Date of Review,
- 17 b. Location of Review,
- 18 c. Patient or Representative Signature,
- 19
- d. Physician Signature, and
- 20 e. Outcome of Review.

Each row in column (5) shall include a checkbox followed by, "FORM CONFIRMED - No Change", below which there shall be a checkbox followed by, "FORM VOIDED, see updated form.", below which there shall be a checkbox followed by, "FORM VOIDED, no new form."

1 A final section of the form, which shall have the heading, in bold, "Contact Information:", shall include two rows of four 2 In the first column, the first row shall include 3 columns. "Patient/Representative" followed by an adequate space for such 4 5 information, and the second column shall include "Health Care Professional Preparing Form" followed by an adequate space for such 6 information. In the second column both rows shall include 7 "Relationship" followed by an adequate space for such information; 8 in the third column both rows shall include "Phone Number" followed 9 10 by an adequate space for such information; and in the fourth column both rows shall include "Email Address" followed by an adequate 11 12 space for such information.

13SECTION 18.AMENDATORY63 O.S. 2021, Section 3131.3, is14amended to read as follows:

Section 3131.3. As used in the Oklahoma Do-Not-Resuscitate Act:

 "Attending physician" means a licensed physician who has
 primary responsibility for treatment or care of the person. If more
 than one physician shares that responsibility, any of those
 physicians may act as the attending physician under the provisions
 of the Oklahoma Do-Not-Resuscitate Act;

21 2. "Cardiopulmonary resuscitation" means those measures used to 22 restore or support cardiac or respiratory function in the event of a 23 cardiac or respiratory arrest;

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3. "Do-not-resuscitate identification" means a standardized
 identification necklace, bracelet, or card as set forth in the
 Oklahoma Do-Not-Resuscitate Act that signifies that a do-not resuscitate consent or order has been executed for the possessor;

4. "Do-not-resuscitate order" means an order issued by a
licensed physician that cardiopulmonary resuscitation should not be
administered to a particular person;

8 5. "Emergency medical services personnel" means firefighters,
9 law enforcement officers, emergency medical technicians, paramedics,
10 or other emergency services personnel, providers, or entities,
11 acting within the usual course of their professions;

12 6. "Health care decision" means a decision to give, withhold, 13 or withdraw informed consent to any type of health care including, 14 but not limited to, medical and surgical treatments including life-15 prolonging interventions, nursing care, hospitalization, treatment 16 in a nursing home or other extended care facility, home health care, 17 and the gift or donation of a body organ or tissue;

18 7. "Health care agency" means an agency established to
19 administer or provide health care services and which is commonly
20 known by a wide variety of titles including, but not limited to,
21 hospitals, medical centers, ambulatory health care facilities,
22 physicians' offices and clinics, extended care facilities operated
23 in connection with hospitals, nursing homes, extended care

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1 facilities operated in connection with rehabilitation centers, home
2 care agencies and hospices;

8. "Health care provider" means any physician, dentist, nurse,
paramedic, psychologist, or other person providing medical, dental,
nursing, psychological, hospice, or other health care services of
any kind;

9. "Incapacity" means the inability, because of physical or mental impairment, to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented, and to communicate that choice in an unambiguous manner; and

12 10. "Representative" means an attorney-in-fact for health care
13 decisions acting pursuant to the Uniform Durable Power of Attorney
14 Act Oklahoma Health Care Agent Act, a health care proxy acting
15 pursuant to the Oklahoma Rights of the Terminally Ill or
16 Persistently Unconscious Advance Directive Act, or a guardian of the
17 person appointed under the Oklahoma Guardianship and Conservatorship

18 Act.

19SECTION 19.AMENDATORY63 O.S. 2021, Section 3131.5, is20amended to read as follows:

21 Section 3131.5. A. For persons under the care of a health care 22 agency, a do-not-resuscitate order shall, if issued, be in 23 accordance with the policies and procedures of the health care

24

1	agency as long as not in conflict with the provisions of the
2	Oklahoma Do-Not-Resuscitate Act.
3	B. The do-not-resuscitate consent form shall be in
4	substantially the following form:
5	FRONT PAGE
6	OKLAHOMA DO-NOT-RESUSCITATE (DNR) CONSENT FORM
7	I,, request limited health care as
8	described in this document. If my heart stops beating or if I stop
9	breathing, no medical procedure to restore breathing or heart
10	function will be instituted by any health care provider including,
11	but not limited to, emergency medical services (EMS) personnel.
12	I understand that this decision will not prevent me from
13	receiving other health care such as the Heimlich maneuver or oxygen
14	and other comfort care measures.
15	I understand that I may revoke this consent at any time in one
16	of the following ways:
17	1. If I am under the care of a health care agency, by making an
18	oral, written, or other act of communication to a physician or other
19	health care provider of a health care agency;
20	2. If I am not under the care of a health care agency, by
21	destroying my do-not-resuscitate form, removing all do-not-
22	resuscitate identification from my person, and notifying my
23	attending physician of the revocation;
24	

3. If I am incapacitated and under the care of a health care
 agency, my representative may revoke the do-not-resuscitate consent
 by written notification to a physician or other health care provider
 of the health care agency or by oral notification to my attending
 physician; or

4. If I am incapacitated and not under the care of a health
care agency, my representative may revoke the do-not-resuscitate
consent by destroying the do-not-resuscitate form, removing all donot-resuscitate identification from my person, and notifying my
attending physician of the revocation.

I give permission for this information to be given to EMS personnel, doctors, nurses, and other health care providers. I hereby state that I am making an informed decision and agree to a do-not-resuscitate order.

15		OR	
16	Signature of Person		Signature of Representative
17			(Limited to an attorney-in-fact for
18			health care decisions acting under the
19			Durable Power of Attorney Act Oklahoma
20			Health Care Agent Act, a health care
21			proxy acting under the Oklahoma Advance
22			Directive Act or a guardian of the
23			person appointed under the Oklahoma
24			Guardianship and Conservatorship Act.)

1		This DNR consent form was	signed in my	
2		presence.		
3				
4	Date	Signature of Witness	Address	
5				
6		Signature of Witness	Address	
7		BACK OF PAGE		
8	CERTIFICATION OF PHYSICIAN			
9	(This form is to be used by an attending physician only to			
10	certify that an incapacitated person without a representative would			
11	not have consented to the administration of cardiopulmonary			
12	resuscitation in the event of cardiac or respiratory arrest. An			
13	attending physician of an incapacitated person without a			
14	representative must know by clear and convincing evidence that the			
15	incapacitated person, when competent, decided on the basis of			
16	information sufficient to constitute informed consent that such			
17	person would not have consented to the administration of			
18	cardiopulmonary resuscitation in the event of cardiac or respiratory			
19	arrest. Clear and convincing evidence for this purpose shall			
20	include oral, written, or other acts of communication between the			
21	patient, when competent, and	family members, health ca	re providers,	
22	or others close to the paties	nt with knowledge of the p	atient's	
23	desires.)			

24

1	I hereby certify, based on clear and convincing evidence
2	presented to me, that I believe that
3	Name of Incapacitated Person
4	would not have consented to the administration of cardiopulmonary
5	resuscitation in the event of cardiac or respiratory arrest.
6	Therefore, in the event of cardiac or respiratory arrest, no chest
7	compressions, artificial ventilation, intubations, defibrillation,
8	or emergency cardiac medications are to be initiated.
9	
10	Physician's Signature/Date Physician's Name (PRINT)
11	
12	Physician's Address/Phone
13	C. Witnesses must be individuals who are eighteen (18) years of
14	age or older who are not legatees, devisees or heirs at law.
15	D. It is the intention of the Legislature that the preferred,
16	but not required, do-not-resuscitate form in Oklahoma shall be the
17	form set out in subsection B of this section.
18	SECTION 20. It being immediately necessary for the preservation
19	of the public peace, health or safety, an emergency is hereby
20	declared to exist, by reason whereof this act shall take effect and
21	be in full force from and after its passage and approval.
22	COMMITTEE REPORT BY: COMMITTEE ON JUDICIARY
23	February 22, 2022 - DO PASS AS AMENDED
24	