# HOUSE BILL NO. 635

INTRODUCED BY MEASURE, MAZUREK, L. NELSON, STRIZICH, MESSMORE

IN THE HOUSE

FEBRUARY 6, 1991

INTRODUCED AND REFERRED TO COMMITTEE ON JUDICIARY.

FIRST READING.

FEBRUARY 13, 1991 COMMITTEE RECOMMEND BILL DO PASS. REPORT ADOPTED.

ON MOTION, ADDITIONAL SPONSORS ADDED.

INTRODUCED AND REFERRED TO COMMITTEE

ON PUBLIC HEALTH, WELFARE, & SAFETY.

FEBRUARY 14, 1991 PRINTING REPORT.

FEBRUARY 16, 1991 SECOND READING, DO PASS AS AMENDED.

- FEBRUARY 18, 1991 ENGROSSING REPORT.
- FEBRUARY 19, 1991 THIRD READING, PASSED. AYES, 94; NOES, 6.

TRANSMITTED TO SENATE.

IN THE SENATE

FEBRUARY 20, 1991

FIRST READING.

MARCH 26, 1991 COMMITTEE RECOMMEND BILL BE CONCURRED IN. REPORT ADOPTED.

MARCH 28, 1991 SECOND READING, CONCURRED IN.

APRIL 1, 1991 THIRD READING, CONCURRED IN. AYES, 40; NOES, 9.

RETURNED TO HOUSE.

# IN THE HOUSE

APRIL 1, 1991 RECEIVED FROM SENATE.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

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INTROPUCED BY Mount - Meumore ) 1 2 A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE 4 MONTANA LIVING WILL ACT TO CONFORM TO THE UNIFORM RIGHTS OF 5 6 THE TERMINALLY ILL ACT; PROVIDING THAT OTHER INDIVIDUALS MAY 7 AUTHORIZE THE WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING 8 TREATMENT; CLARIFYING WHEN A DECLARATION RELATING TO THE USE OF LIFE-SUSTAINING TREATMENT IS OPERATIVE: PROVIDING FOR THE 9 10 PRESUMPTION OF THE VALIDITY OF DECLARATIONS RELATING TO THE 11 USE OF LIFE-SUSTAINING TREATMENT: AMENDING SECTIONS 12 50-9-101, 50-9-102, 50-9-103, 50-9-104, 50-9-201, 50-9-202, 50-9-203, 50-9-204, 50-9-205, AND 50-9-206, MCA; AND 13 PROVIDING AN IMMEDIATE EFFECTIVE DATE." 14 15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA: 16 17 Section 1. Section 50-9-101, MCA, is amended to read: 18 "50-9-101. Short title. This chapter may be cited as 19 the "Montana Eiving-Will Rights of the Terminally Ill Act"." 20 Section 2. Section 50-9-102, MCA, is amended to read: 21 \*50-9-102. Definitions. As used in this chapter, the 22 following definitions apply:

(1) "Attending physician" means the physician selected
by or assigned to the patient, who has primary
responsibility for the treatment and care of the patient.



(2) "Board" means the Montana state board of medical
 examiners.

3 (3) "Declaration" means a document executed in
4 accordance with the requirements of 50-9-103.

5 (4) "Department" means the department of health and6 environmental sciences.

7 (5) "Emergency medical services personnel" means paid 8 or volunteer firefighters, law enforcement officers, first 9 responders, emergency medical technicians, or other 10 emergency services personnel acting within the ordinary 11 course of their professions.

12 (6) "Health care provider" means a person who is
13 licensed, certified, or otherwise authorized by the law of
14 this state to administer health care in the ordinary course
15 of business or practice of a profession.

16 (7) "Life-sustaining procedure treatment" means any
17 medical procedure or intervention that, when administered to
18 a qualified patient, will serve only to prolong the dying
19 process.

(8) "Living will protocol" means a locally developed,
community-wide method or a standardized, state-wide method
developed by the department and approved by the board, of
providing palliative care to and withholding life-sustaining
procedures treatment from a qualified patient under
50-9-202 by emergency medical service personnel.

-2- INTRODUCED BILL HB 635

LC 0531/01

1 (9) "Person" means an individual, corporation, business 2 trust, estate, trust, partnership, association, joint 3 venture, government, governmental subdivision or agency, or 4 any other legal or commercial entity.

5 (9)(10) "Physician" means a--person an individual
6 licensed under Title 37, chapter 3, to practice medicine in
7 this state.

8 (10)(11) "Qualified patient" means a patient <u>18 or more</u> 9 years of age who has executed a declaration in accordance 10 with this chapter and who has been determined by the 11 attending physician to be in a terminal condition.

(12) "Reliable documentation" means a standardized, 12 state-wide identification card or form or a necklace or 13 14 bracelet of uniform design, adopted by a written, formal 15 understanding of the local community emergency medical services agencies and licensed hospice and home health 1.6 agencies, that signifies and certifies that a valid and 17 current declaration is on file and that the individual is a 18 gualified patient. 19

20 (13) "State" means a state of the United States, the
21 District of Columbia, the Commonwealth of Puerto Rico, or a
22 territory or insular possession subject to the jurisdiction
23 of the United States.

24 (12)(14) "Terminal condition" means an incurable or 25 irreversible condition that, without the administration of life-sustaining procedures treatment, will, in the opinion
 of the attending physician, result in death within a
 relatively short time."

4 Section 3. Section 50-9-103, MCA, is amended to read:

5 "50-9-103, Declaration relating to use of 6 life-sustaining procedures--treatment -- designee. (1) Any 7 competent-adult An individual of sound mind and 18 or more 8 years of age may execute at any time a declaration at-any 9 time directing-that governing the withholding or withdrawal of life-sustaining procedures--be--withheld--or--withdrawn 10 11 treatment. The declarant may designate another individual of 12 sound mind and 18 or more years of age to make decisions 13 governing the withholding or withdrawal of life-sustaining 14 treatment. Howevery-the-declaration-is-effective-only-if-the declarantis--condition--is-determined-to-be-terminal-and-the 15 16 declarant-is-not--able--to--make--treatment--decisions. The 17 declaration must be signed by the declarant, or another at 18 the declarant's direction, in-the-presence-of and witnessed 19 by two witnesses individuals. A physician or health care 20 provider may presume, in the absence of actual notice to the 21 contrary, that the declaration complies with this chapter 22 and is valid.

(2) It-is-the-responsibility-of-the-declarant-to-notify
 his--physician--of--the--declaration--A--physician-or-other
 health--care--provider--who--is--provided--a--copy--of---the

LC 0531/01

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1	declarationshall-make-it-a-part-of-the-declarantis-medical
2	records-
3	(3) A declaration directing a physician to withhold or
4	withdraw life-sustaining treatment may, but need not, be in
5	the following form:
6	DECLARATION
7	If I should have an incurable or irreversible condition
8	that, without the administration of life-sustaining
9	treatment, will, in the opinion of my attending physician,
10	cause my death within a relatively short timeit-is-my
11	desire-that-my-life-not-be-prolongedbyadministrationof
12	life-sustainingproceduresIf-my-condition-is-terminal and
13	I am unabletoparticipatein no longer able to make
14	decisions regarding my medical treatment, I direct my
15	attending physician, pursuant to the Montana Rights of the
16	Terminally Ill Act, to withhold or withdraw procedure:
17	treatment that merelyprolong only prolongs the dying
18	process of dying and are is not necessary to my comfort of
19	freedom-from to alleviate pain. It-is-my-intention-that-this
20	declaration-shall-be-valid-until-revoked-by-me-
21	Signed this day of,,
22	Signature
23	City, County, and State of Residence
24	The declarant is-known-to-me-and voluntarily signed thi
25	document in my presence.

1	Witness
2	Address
3	Witness
4	Address
5	(3) A declaration that designates another individual to
6	make decisions governing the withholding or withdrawal of
7	life-sustaining treatment may, but need not, be in the
8	following form:
9	DECLARATION
10	If I should have an incurable and irreversible condition
11	that, without the administration of life-sustaining
12	treatment, will, in the opinion of my attending physician,
13	cause my death within a relatively short time and I am no
14	longer able to make decisions regarding my medical
15	treatment, I appoint or, if he or she is not
16	reasonably available or is unwilling to serve,,
17	to make decisions on my behalf regarding withholding or

18 withdrawal of treatment that only prolongs the process of

- 19 dying and is not necessary for my comfort or to alleviate
- 20 pain, pursuant to the Montana Rights of the Terminally Ill 21 Act.

# If the individual I have appointed is not reasonably available or is unwilling to serve, I direct my attending physician, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only

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1	prolongs the process of dying and is not necessary for my
2	comfort or to alleviate pain.
3	Signed this day of
4	Signature
5	City, County, and State of Residence
6	The declarant voluntarily signed this document in my
7	presence.
8	Witness
9	Address
10	Witness
11	Address
12	Name and address of designee.
13	Name
14	Address
15	(4) The designation of an attorney-in-fact pursuant to
16	72-5-501 and 72-5-502, or the judicial appointment of an
17	individual, who is authorized to make decisions regarding
18	the withholding or withdrawal of life-sustaining treatment
19	constitutes for the purposes of this part a declaration
20	designating another individual to act for the declarant
21	pursuant to subsection (1).
22	(5) A physician or other health care provider who is
23	furnished a copy of the declaration shall make it a part of
24	the declarant's medical record and, if unwilling to comply
25	with the declaration, promptly so advise the declarant and

# LC 0531/01

1	any individual designated to act for the declarant."
2	Section 4. Section 50-9-104, MCA, is amended to read:
3	<b>"50-9-104.</b> Revocation of declaration. (1) A declarant
4	may revoke a declaration may-be-revoked at any time and in
5	any manner by-which-the-declarant-is-able-to-communicate-his
6	intenttorevoke, without regard to mental or physical
7	condition. A revocation is effective onlyastothe
8	attending-physician-or-any-health-care-provider-acting-under
э	the-guidance-of-that-physician upon its communication to the
10	attending physician or other health care provider by the
12	declarant or by-another-to-whom <u>a witness to</u> the revocation
12	wascommunicated. A health care provider or emergency
13	medical services personnel witnessing a revocation shall act
14	upon the revocation and shall communicate the revocation to
15	the attending physician at the earliest opportunity. A
16	revocation communicated to a person other than the attending
17	physician, emergency medical services personnel, or a health
18	care provider is not effective unless the attending
19	physician is informed of it before the qualified patient is
20	in need of life-sustaining procedures treatment.
21	(2) The attending physician or <u>other</u> health care
22	provider shall make the revocation a part of the declarant's
23	medical record."
24	Section 5. Section 50-9-201, MCA, is amended to read:
25	"50-9-201. Recording determination of terminal

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1 condition and content of declaration. When--an--attending 2 physician-who-has-been-notified-of-the-existence-and-content 3 of-a-declaration-determines-that-the Upon determining that a 4 declarant is in a terminal condition, the <u>attending</u> 5 physician who knows of a declaration shall record that 6 determination and the content <u>terms</u> of the declaration in 7 the declarant's medical record."

8 Section 6. Section 50-9-202, MCA, is amended to read:

9 "50-9-202. Treatment of qualified patients. (1) A qualified patient has--the--right--to may make decisions regarding use-of life-sustaining procedures treatment if so long as the patient is able to do so. If-a-qualified-patient is--not-able-to-make-such-decisions7-the-declaration-governs decisions-regarding-use-of-life-sustaining-procedures.

15 (2) This chapter does not prohibit-the-application-of 16 any---medical---procedure---or---intervention affect the 17 responsibility of the attending physician or other health 18 care provider to provide treatment, including the--provision 19 of nutrition and hydration, considered-necessary-to-provide 20 for a patient's comfort care or to-alleviate alleviation of 21 pain.

(3) The----declaration---of----a---qualified---patient
 Life-sustaining treatment cannot be withheld or withdrawn
 pursuant to a declaration from an individual known to the
 attending physician to be pregnant must-be-given--no--effect

if so long as it is probable that the fetus could will
 develop to the point of live birth with continued
 application of life-sustaining procedures treatment."

Section 7. Section 50-9-203, MCA, is amended to read:

5 "50-9-203. Transfer of patients. {+} An attending 6 physician or other health care provider who is unwilling to comply with the-requirements-of-50-9-201-or-who-is-unwilling 7 8 to--comply--with--the--declaration-of-a-qualified-patient-in 9 accordance--with--50-9-202 this chapter shall take all 10 reasonable steps as promptly as practicable to transfer care of the declarant to another physician or health care 11 12 provider who is willing to do so.

13 (2)--If the policies of a health care facility preclude 14 compliance with the declaration of a qualified patient under 15 this chapter, that facility shall take all reasonable steps 16 to transfer the patient to a facility in which the 17 provisions of this chapter can be carried out."

18 Section 8. Section 50-9-204, MCA, is amended to read:

19 "50-9-204. Immunities. (1) In the absence of actual 20 notice of the revocation of a declaration, the following, 21 while acting in accordance with the requirements of this 22 chapter, are not subject to civil or criminal liability or 23 guilty of unprofessional conduct:

(a) a physician who causes the withholding or
withdrawal of life-sustaining procedures treatment from a

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# LC 0531/01

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1	qualified patient;
2	(b) a person who participates in the withholding or
3	withdrawal of life-sustaining procedures <u>treatment</u> under the
4	direction or with the authorization of a physician;
5	(c) emergency medical services personnel who cause or
6	participate in the withholding or withdrawal of
7	life-sustaining procedures treatment under the direction of
8	or with the authorization of a physician or who on receipt
9	of reliable documentation follow a living will protocol;
10	(d) emergency medical services personnel who proceed to
11	provide life-sustaining treatment to a qualified patient
12	pursuant to a revocation communicated to them; and
13	(e) a health care facility in which withholding or
14	withdrawal occurs.
15	(2) A physician or other health care provider whose
16	action under this chapter is in accord with reasonable
17	medical standards is not subject to civil or criminal
18	liability for-actions-under-this-chapter-that-are-inaccord
19	withreasonablemedicalstandards or discipline for
20	unprofessional conduct with respect to that decision.
21	(3) A physician or other health care provider whose
22	decision about the validity of consent under [section 12] is
23	made in good faith is not subject to criminal or civil
24	liability or discipline for unprofessional conduct with
25	respect to that decision.

1	(4) An individual designated pursuant to 50-9-103(1) or
2	an individual authorized to consent pursuant to [section
3	12}, whose decision is made or consent is given in good
4	faith pursuant to this chapter, is not subject to criminal
5	or civil liability or discipline for unprofessional conduct
6	with respect to that decision."
7	Section 9. Section 50-9-205, MCA, is amended to read:
8	"50-9-205. Effect on insurance patient's decision.
9	(1) Death resulting from the withholding or withdrawal of
10	life-sustaining procedurespursuanttoa-declaration-and
11	treatment in accordance with this chapter is does not
12	constitute, for any purpose, a suicide or homicide.
13	(2) The making of a declaration pursuant to 50-9-103
14	does not affect in-anymanner the sale, procurement, or
15	issuance of any policy of life insurance or annuity, nor
16	does it affect, impair, or modify the terms of an existing
17	policy of life insurance. No <u>A</u> policy of life insurance is
18	<u>not</u> legally impaired or invalidated inanymanner by the
19	withholding or withdrawal of life-sustaining procedures
20	treatment from an insured qualified-patient, notwithstanding
21	any term of the policy to the contrary.
22	(3) No-physician;-health-care-facility;-or-other-health
23	careproviderandnohealthcareservice-plan7~insurer
24	issuing-disability-insurance;-self-insured-employeewelfare

25 benefit--plan\_--or--nonprofit-hospital-plan <u>A person</u> may <u>not</u>

prohibit or require any-person-to-execute the execution of a
 declaration as a condition for being insured for or
 receiving health care services.

4 (4) This chapter creates no presumption concerning the 5 intention of an individual who has <u>revoked or has</u> not 6 executed a declaration with respect to the use, withholding, 7 or withdrawal of life-sustaining procedures <u>treatment</u> in the 8 event of a terminal condition.

(5) Nothing-in-this This chapter increases-or-decreases 9 does not affect the right of a patient to make decisions 10 regarding use of life-sustaining procedures-if treatment, so 11 long as the patient is able to do so, or impairs impair or 12 supersedes supersede any a right or responsibility that any 13 person has to effect the withholding or withdrawal of 14 medical care in--any--lawful--manner--in-that-respect7-the 15 provisions-of-this-chapter-are-cumulative. 16

17 (6) This chapter does not require a physician or other
18 health care provider to take action contrary to reasonable
19 medical standards.

20 (6)(7) This chapter does not <u>condone</u>, authorize, or
 21 approve mercy killing <u>or euthanasia</u>."

Section 10. Section 50-9-206, MCA, is amended to read:
 "50-9-206. Penalties. (1) A physician or other health
 <u>care provider</u> who willfully fails to transfer <u>the care of a</u>
 patient in accordance with 50-9-203 is guilty of a

misdemeanor punishable by a fine not to exceed \$500 or
 imprisonment in the county jail for a term not to exceed 1
 year, or both.

4 (2) A physician who willfully fails to record the 5 determination of terminal condition <u>or the terms of a</u> 6 <u>declaration</u> in accordance with 50-9-201 is guilty of a 7 misdemeanor punishable by a fine not to exceed \$500 or 8 imprisonment in the county jail for a term not to exceed 1 9 year, or both.

10 (3) A--person <u>An individual</u> who purposely conceals, 11 cancels, defaces, or obliterates the declaration of another 12 without the declarant's consent or who falsifies or forges a 13 revocation of the declaration of another is guilty of a 14 misdemeanor punishable by a fine not to exceed \$500 or 15 imprisonment in the county jail for a term not to exceed 1 16 year, or both.

17 (4) A-person An individual who falsifies or forges the declaration of another individual or purposely conceals or 18 19 withholds personal knowledge of a revocation as provided in 20 50-9-1047---with--the--intent--to--cause--a--withholding--or 21 withdrawal-of-life-sustaining-procedures, is guilty of a 22 misdemeanor punishable by a fine not to exceed \$500 or 23 imprisonment in the county jail for a term not to exceed 1 24 year, or both.

25 (5) A person who requires or prohibits the execution of

-14-

LC 0531/01

1	a declaration as a condition for being insured for or
2	receiving health care service is guilty of a misdemeanor
3	punishable by a fine not to exceed \$500 or imprisonment in
4	the county jail for a term not to exceed 1 year, or both.
5	(6) A person who coerces or fraudulently induces an
6	individual to execute a declaration is guilty of a
7	misdemeanor punishable by a fine not to exceed \$500 or
8	imprisonment in the county jail for a term not to exceed 1
9	year, or both.
10	(7) The penalties provided in this section do not
11	displace any sanction applicable under other law."
12	NEW SECTION. Section 11. When declaration operative.
13	(1) A declaration becomes operative when:
14	(a) it is communicated to the attending physician; and
15	(b) the declarant is determined by the attending
16	physician to be in a terminal condition and no longer able
17	to make decisions regarding administration of
18	life-sustaining treatment.
19	(2) When the declaration becomes operative, the
19	(2) When the declaration becomes operative, the
20	(2) When the declaration becomes operative, the attending physician and other health care providers shall
20	attending physician and other health care providers shall
20 21	attending physician and other health care providers shall act in accordance with its provisions and with the

consent to the withholding or withdrawal of the treatment, witnessed by two individuals, is given to the attending physician, the attending physician may withhold or withdraw life-sustaining treatment from an individual who:

LC 0531/01

5 (a) has been determined by the attending physician to 6 be in a terminal condition and no longer able to make 7 decisions regarding administration of life-sustaining 8 treatment; and

9 (b) has no effective declaration.

10 (2) The authority to consent or to withhold consent 11 under subsection (1) may be exercised by the following 12 individuals, in order of priority:

13 (a) the spouse of the individual;

(b) an adult child of the individual or, if there is
more than one adult child, a majority of the adult children
who are reasonably available for consultation;

17 (c) the parents of the individual;

18 (d) an adult sibling of the individual or, if there is
19 more than one adult sibling, a majority of the adult
20 siblings who are reasonably available for consultation; or

21 (e) the nearest other adult relative of the individual 22 by blood or adoption who is reasonably available for 23 consultation.

24 (3) If a class entitled to decide whether to consent is25 not reasonably available for consultation and competent to

withholding or withdrawal of treatment. (1) If a written

25

decide or if it declines to decide, the next class is
 authorized to decide. However, an equal division in a class
 does not authorize the next class to decide.

4 (4) A decision to grant or withhold consent must be 5 made in good faith. A consent is not valid if it conflicts 6 with the expressed intention of the individual.

7 (5) A decision of the attending physician acting in
8 good faith that a consent is valid or invalid is conclusive.

9 (6) Life-sustaining treatment cannot be withheld or 10 withdrawn pursuant to this section from an individual known 11 to the attending physician to be pregnant so long as it is 12 probable that the fetus will develop to the point of live 13 birth with continued application of life-sustaining 14 treatment.

NEW SECTION. Section 13. When health care provider may presume validity of declaration. In the absence of knowledge to the contrary, a physician or other health care provider may assume that a declaration complies with this chapter and is valid.

20 <u>NEW SECTION.</u> Section 14. Effect of previous
21 declaration. An instrument executed before October 1, 1991,
22 that substantially complies with 50-9-103(1) is effective
23 under this chapter.

24 <u>NEW SECTION.</u> Section 15. Codification instruction.
25 [Sections 11 through 14] are intended to be codified as an

1 integral part of Title 50, chapter 9, and the provisions of

LC 0531/01

- 2 Title 50, chapter 9, apply to [sections 11 through 14].
- 3 NEW SECTION. Section 16. Effective date. [This act] is

4 effective on passage and approval.

-End-

-18-

52nd Legislature

# LC 0531/01 APPROVED BY COMMITTEE ON JUDICIARY

1 2

INTROPUCED BY Monune Marcal-1 2 A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE MONTANA LIVING WILL ACT TO CONFORM TO THE UNIFORM RIGHTS OF 5 THE TERMINALLY ILL ACT; PROVIDING THAT OTHER INDIVIDUALS MAY 6 AUTHORIZE THE WITHHOLDING OR WITHDRAWAL OF LIPE-SUSTAINING 7 TREATMENT; CLARIFYING WHEN A DECLARATION RELATING TO THE USE 8 OF LIFE-SUSTAINING TREATMENT IS OPERATIVE; PROVIDING FOR THE 9 PRESUMPTION OF THE VALIDITY OF DECLARATIONS RELATING TO THE 10 AMENDING SECTIONS LIFE-SUSTAINING TREATMENT; USE OF 11 50-9-101, 50-9-102, 50-9-103, 50-9-104, 50-9-201, 50-9-202, 12 50-9-205, AND 50-9-206, MCA; AND 50-9-204, 13 50-9-203, PROVIDING AN IMMEDIATE EFFECTIVE DATE." 14

15

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
Section 1. Section 50-9-101, MCA, is amended to read:
"50-9-101. Short title. This chapter may be cited as
the "Montana biving-Will Rights of the Terminally II1 Act"."
Section 2. Section 50-9-102, MCA, is amended to read:
"50-9-102. Definitions. As used in this chapter, the
following definitions apply:

(1) "Attending physician" means the physician selected
by or assigned to the patient, who has primary
responsibility for the treatment and care of the patient.

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(2) "Board" means the Montana state board of medical examiners.

3 (3) "Declaration" means a document executed in
4 accordance with the requirements of 50-9-103.

5 (4) "Department" means the department of health and
6 environmental sciences.

7 (5) "Emergency medical services personnel" means paid 8 or volunteer firefighters, law enforcement officers, first 9 responders, emergency medical technicians, or other 10 emergency services personnel acting within the ordinary 11 course of their professions.

12 (6) "Health care provider" means a person who is 13 licensed, certified, or otherwise authorized by the law of 14 this state to administer health care in the ordinary course 15 of business or practice of a profession.

16 (7) "Life-sustaining procedure <u>treatment</u>" means any
17 medical procedure or intervention that, when administered to
18 a qualified patient, will serve only to prolong the dying
19 process.

(8) "Living will protocol" means a locally developed,
community-wide method or a standardized, state-wide method
developed by the department and approved by the board, of
providing palliative care to and withholding life-sustaining
procedures treatment from a qualified patient under
50-9-202 by emergency medical service personnel.

second reading HB 635

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(9) "Person" means an individual, corporation, business
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 venture, government, governmental subdivision or agency, or
 any other legal or commercial entity.

5 (9)(10) "Physician" means e---person an individual
6 licensed under Title 37, chapter 3, to practice medicine in
7 this state.

8 (10)(11) "Qualified patient" means a patient <u>18 or more</u>
9 years of age who has executed a declaration in accordance
10 with this chapter and who has been determined by the
11 attending physician to be in a terminal condition.

(12) "Reliable documentation" means a standardized, 12 state-wide identification card or form or a necklace or 13 bracelet of uniform design, adopted by a written, formal 14 understanding of the local community emergency medical 15 services agencies and licensed hospice and home health 16 agencies, that signifies and certifies that a valid and 17 current declaration is on file and that the individual is a 18 19 qualified patient.

20 (13) "State" means a state of the United States, the
21 District of Columbia, the Commonwealth of Puerto Rico, or a
22 territory or insular possession subject to the jurisdiction
23 of the United States.

ti2;(14) "Terminal condition" means an incurable or
 irreversible condition that, without the administration of

life-sustaining procedures <u>treatment</u>, will, in the opinion
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5 "50-9-103. Declaration relating to use o£ 6 life-sustaining procedures--treatment -- desic (1) Any 7 competent-adult An individual of sound mind and 18 or more 8 years of age may execute at any time a declaration at-any 9 time directing-that governing the withholding or withdrawal 10 of life-sustaining procedures--be--withheid--or--withdrawn 11 treatment. The declarant may designate another individual of 12 sound mind and 18 or more years of age to make decisions 13 governing the withholding or withdrawal of life-sustaining 14 treatment. Howevery-the-declaration-is-effective-only-if-the 15 declarant's--condition--is-determined-to-be-terminal-and-the 16 declarant-is-not--able--to--make--treatment--decisions. The 17 declaration must be signed by the declarant, or another at 18 the declarant's direction, in-the-presence-of and witnessed 19 by two witnesses individuals. A physician or health care 20 provider may presume, in the absence of actual notice to the 21 contrary, that the declaration complies with this chapter 22 and is valid.

(2) It-is-the-responsibility-of-the-declarant-to-notify
 his--physician--of--the--declaration--A--physician-or-other
 health--care--provider--who--is--provided--a--copy--of---the

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# LC 0531/01

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3

1	declarationshall-make-it-a-part-of-the-declarant's-medical
2	records.
3	(3) A declaration directing a physician to withhold or
4	withdraw life-sustaining treatment may, but need not, be in
5	the following form:
6	DECLARATION
7	If I should have an incurable or irreversible condition
8	that, without the administration of life-sustaining
9	treatment, will, in the opinion of my attending physician,
10	cause my death within a relatively short time;-it-is-my
11	desire-that-my-life-not-be-prolongedbyadministrationof
12	life-sustainingproceduresIf-my-condition-is-terminal and
13	I am unabletoparticipatein <u>no longer able to make</u>
14	decisions regarding my medical treatment, I direct my
15	attending physician, pursuant to the Montana Rights of the
16	Terminally Ill Act, to withhold or withdraw procedures
17	treatment that merely-prolong only prolongs the dying
18	process of dying and are is not necessary to my comfort or
19	freedom-from to alleviate pain. It-is-my-intention-that-this
20	declaration-shall-be-valid-until-revoked-by-me-
21	Signed this day of
22	Signature
23	City, County, and State of Residence
24	The declarant is-known-to-me-and voluntarily signed this
25	document in my presence.

.

Witness	• • • • • • • • • • •	 
Address		 
Witness		 
Address		 

4	Address
5	(3) A declaration that designates another individual to
6	make decisions governing the withholding or withdrawal of
7	life-sustaining treatment may, but need not, be in the
8	following form:
9	DECLARATION
10	If I should have an incurable and irreversible condition
11	that, without the administration of life-sustaining
12	treatment, will, in the opinion of my attending physician,
13	cause my death within a relatively short time and I am no
14	longer able to make decisions regarding my medical
15	treatment, I appoint or, if he or she is not
16	reasonably available or is unwilling to serve,
17	to make decisions on my behalf regarding withholding or
18	withdrawal of treatment that only prolongs the process of
19	dying and is not necessary for my comfort or to alleviate
20	pain, pursuant to the Montana Rights of the Terminally Ill
<b>2</b> 1	Act.
22	If the individual I have appointed is not reasonably
23	available or is unwilling to serve, I direct my attending
24	physician, pursuant to the Montana Rights of the Terminally
25	Ill Act, to withhold or withdraw treatment that only

-6-

. . . . . . . .

. . . . . . . .

1	prolongs the process of dying and is not necessary for my
2	comfort or to alleviate pain.
3	Signed this day of
4	Signature
5	City, County, and State of Residence
6	The declarant voluntarily signed this document in my
7	presence.
8	Witness
9	Address
10	Witness
11	Address
12	Name and address of designee.
13	Name
14	Address
15	(4) The designation of an attorney-in-fact pursuant to
16	72-5-501 and 72-5-502, or the judicial appointment of an
17	individual, who is authorized to make decisions regarding
18	the withholding or withdrawal of life-sustaining treatment
19	constitutes for the purposes of this part a declaration
20	designating another individual to act for the declarant
21	pursuant to subsection (1).
22	(5) A physician or other health care provider who is
23	furnished a copy of the declaration shall make it a part of
24	the declarant's medical record and, if unwilling to comply
25	with the declaration, promptly so advise the declarant and

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#### LC 0531/01

1	any individual designated to act for the declarant."
2	Section 4. Section 50-9-104, MCA, is amended to read:
3	<b>"50-9-104. Revocation of declaration. (1) A declarant</b>
4	may revoke a declaration may-be-revoked at any time and in
5	any manner by-which-the-declarant-is-able-to-communicate-his
6	intenttorevoke, without regard to mental or physical
7	condition. A revocation is effective onlyastothe
8	attending-physician-or-any-health-care-provider-acting-under
9	the-guidance-of-that-physician upon its communication to the
10	attending physician or other health care provider by the
11	declarant or by-another-to-whom <u>a witness to</u> the revocation
12	wascommunicated. A health care provider or emergency
13	medical services personnel witnessing a revocation shall act
14	upon the revocation and shall communicate the revocation to
15	the attending physician at the earliest opportunity. A
16	revocation communicated to a person other than the attending
17	physician, emergency medical services personnel, or a health
18	care provider is not effective unless the attending
19	physician is informed of it before the qualified patient is
20	in need of life-sustaining procedures treatment.
21	(2) The attending physician or <u>other</u> health care
22	provider shall make the revocation a part of the declarant's
23	medical record."
24	Section 5. Section 50-9-201, MCA, is amended to read:

25 "50-9-201. Recording determination of terminal

·第二章 杨慈子的"第二章 小学家的是一般的"我们就是一部,你是这些"我们的",就是我们的"第二章",这些"我们的",这些"我们的",我们就是这个人的"我们的",我们就是这个人的,我们就是

1 condition and content of declaration. When--an--attending 2 physician-who-has-been-notified-of-the-existence-and-content 3 of-a-declaration-determines-that-the Upon determining that a 4 declarant is in a terminal condition, the <u>attending</u> 5 physician who knows of a declaration shall record that 6 determination and the content <u>terms</u> of the declaration in 7 the declarant's medical record."

8 Section 6. Section 50-9-202, MCA, is amended to read: 9 \*50-9-202. Treatment of qualified patients. (1) A 10 qualified patient has--the--right--to may make decisions 11 regarding use-of life-sustaining procedures treatment if so 12 long as the patient is able to do so. If-a-qualified-patient 13 is--not-able-to-make-such-decisions7-the-declaration-governs 14 decisions-regarding-use-of-life-sustaining-procedures:

15 (2) This chapter does not prohibit-the--application--of 16 any---medical---procedure---or---intervention affect the 17 responsibility of the attending physician or other health 18 care provider to provide treatment, including the--provision 19 of nutrition and hydration, considered-necessary-to-provide 20 for a patient's comfort care or to-alleviate alleviation of 21 pain.

(3) The----declaration----of----a---qualified---patient
 Life-sustaining treatment cannot be withheld or withdrawn
 pursuant to a declaration from an individual known to the
 attending physician to be pregnant must-be-given--no--effect

if so long as it is probable that the fetus could will
 develop to the point of live birth with continued
 application of life-sustaining procedures treatment."

4 Section 7. Section 50-9-203, MCA, is amended to read:

5 50-9-203. Transfer of patients. +1+ An attending 6 physician or other health care provider who is unwilling to 7 comply with the-requirements-of-50-9-201-or-who-is-unwilling 8 to--comply--with--the--declaration-of-a-qualified-patient-in 9 accordance--with--50-9-202 this chapter shall take **all** reasonable steps as promptly as practicable to transfer care 10 11 of the declarant to another physician or health care 12 provider who is willing to do so.

13 (2)--If the policies of a health care facility preclude 14 compliance with the declaration of a qualified patient under 15 this chapter, that facility shall take all reasonable steps 16 to transfer the patient to a facility in which the 17 provisions of this chapter can be carried out."

18 Section 8. Section 50-9-204, MCA, is amended to read:

19 "50-9-204. Immunities. (1) In the absence of actual 20 notice of the revocation of a declaration, the following, 21 while acting in accordance with the requirements of this 22 chapter, are not subject to civil or criminal liability or 23 guilty of unprofessional conduct:

24 (a) a physician who causes the withholding or
25 withdrawal of life-sustaining procedures treatment from a

-9-

LC 0531/01

-10-

1 gualified patient;

(b) a person who participates in the withholding or
withdrawal of life-sustaining procedures treatment under the
direction or with the authorization of a physician;

5 (c) emergency medical services personnel who cause or 6 participate in the withholding or withdrawal of 7 life-sustaining procedures <u>treatment</u> under the direction of 8 or with the authorization of a physician or who on receipt 9 of reliable documentation follow a living will protocol;

(d) emergency medical services personnel who proceed to
provide life-sustaining treatment to a qualified patient
pursuant to a revocation communicated to them; and

13 (e) a health care facility in which withholding or14 withdrawal occurs.

15 (2) A physician or other health care provider whose action under this chapter is in accord with reasonable medical standards is not subject to civil or criminal liability for-actions-under-this-chapter-that-are-in--accord with---reasonable---medical---standards or discipline for unprofessional conduct with respect to that decision.

21 (3) A physician or other health care provider whose
22 decision about the validity of consent under [section 12] is
23 made in good faith is not subject to criminal or civil
24 liability or discipline for unprofessional conduct with
25 respect to that decision.

LC 0531/01

1	(4) An individual designated pursuant to 50-9-103(1) or
2	an individual authorized to consent pursuant to (section
3	12], whose decision is made or consent is given in good
4	faith pursuant to this chapter, is not subject to criminal
5	or civil liability or discipline for unprofessional conduct
6	with respect to that decision."
7	Section 9. Section 50-9-205, MCA, is amended to read:
8	50-9-205. Effect on insurance patient's decision.
9	(1) Death resulting from the withholding or withdrawal of
10	life-sustaining procedurespursuanttoa-declaration-and
11	treatment in accordance with this chapter is does not
12	constitute, for any purpose, a suicide or homicide.
13	(2) The making of a declaration pursuant to $50-9-103$
14	does not affect in-anymanner the sale, procurement, or
15	issuance of any policy of life insurance or annuity, nor
16	does it affect, impair, or modify the terms of an existing
17	policy of life insurance. No A policy of life insurance is
18	not legally impaired or invalidated inanymanner by the
19	withholding or withdrawal of life-sustaining procedures
20	treatment from an insured qualified-patient, notwithstanding
21	any term of the policy to the contrary.
22	(3) No-physician,-health-care-facility,-or-other-health
23	careproviderandnohealthcareservice-plany-insurer
24	issuing-disability-insurance;-self-insured-employeewelfare

25 benefit--planz--or--nonprofit-hospital-plan A person may not

prohibit or require any-person-to-execute the execution of a
 declaration as a condition for being insured for or
 receiving health care services.

4 (4) This chapter creates no presumption concerning the 5 intention of an individual who has <u>revoked or has</u> not 6 executed a declaration with respect to the use, withholding, 7 or withdrawal of life-sustaining procedures <u>treatment</u> in the 8 event of a terminal condition.

(5) Nothing-in-this This chapter increases-or-decreases 9 does not affect the right of a patient to make decisions 10 regarding use of life-sustaining procedures-if treatment, so 11 long as the patient is able to do so, or impairs impair or 12 supersedes supersede any a right or responsibility that any 13 person has to effect the withholding or withdrawal of 14 medical care in--any--lawful--manner--In-that-respect7-the 15 provisions-of-this-chapter-are-cumulative. 16

17 (6) This chapter does not require a physician or other
18 health care provider to take action contrary to reasonable
19 medical standards.

20 (6)(7) This chapter does not <u>condone</u>, authorize, or 21 approve mercy killing or euthanasia."

Section 10. Section 50-9-206, MCA, is amended to read:
 "50-9-206. Penalties. (1) A physician or other health
 <u>care provider</u> who willfully fails to transfer <u>the care of a</u>
 patient in accordance with 50-9-203 is guilty of a

misdemeanor punishable by a fine not to exceed \$500 or
 imprisonment in the county jail for a term not to exceed 1
 year, or both.

4 (2) A physician who willfully fails to record the 5 determination of terminal condition or the terms of a 6 <u>declaration</u> in accordance with 50-9-201 is guilty of a 7 misdemeanor punishable by a fine not to exceed \$500 or 8 imprisonment in the county jail for a term not to exceed 1 9 year, or both.

10 (3) A--person <u>An individual</u> who purposely conceals, 11 cancels, defaces, or obliterates the declaration of another 12 without the declarant's consent or who falsifies or forges a 13 revocation of the declaration of another is guilty of a 14 misdemeanor punishable by a fine not to exceed \$500 or 15 imprisonment in the county jail for a term not to exceed 1 16 year, or both.

17 (4) A-person An individual who falsifies or forges the 18 declaration of another individual or purposely conceals or 19 withholds personal knowledge of a revocation as provided in 20 50-9-1047---with--the--intent--to--cause--a--withholding--or 21 withdrawal-of-life-sustaining-procedures, is guilty of a 22 misdemeanor punishable by a fine not to exceed \$500 or 23 imprisonment in the county jail for a term not to exceed 1 24 year, or both.

25 (5) A person who requires or prohibits the execution of

-13-

-14-

1	a declaration as a condition for being insured for or
2	receiving health care service is guilty of a misdemeanor
Э	punishable by a fine not to exceed \$500 or imprisonment in
4	the county jail for a term not to exceed 1 year, or both.
5	(6) A person who coerces or fraudulently induces an
6	individual to execute a declaration is guilty of a
7	misdemeanor punishable by a fine not to exceed \$500 or
8	imprisonment in the county jail for a term not to exceed 1
9	year, or both.
10	(7) The penalties provided in this section do not
11	displace any sanction applicable under other law."
12	NEW SECTION. Section 11. When declaration operative.
13	<ol><li>A declaration becomes operative when:</li></ol>
13	<ul> <li>(1) A declaration becomes operative when:</li> <li>(a) it is communicated to the attending physician; and</li> </ul>
14	(a) it is communicated to the attending physician; and
14 15	<ul><li>(a) it is communicated to the attending physician; and</li><li>(b) the declarant is determined by the attending</li></ul>
14 15 16	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> </ul>
14 15 16 17	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> <li>to make decisions regarding administration of</li> </ul>
14 15 16 17 18	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> <li>to make decisions regarding administration of</li> <li>life-sustaining treatment.</li> </ul>
14 15 16 17 18 19	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> <li>to make decisions regarding administration of</li> <li>life-sustaining treatment.</li> <li>(2) When the declaration becomes operative, the</li> </ul>
14 15 16 17 18 19 20	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> <li>to make decisions regarding administration of</li> <li>life-sustaining treatment.</li> <li>(2) When the declaration becomes operative, the</li> <li>attending physician and other health care providers shall</li> </ul>
14 15 16 17 18 19 20 21	<ul> <li>(a) it is communicated to the attending physician; and</li> <li>(b) the declarant is determined by the attending</li> <li>physician to be in a terminal condition and no longer able</li> <li>to make decisions regarding administration of</li> <li>life-sustaining treatment.</li> <li>(2) When the declaration becomes operative, the</li> <li>attending physician and other health care providers shall</li> <li>act in accordance with its provisions and with the</li> </ul>

consent to the withholding or withdrawal of the treatment,
 witnessed by two individuals, is given to the attending
 physician, the attending physician may withhold or withdraw

LC 0531/01

- 4 life-sustaining treatment from an individual who:
- 9 (b) has no effective declaration.

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(2) The authority to consent or to withhold consent
under subsection (1) may be exercised by the following
individuals, in order of priority:

13 (a) the spouse of the individual;

(b) an adult child of the individual or, if there is
more than one adult child, a majority of the adult children
who are reasonably available for consultation;

17 (c) the parents of the individual;

18 (d) an adult sibling of the individual or, if there is
19 more than one adult sibling, a majority of the adult
20 siblings who are reasonably available for consultation; or

21 (e) the nearest other adult relative of the individual
22 by blood or adoption who is reasonably available for
23 consultation.

24 (3) If a class entitled to decide whether to consent is25 not reasonably available for consultation and competent to

withholding or withdrawal of treatment. (1) If a written

25

decide or if it declines to decide, the next class is
 authorized to decide. However, an equal division in a class
 does not authorize the next class to decide.

4 (4) A decision to grant or withhold consent must be
5 made in good faith. A consent is not valid if it conflicts
6 with the expressed intention of the individual.

7 (5) A decision of the attending physician acting in
8 good faith that a consent is valid or invalid is conclusive.

9 (6) Life-sustaining treatment cannot be withheld or 10 withdrawn pursuant to this section from an individual known 11 to the attending physician to be pregnant so long as it is 12 probable that the fetus will develop to the point of live 13 birth with continued application of life-sustaining 14 treatment.

15 <u>NEW SECTION.</u> Section 13. When health care provider may 16 presume validity of declaration. In the absence of knowledge 17 to the contrary, a physician or other health care provider 18 may assume that a declaration complies with this chapter and 19 is valid.

20 <u>NEW SECTION.</u> Section 14. Effect of previous
21 declaration. An instrument executed before October 1, 1991,
22 that substantially complies with 50-9-103(1) is effective
23 under this chapter.

24 <u>NEW SECTION.</u> Section 15. Codification instruction.
25 [Sections 11 through 14] are intended to be codified as an

- 1 integral part of Title 50, chapter 9, and the provisions of
- 2 Title 50, chapter 9, apply to [sections 11 through 14].
- 3 NEW SECTION. Section 16. Effective date. [This act] is

4 effective on passage and approval.

-End-

# LC 0531/01

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HB 0635/02

HOUSE BILL NO. 635 1 1 responsibility for the treatment and care of the patient. 2 INTRODUCED BY MEASURE, MAZUREK, L. NELSON, 2 (2) "Board" means the Montana state board of medical 3 STRIZICH, MESSMORE 3 examiners. 4 (3) "Declaration" means a document executed in 4 5 A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE accordance with the requirements of 50-9-103. 5 MONTANA LIVING WILL ACT TO CONFORM TO THE UNIFORM RIGHTS OF 6 (4) "Department" means the department of health and б 7 THE TERMINALLY ILL ACT; PROVIDING THAT OTHER INDIVIDUALS MAY 7 environmental sciences. 8 AUTHORIZE THE WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING 8 (5) "Emergency medical services personnel" means paid g TREATMENT; CLARIFYING WHEN A DECLARATION RELATING TO THE USE 9 or volunteer firefighters, law enforcement officers, first 10 OF LIFE-SUSTAINING TREATMENT IS OPERATIVE; PROVIDING FOR THE 10 responders, emergency medical technicians, 11 PRESUMPTION OF THE VALIDITY OF DECLARATIONS RELATING TO THE 11 emergency services personnel acting within the ordinary 12 USE OF LIFE-SUSTAINING TREATMENT; AMENDING SECTIONS 12 course of their professions. 13 50-9-101, 50-9-102, 50-9-103, 50-9-104, 50-9-201, 50-9-202, 13 (6) "Health care provider" means a person who is 14 50-9-203, 50-9-204, 50-9-205, AND 50-9-206, MCA; AND 14 licensed, certified, or otherwise authorized by the law of 15 PROVIDING AN IMMEDIATE EFFECTIVE DATE." 15 this state to administer health care in the ordinary course 16 of business or practice of a profession. 16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA: 17 17 18 Section 1. Section 50-9-101, MCA, is amended to read: 18 19 "50-9-101. Short title. This chapter may be cited as 19

20

21

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23

20 the "Montana biving-Will Rights of the Terminally Ill Act"." 21 Section 2. Section 50-9-102, MCA, is amended to read: 22 "50-9-102. Definitions. As used in this chapter, the 23 following definitions apply:

24 (1) "Attending physician" means the physician selected 25 by or assigned to the patient, who has primary



(7) "Life-sustaining procedure treatment" means any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process. (8) "Living will protocol" means a locally developed, community-wide method or a standardized, state-wide method developed by the department and approved by the board, of

24 providing palliative care to and withholding life-sustaining 25 procedures treatment from a qualified patient under

-2-

THIRD READING HB 635

AS AMENDED

or other

1 50-9-202 by emergency medical service personnel.

<u>(9)</u> "Person" means an individual, corporation, business
<u>trust</u>, estate, trust, partnership, association, joint
<u>venture</u>, government, governmental subdivision or agency, or
any other legal or commercial entity.

6 (9)(10) "Physician" means a---person an individual
7 licensed under Title 37, chapter 3, to practice medicine in
8 this state.

9 (10)(11) "Qualified patient" means a patient 18 or more
10 years of age who has executed a declaration in accordance
11 with this chapter and who has been determined by the
12 attending physician to be in a terminal condition.

13 (12) "Reliable documentation" means a standardized, state-wide identification card or form or a necklace or 14 bracelet of uniform design, adopted by a written, formal 15 understanding of the local community emergency medical 16 17 services agencies and licensed hospice and home health 18 agencies, that signifies and certifies that a valid and current declaration is on file and that the individual is a 19 20 qualified patient.

21 (13) "State" means a state of the United States, the 22 District of Columbia, the Commonwealth of Puerto Rico, or a 23 territory or insular possession subject to the jurisdiction 24 of the United States. 25 (12)(14) "Terminal condition" means an incurable or

-3-

irreversible condition that, without the administration of
 life-sustaining procedures treatment, will, in the opinion
 of the attending physician, result in death within a
 relatively short time."

5 Section 3. Section 50-9-103, MCA, is amended to read:

6 "50-9-103. Declaration relating to use of 7 life-sustaining procedures--treatment -- designee. (1) Any 8 competent-adult An individual of sound mind and 18 or more 9 years of age may execute at any time a declaration at-any 10 time directing-that governing the withholding or withdrawal 11 of life-sustaining procedures--be--withheid--or--withdrawn treatment. The declarant may designate another individual of 12 13 sound mind and 18 or more years of age to make decisions 14 governing the withholding or withdrawal of life-sustaining 15 treatment. Howevery-the-declaration-is-effective-only-if-the 16 declarant's--condition--is-determined-to-be-terminal-and-the 17 declarant-is-not--able--to--make--treatment--decisions. The 18 declaration must be signed by the declarant, or another at 19 the declaranc's direction, in-the-presence-of and witnessed 20 by two witnesses individuals. A physician or health care 21 provider may presume, in the absence of actual notice to the 22 contrary, that the declaration complies with this chapter 23 and is valid.

24 (2) It-is-the-responsibility-of-the-declarant-to-notify
 25 his--physician-of--the--declaration--A--physician-or-other

-4-

1	healthcareproviderwhoisprovidedacopyofthe
2	declarationshall-make-it-a-part-of-the-declarantis-medical
3	records-
4	(3) A declaration directing a physician to withhold or
5	withdraw life-sustaining treatment may, but need not, be in
6	the following form:
7	DECLARATION
8	If I should have an incurable or irreversible condition
9	that, without the administration of life-sustaining
10	treatment, will, in the opinion of my attending physician,
11	cause my death within a relatively short timeit-is-my
12	desire-that-my-life-not-be-prolongedbyadministrationof
13	life-sustainingproceduresIf-my-condition-is-terminal and
14	I am unabletoparticipatein no longer able to make
15	decisions regarding my medical treatment, I direct my
16	attending physician, pursuant to the Montana Rights of the
17	Terminally Ill Act, to withhold or withdraw procedures
18	treatment that merelyprolong only prolongs the dying
19	process of dying and are is not necessary to my comfort or
20	freedom-from to alleviate pain. It-is-my-intention-that-this
21	declaration-shall-be-valid-until-revoked-by-me-
22	Signed this day of,
23	Signature
24	City, County, and State of Residence
25	The declarant is-known-to-me-and voluntarily signed this
	-5- HB 635

1	document in my presence.
2	Witness
3	Address
4	Witness
5	Address
6	(3) A declaration that designates another individual to
7	make decisions governing the withholding or withdrawal of
8	life-sustaining treatment may, but need not, be in the
9	following form:
10	DECLARATION
11	If I should have an incurable and irreversible condition
12	that, without the administration of life-sustaining
13	treatment, will, in the opinion of my attending physician,
14	cause my death within a relatively short time and I am no
15	longer able to make decisions regarding my medical
16	treatment, I appoint or, if he or she is not
17	reasonably available or is unwilling to serve,
18	to make decisions on my behalf regarding withholding or
19	withdrawal of treatment that only prolongs the process of
20	dying and is not necessary for my comfort or to alleviate
21	pain, pursuant to the Montana Rights of the Terminally Ill
22	Act.
23	If the individual I have appointed is not reasonably
24	available or is unwilling to serve, I direct my attending
25	physician, pursuant to the Montana Rights of the Terminally

- 6 -

HB 635

1       Ill Act, to withhold or withdraw treatment that only         2       prolongs the process of dying and is not necessary for my         3       comfort or to alleviate pain.         4       Signed this day of		
interference	1	Ill Act, to withhold or withdraw treatment that only
<ul> <li>Signed this day of</li></ul>	2	prolongs the process of dying and is not necessary for my
5       Signature	3	comfort or to alleviate pain.
<ul> <li><u>City, County, and State of Residence</u></li></ul>	4	Signed this day of
7       The declarant voluntarily signed this document in my         8       presence.         9       Witness	5	Signature
8       presence.         9       Witness	6	City, County, and State of Residence
<ul> <li>Witness</li> <li>Address</li> <li>Witness</li> <li>Witness</li> <li>Address</li> <li>Address</li> <li>Name and address of designee.</li> <li>Name and address of designee.</li> <li>Name</li></ul>	7	The declarant voluntarily signed this document in my
10       Address         11       Witness         12       Address         13       Name and address of designee.         14       Name	8	presence.
11       Witness         12       Address         13       Name and address of designee.         14       Name	9	Witness
12       Address	10	Address
13       Name and address of designee.         14       Name	11	Witness
14       Name         15       Address         16       (4) The IF THE designation of an attorney-in-fact         17       pursuant to 72-5-501 and 72-5-502, or the judicial         18       appointment of an individual, wher-isauthorized CONTAINS         19       WRITTEN AUTHORIZATION to make decisions regarding the         20       withholding or withdrawal of life-sustaining treatment,         21       constitutes THAT DESIGNATION OR APPOINTMENT CONSTITUTES, for         22       the purposes of this part, a declaration designating another         23       individual to act for the declarant pursuant to subsection         24       (1).         25       (5) A physician or other health care provider who is	12	Address
Address Ad	13	Name and address of designee.
<ul> <li>(4) The IF THE designation of an attorney-in-fact</li> <li>pursuant to 72-5-501 and 72-5-502, or the judicial</li> <li>appointment of an individual, wher-isauthorized CONTAINS</li> <li>WRITTEN AUTHORIZATION to make decisions regarding the</li> <li>withholding or withdrawal of life-sustaining treatment,</li> <li>constitutes THAT DESIGNATION OR APPOINTMENT CONSTITUTES, for</li> <li>the purposes of this part, a declaration designating another</li> <li>individual to act for the declarant pursuant to subsection</li> <li>(1).</li> <li>(5) A physician or other health care provider who is</li> </ul>	14	Name
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<ul> <li>constitutes THAT DESIGNATION OR APPOINTMENT CONSTITUTES, for</li> <li>the purposes of this part, a declaration designating another</li> <li>individual to act for the declarant pursuant to subsection</li> <li>(1).</li> <li>(5) A physician or other health care provider who is</li> </ul>	19	WRITTEN AUTHORIZATION to make decisions regarding the
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<ul> <li>23 <u>individual to act for the declarant pursuant to subsection</u></li> <li>24 (1).</li> <li>25 (5) A physician or other health care provider who is</li> </ul>	21	constitutes THAT DESIGNATION OR APPOINTMENT CONSTITUTES, for
24 (1). 25 (5) A physician or other health care provider who is	22	the purposes of this part, a declaration designating another
25 (5) A physician or other health care provider who is	23	individual to act for the declarant pursuant to subsection
	24	<u>(1).</u>
_7_ ¥P 435	25	(5) A physician or other health care provider who is
7 10 000		-7- нв 635

l	furnished a copy of the declaration shall make it a part of
2	the declarant's medical record and, if unwilling to comply
3	with the declaration, promptly so advise the declarant and
4	any individual designated to act for the declarant."
5	Section 4. Section 50-9-104, MCA, is amended to read:
6	<b>*50-9-104.</b> Revocation of declaration. (1) A declarant
7	may revoke a declaration may-be-revoked at any time and in
8	any manner by-which-the-declarant-is-able-to-communicate-his
9	intenttorevoke, without regard to mental or physical
10	condition. A revocation is effective only-as-tothe
11	attending-physician-or-any-health-care-provider-acting-under
12	the-guidance-of-that-physician upon its communication to the
13	attending physician or other health care provider by the
14	declarant or by-another-to-whom <u>a witness to</u> the revocation
15	wascommunicated. A health care provider or emergency
16	medical services personnel witnessing a revocation shall act
17	upon the revocation and shall communicate the revocation to
18	the attending physician at the earliest opportunity. A
19	revocation communicated to a person other than the attending
20	physician, emergency medical services personnel, or a health
21	care provider is not effective unless the attending
22	physician is informed of it before the qualified patient is
23	in need of life-sustaining procedures treatment.
24	(2) The attending physician or other health care

25 provider shall make the revocation a part of the declarant's

-8-

HB 635

HB 635

1 medical record."

2 Section 5. Section 50-9-201, MCA, is amended to read: 3 "50-9-201. Recording terminal determination o£ 4 condition and content of declaration. When-an-attending 5 physician-who-has-been-notified-of-the-existence-and-content 6 of-a-declaration-determines-that-the Upon determining that a declarant is in a terminal condition, the attending 7 8 physician who knows of a declaration shall record that 9 determination and the content terms of the declaration in the declarant's medical record." 10

Section 6. Section 50-9-202, MCA, is amended to read: "50-9-202. Treatment of qualified patients. (1) A qualified patient has--the--right--to may make decisions regarding use-of life-sustaining procedures treatment if so long as the patient is able to do so. If-a-qualified-patient is--not-able-to-make-such-decisions7-the-declaration-governs decisions-regarding-use-of-life-sustaining-procedures:

18 (2) This chapter does not prohibit-the--application-of
19 any---medical---procedure--or--intervention affect the
20 responsibility of the attending physician or other health
21 care provider to provide treatment, including the--provision
22 of nutrition and hydration, considered-necessary-to-provide
23 for a patient's comfort care or to-alleviate alleviation of
24 pain.

25 (3) The----declaration----of----qualified---patient

-9-

1	Life-sustaining treatment cannot be withheld or withdrawn
2	pursuant to a declaration from an individual known to the
3	attending physician to be pregnant must-be-givennoeffect
4	if so long as it is probable that the fetus could will
5	develop to the point of live birth with continued
6	application of life-sustaining procedures treatment."
7	Section 7. Section 50-9-203, MCA, is amended to read:
8	*50-9-203. Transfer of patients. (1) An attending
9	physician or other health care provider who is unwilling to
10	comply with the-requirements-of-50-9-201-or-who-is-unwilling
11	tocomplywiththedeclaration-of-a-qualified-patient-in
12	accordancewith50-9-202 this chapter shall take all
13	reasonable steps as promptly as practicable to transfer care
14	of the declarant to another physician or health care
15	provider who is willing to do so.
16	<pre>(2)If the policies of a health care facility preclude</pre>
17	compliance with the declaration of a qualified patient under
18	this chapter, that facility shall take all reasonable steps
19	to transfer the patient to a facility in which the
20	provisions of this chapter can be carried out."
21	Section 8. Section 50-9-204, MCA, is amended to read:
22	<b>*50-9-204. Immunities.</b> (1) In the absence of actual
23	notice of the revocation of a declaration, the following,
24	while acting in accordance with the requirements of this
25	chapter, are not subject to civil or criminal liability or
	enapter, are not subject to civit of criminal fidbilley of

-10-

1 guilty of unprofessional conduct:

2 (a) a physician who causes the withholding or
3 withdrawal of life-sustaining procedures treatment from a
4 qualified patient;

5 (b) a person who participates in the withholding or
6 withdrawal of life-sustaining procedures treatment under the
7 direction or with the authorization of a physician;

8 (c) emergency medical services personnel who cause or
9 participate in the withholding or withdrawal of
10 life-sustaining procedures treatment under the direction of
11 or with the authorization of a physician or who on receipt
12 of reliable documentation follow a living will protocol;

13 (d) emergency medical services personnel who proceed to
14 provide life-sustaining treatment to a qualified patient
15 pursuant to a revocation communicated to them; and

16 (e) a health care facility in which withholding or17 withdrawal occurs.

(2) A physician or other health care provider whose
action under this chapter is in accord with reasonmable
medical standards is not subject to civil or criminal
liability for-actions-under-this-chapter-that-are-in-accord
with---reasonable---medical---standards or discipline for
unprofessional conduct with respect to that decision.
(3) A physician or other health care provider whose

25 decision about the validity of consent under [section 12] is

-11-

HB 635

1	made in good faith is not subject to criminal or civil
2	liability or discipline for unprofessional conduct with
3	respect to that decision.
4	(4) An individual designated pursuant to 50-9-103(1) or
5	an individual authorized to consent pursuant to [section
6	12], whose decision is made or consent is given in good
7	faith pursuant to this chapter, is not subject to criminal
8	or civil liability or discipline for unprofessional conduct
9	with respect to that decision."
10	Section 9. Section 50-9-205, MCA, is amended to read:
11	<b>*50-9-205.</b> Effect on insurance patient's decision.
12	(1) Death resulting from the withholding or withdrawal of
13	life-sustaining procedurespursuanttoa-declaration-and
14	treatment in accordance with this chapter is does not
15	constitute, for any purpose, a suicide or homicide.
16	(2) The making of a declaration pursuant to 50-9-103
17	does not affect in-anymanner the sale, procurement, or
18	issuance of any policy of life insurance or annuity, nor
19	does it affect, impair, or modify the terms of an existing
20	policy of life insurance. No <u>A</u> policy of life insurance is
21	not legally impaired or invalidated inanymanner by the
2 <b>2</b>	withholding or withdrawal of life-sustaining procedures
23	treatment from an insured qualified-patient, notwithstanding
24	any term of the policy to the contrary.
25	(3) No-physician;-health-care-facility;-or-other-health

-12-

HB 635

1 care--provider--and--no--health--care--service-plan--insurer issuing-disability-insurance;-self-insured-employee--welfare 2 3 benefit--plan--or--nonprofit-hospital-plan A person may not prohibit or require any-person-to-execute the execution of a 4 declaration as a condition for being insured for or 5 6 receiving health care services.

(4) This chapter creates no presumption concerning the 7 8 intention of an individual who has revoked or has not 9 executed a declaration with respect to the use, withholding, 10 or withdrawal of life-sustaining procedures treatment in the 11 event of a terminal condition.

(5) Nothing-in-this This chapter increases-or-decreases 12 does not affect the right of a patient to make decisions 13 regarding use of life-sustaining procedures-if treatment, so 14 long as the patient is able to do so, or impairs impair or 15 supersedes supersede any a right or responsibility that any 16 person has to effect the withholding or withdrawal of 17 medical care in--any--lawful--manner--In-that-respect7-the 18 provisions-of-this-chapter-are-cumulative. 19

(6) This chapter does not require a physician or other 20 health care provider to take action contrary to reasonable 21 22 medical standards.

(6)(7) This chapter does not condone, authorize, or 23 24 approve mercy killing or euthanasia."

Section 10. Section 50-9-206, MCA, is amended to read: 25

-13-

"50-9-206. Penalties. (1) A physician or other health 1 2 care provider who willfully fails to transfer the care of a patient in accordance with 50-9-203 is guilty of a 3 4 misdemeanor punishable by a fine not to exceed \$500 or 5 imprisonment in the county jail for a term not to exceed 1 6 vear, or both. 7 (2) A physician who willfully fails to record the

8 determination of terminal condition or the terms of a declaration in accordance with 50-9-201 is guilty of a q 10 misdemeanor punishable by a fine not to exceed \$500 or 11 imprisonment in the county jail for a term not to exceed 1 12 year, or both.

(3) A--person An individual who purposely conceals, 13 14 cancels, defaces, or obliterates the declaration of another without the declarant's consent or who falsifies or forges a 15 16 revocation of the declaration of another is guilty of a 17 misdemeanor punishable by a fine not to exceed \$500 or imprisonment in the county jail for a term not to exceed 1 18 19 year, or both.

(4) A-person An individual who falsifies or forges the 20 21 declaration of another individual or purposely conceals or withholds personal knowledge of a revocation as provided in 22 23 50-9-1047---with--the--intent--to--cause--a--withholding--of 24 withdrawal-of-life-sustaining-procedures; is guilty of a

25 misdemeanor punishable by a fine not to exceed \$500 or

-14-

HB 635

imprisonment in the county jail for a term not to exceed 1
 year, or both.
 (5) A person who requires or prohibits the execution of

4 a declaration as a condition for being insured for or 5 receiving health care service is guilty of a misdemeanor punishable by a fine not to exceed \$500 or imprisonment in 6 7 the county jail for a term not to exceed 1 year, or both. 8 (6) A person who coerces or fraudulently induces an 9 individual to execute a declaration is quilty of a 10 misdemeanor punishable by a fine not to exceed \$500 or 11 imprisonment in the county jail for a term not to exceed 1

12 year, or both.

13 (7) The penalties provided in this section do not
14 displace any sanction applicable under other law."

NEW SECTION. Section 11. When declaration operative.
 (1) A declaration becomes operative when:

17 (a) it is communicated to the attending physician; and
18 (b) the declarant is determined by the attending
19 physician to be in a terminal condition and no longer able
20 to make decisions regarding administration of
21 life-sustaining treatment.

22 (2) When the declaration becomes operative, the 23 attending physician and other health care providers shall 24 act in accordance with its provisions and with the 25 instructions of a designee under 50-9-103(1) or comply with

-15-

1 the transfer requirements of 50-9-203.

NEW SECTION. Section 12. Consent others to 2 by withholding or withdrawal of treatment. (1) If a written 3 consent to the withholding or withdrawal of the treatment, 4 witnessed by two individuals, is given to the attending 5 physician, the attending physician may withhold or withdraw 6 life-sustaining treatment from an individual who: 7 (a) has been determined by the attending physician to 8

9 be in a terminal condition and no longer able to make 10 decisions regarding administration of life-sustaining 11 treatment; and

12 (b) has no effective declaration.

13 (2) The authority to consent or to withhold consent
14 under subsection (1) may be exercised by the following
15 individuals, in order of priority:

16 (a) the spouse of the individual;

17 (b) an adult child of the individual or, if there is
18 more than one adult child, a majority of the adult children
19 who are reasonably available for consultation;

20 (c) the parents of the individual;

(d) an adult sibling of the individual or, if there is
more than one adult sibling, a majority of the adult
siblings who are reasonably available for consultation; or
(e) the nearest other adult relative of the individual

25 by blood or adoption who is reasonably available for

-16-

#### 1 consultation.

2 (3) If a class entitled to decide whether to consent is 3 not reasonably available for consultation and competent to 4 decide or if it declines to decide, the next class is 5 authorized to decide. However, an equal division in a class 6 does not authorize the next class to decide.

7 (4) A decision to grant or withhold consent must be
8 made in good faith. A consent is not valid if it conflicts
9 with the expressed intention of the individual.

10 (5) A decision of the attending physician acting in 11 good faith that a consent is valid or invalid is conclusive. 12 (6) Life-sustaining treatment cannot be withheld or 13 withdrawn pursuant to this section from an individual known 14 to the attending physician to be pregnant so long as it is 15 probable that the fetus will develop to the point of live 16 birth with continued application of life-sustaining 17 treatment.

18 <u>NEW SECTION.</u> Section 13. When health care provider may 19 presume validity of declaration. In the absence of knowledge 20 to the contrary, a physician or other health care provider 21 may assume that a declaration complies with this chapter and 22 is valid.

23 <u>NEW SECTION.</u> Section 14. Effect of previous
24 declaration. An instrument executed before October 1, 1991,
25 that substantially complies with 50-9-103(1) is effective

-17- HB 635

1 under this chapter.

- 2 <u>NEW SECTION.</u> Section 15. Codification instruction.
- 3 [Sections 11 through 14] are intended to be codified as an
- 4 integral part of Title 50, chapter 9, and the provisions of
- 5 Title 50, chapter 9, apply to [sections 11 through 14].
- 6 NEW SECTION. Section 16. Effective date. [This act] is
- 7 effective on passage and approval.

-18-

<sup>-</sup>End-

1	HOUSE BILL NO. 635	1	responsibility for the treatment and care of the patient.
2	INTRODUCED BY MEASURE, MAZUREK, L. NELSON,	2	(2) "Board" means the Montana state board of medical
3	STRIZICH, MESSMORE	3	examiners.
4		4	(3) "Declaration" means a document executed in
5	A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE	5	accordance with the requirements of 50-9-103.
6	MONTANA LIVING WILL ACT TO CONFORM TO THE UNIFORM RIGHTS OF	6	(4) "Department" means the department of health and
7	THE TERMINALLY ILL ACT; PROVIDING THAT OTHER INDIVIDUALS MAY	7	environmental sciences.
8	AUTHORIZE THE WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING	8	(5) "Emergency medical services personnel" means paid
9	TREATMENT; CLARIFYING WHEN A DECLARATION RELATING TO THE USE	9	or volunteer firefighters, law enforcement officers, first
10	OF LIFE-SUSTAINING TREATMENT IS OPERATIVE; PROVIDING FOR THE	10	responders, emergency medical technicians, or other
11	PRESUMPTION OF THE VALIDITY OF DECLARATIONS RELATING TO THE	11	emergency services personnel acting within the ordinary
12	USE OF LIFE-SUSTAINING TREATMENT; AMENDING SECTIONS	12	course of their professions.
13	50-9-101, 50-9-102, 50-9-103, 50-9-104, 50-9-201, 50-9-202,	13	(6) "Health care provider" means a person who is
14	50-9-203, 50-9-204, 50-9-205, AND 50-9-206, MCA; AND	14	licensed, certified, or otherwise authorized by the law of
15	PROVIDING AN IMMEDIATE EFFECTIVE DATE."	15	this state to administer health care in the ordinary course
16		16	of business or practice of a profession.
17	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:	17	(7) "Life-sustaining procedure <u>treatment</u> " means any
18	Section 1. Section 50-9-101, MCA, is amended to read:	18	medical procedure or intervention that, when administered to
19	<b>"50-9-101. Short title.</b> This chapter may be cited as	19	a qualified patient, will serve only to prolong the dying
20	the "Montana Living-Will Rights of the Terminally Ill Act"."	20	process.
21	Section 2. Section 50-9-102, MCA, is amended to read:	21	(8) "Living will protocol" means a locally developed,
22	<b>"50-9-102. Definitions.</b> As used in this chapter, the	22	community-wide method or a standardized, state-wide method
23	following definitions apply:	23	developed by the department and approved by the board, of
24	(1) "Attending physician" means the physician selected	24	providing palliative care to and withholding life-sustaining
25	by or assigned to the patient, who has primary	25	procedures treatment from a qualified patient under
			REFERENCE BILL HB 635
	Chiontono Legislative Council		

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1 50-9-202 by emergency medical service personnel.

2 (9) "Person" means an individual, corporation, business
3 trust, estate, trust, partnership, association, joint
4 venture, government, governmental subdivision or agency, or
5 any other legal or commercial entity.

6 (9)(10) "Physician" means a---person an individual
7 licensed under Title 37, chapter 3, to practice medicine in
8 this state.

9 (10)(11) "Qualified patient" means a patient <u>18 or more</u>
10 years of age who has executed a declaration in accordance
11 with this chapter and who has been determined by the
12 attending physician to be in a terminal condition.

++++(12) "Reliable documentation" means a standardized, 13 14 state-wide identification card or form or a necklace or bracelet of uniform design, adopted by a written, formal 15 understanding of the local community emergency medical 16 services agencies and licensed hospice and home health 17 agencies, that signifies and certifies that a valid and 18 19 current declaration is on file and that the individual is a 20 qualified patient.

(13) "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.

25 (+22)(14) "Terminal condition" means an incurable or

-3-

HB 635

1 irreversible condition that, without the administration of 2 life-sustaining procedures treatment, will, in the opinion 3 of the attending physician, result in death within a 4 relatively short time."

Section 3. Section 50-9-103, MCA, is amended to read:

\*50-9-103. Declaration of relating to nse б 7 life-sustaining procedures--treatment -- designee. (1) Any competent-adult An individual of sound mind and 18 or more 8 years of age may execute at any time a declaration at-any 9 10 time directing-that governing the withholding or withdrawal 11 of life-sustaining procedures--be--withheld--or--withdrawn 12 treatment. The declarant may designate another individual of 13 sound mind and 18 or more years of age to make decisions 14 governing the withholding or withdrawal of life-sustaining 15 treatment. Howevery-the-declaration-is-effective-only-if-the 16 declarant^s--condition--is-determined-to-be-terminal-and-the 17 declarant-is-not--able--to--make--treatment--decisions. The 18 declaration must be signed by the declarant, or another at 19 the declarant's direction, in-the-presence-of and witnessed 20 by two witnesses individuals. A physician or health care 21 provider may presume, in the absence of actual notice to the 22 contrary, that the declaration complies with this chapter 23 and is valid.

24 (2) It-is-the-responsibility-of-the-declarant-to-notify
 25 his--physician-of-the-declaration--A--physician-or-other

-4-

HB 635

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HB 635

1	Ill Act, to withhold or withdraw treatment that only
2	prolongs the process of dying and is not necessary for my
3	comfort or to alleviate pain.
4	Signed this day of,
5	Signature
6	City, County, and State of Residence
7	The declarant voluntarily signed this document in my
8	presence.
9	Witness
10	Address
11	Witness
12	Address
13	Name and address of designee.
14	Name
15	Address
16	(4) The IF THE designation of an attorney-in-fact
17	pursuant to 72-5-501 and 72-5-502, or the judicial
18	appointment of an individual, whoisauthorized CONTAINS
19	WRITTEN AUTHORIZATION to make decisions regarding the
20	withholding or withdrawal of life-sustaining treatment,
21	constitutes THAT DESIGNATION OR APPOINTMENT CONSTITUTES, for
22	the purposes of this part, a declaration designating another
23	individual to act for the declarant pursuant to subsection
24	<u>(1).</u>
25	(5) A physician or other health care provider who is

-7-

furnished a copy of the declaration shall make it a part of the declarant's medical record and, if unwilling to comply with the declaration, promptly so advise the declarant and any individual designated to act for the declarant." Section 4. Section 50-9-104, MCA, is amended to read: \*50-9-104. Revocation of declaration. (1) A declarant may revoke a declaration may-be-revoked at any time and in any manner by-which-the-declarant-is-able-to-communicate-his intent--to--revoke, without regard to mental or physical condition. A revocation is effective only-as-to---the attending-physician-or-any-health-care-provider-acting-under the-guidance-of-that-physician upon its communication to the attending physician or other health care provider by the declarant or by-another-to-whom a witness to the revocation was--communicated. A health care provider or emergency medical services personnel witnessing a revocation shall act upon the revocation and shall communicate the revocation to the attending physician at the earliest opportunity. A revocation communicated to a person other than the attending physician, emergency medical services personnel, or a health care provider is not effective unless the attending physician is informed of it before the qualified patient is in need of life-sustaining procedures treatment.

(2) The attending physician or other health care
provider shall make the revocation a part of the declarant's

-8-

HB 635

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1	healthcareproviderwhoisprovidedacopyofthe
2	declarationshall-make-it-a-part-of-the-declarant's-medical
3	rebtosst
4	f3} A declaration directing a physician to withhold or
5	withdraw life-sustaining treatment may, but need not, be in
6	the following form:
7	DECLARATION
8	If I should have an incurable or irreversible condition
9	that, without the administration of life-sustaining
10	treatment, will, in the opinion of my attending physician,
11	cause my death within a relatively short time;-it-is-my
12	desire-that-my-life-not-be-prolongedbyadministrationof
13	life-sustainingproceduresIf-my-condition-is-terminal and
14	I am unabletoparticipatein no longer able to make
15	decisions regarding my medical treatment, I direct my
16	attending physician, pursuant to the Montana Rights of the
17	Terminally Ill Act, to withhold or withdraw procedures
18	treatment that merelyprolong only prolongs the dying
19	process of dying and are is not necessary to my comfort or
20	freedom-from to alleviate pain. It-is-my-intention-that-this
21	declaration-shall-be-valid-until-revoked-by-me-
22	Signed this day of,,
23	Signature
24	City, County, and State of Residence
25	The declarant is-known-to-me-and voluntarily signed this
	-5- HB 635

# HB 0635/02

1	document in my presence.
2	Witness
3	Address
4	Witness
5	Address
6	(3) A declaration that designates another individual to
7	make decisions governing the withholding or withdrawal of
8	life-sustaining treatment may, but need not, be in the
9	following form:
10	DECLARATION
11	If I should have an incurable and irreversible condition
12	that, without the administration of life-sustaining
13	treatment, will, in the opinion of my attending physician,
14	cause my death within a relatively short time and I am no
15	longer able to make decisions regarding my medical
16	treatment, I appoint or, if he or she is not
17	reasonably available or is unwilling to serve,,
18	to make decisions on my behalf regarding withholding or
19	withdrawal of treatment that only prolongs the process of
20	dying and is not necessary for my comfort or to alleviate
<b>2</b> 1	pain, pursuant to the Montana Rights of the Terminally Ill
22	<u>Act.</u>
23	If the individual I have appointed is not reasonably
24	available or is unwilling to serve, I direct my attending
25	physician, pursuant to the Montana Rights of the Terminally

-6-

HB 635

guilty of unprofessional conduct: 1

(a) a physician who causes the withholding or 2 withdrawal of life-sustaining procedures treatment from a 3 qualified patient; 4

(b) a person who participates in the withholding or 5 withdrawal of life-sustaining procedures treatment under the 6 direction or with the authorization of a physician; 7

(c) emergency medical services personnel who cause or 8 participate in the withholding or withdrawal of 9 life-sustaining procedures treatment under the direction of 10 or with the authorization of a physician or who on receipt 11 of reliable documentation follow a living will protocol; 12

(d) emergency medical services personnel who proceed to 13 provide life-sustaining treatment to a qualified patient 14 15 pursuant to a revocation communicated to them; and

(e) a health care facility in which withholding or 16 withdrawal occurs. 17

(2) A physician or other health care provider whose 18 action under this chapter is in accord with reasonmable 19 medical standards is not subject to civil or criminal 20 liability for-actions-under-this-chapter-that-are-in--accord 21 with---reasonable---medical---standards or discipline for 22 unprofessional conduct with respect to that decision. 23 (3) A physician or other health care provider whose 24

decision about the validity of consent under [section 12] is 25

-11-

1	made in good faith is not subject to criminal or civil
2	liability or discipline for unprofessional conduct with
3	respect to that decision.
4	(4) An individual designated pursuant to 50-9-103(1) or
5	an individual authorized to consent pursuant to [section
6	12), whose decision is made or consent is given in good
7	faith pursuant to this chapter, is not subject to criminal
8	or civil liability or discipline for unprofessional conduct
9	with respect to that decision."
10	Section 9. Section 50-9-205, MCA, is amended to read:
11	<b>"50-9-205. Effect on insurance patient's decision.</b>
12	(1) Death resulting from the withholding or withdrawal of
13	life-sustaining procedurespursuanttoa-dectaration-and
14	treatment in accordance with this chapter is does not
15	constitute, for any purpose, a suicide or homicide.
16	(2) The making of a declaration pursuant to 50-9-103
17	does not affect in-anymanner the sale, procurement, or
18	issuance of any policy of life insurance or annuity, nor
19	does it affect, impair, or modify the terms of an existing
20	policy of life insurance. No <u>A</u> policy of life insurance is
21	not legally impaired or invalidated inanymanner by the
22	withholding or withdrawal of life-sustaining procedures
23	treatment from an insured qualified-patient, notwithstanding
24	any term of the policy to the contrary.
25	(3) No-physician-health-care-facility-or-other-health

-12-

and a structure of the second structure of the second structure and the second second structure of the second structure st

HB 0635/02

1 medical record."

2 Section 5. Section 50-9-201, MCA, is amended to read: з "50-9-201. Recording determination o£ terminal condition and content of declaration. When-an-attending 4 5 physician-who-has-been-notified-of-the-existence-and-content of-a-declaration-determines-that-the Upon determining that a 6 declarant is in a terminal condition, the attending 7 physician who knows of a declaration shall record that R determination and the content terms of the declaration in 9 10 the declarant's medical record."

Section 6. Section 50-9-202, MCA, is amended to read: \*50-9-202. Treatment of qualified patients. (1) A qualified patient has--the--right--to may make decisions regarding use-of life-sustaining procedures treatment if so long as the patient is able to do so. If-a-qualified-patient is--not-able-to-make-such-decisions7-the-declaration-governs decisions-regarding-use-of-life-sustaining-procedures.

(2) This chapter does not prohibit-the-application-of
any---medical---procedure---or---intervention affect the
responsibility of the attending physician or other health
care provider to provide treatment, including the--provision
of nutrition and hydration, considered-necessary-to-provide
for a patient's comfort care or to-alleviate alleviation of
pain.

25 (3) The----declaration----of----qualified---patient

-9-

HB 635

Life-sustaining treatment cannot be withheld or withdrawn 1 pursuant to a declaration from an individual known to the 2 attending physician to be pregnant must-be-given--no--effect 3 if so long as it is probable that the fetus could will 4 develop to the point of live birth with continued 5 application of life-sustaining procedures treatment." 6 Section 7. Section 50-9-203, MCA, is amended to read: 7 \*50-9-203. Transfer of patients. (1) An attending R physician or other health care provider who is unwilling to 9 comply with the-requirements-of-50-9-201-or-who-is-unwilling 10 to--comply--with--the--declaration-of-a-qualified-patient-in 11 accordance--with--50-9-202 this chapter shall take all 12 reasonable steps as promptly as practicable to transfer care 13 of the declarant to another physician or health care 14 provider who is willing to do so. 15

16 (2)--If the policies of a health care facility preclude 17 compliance with the declaration of a qualified patient under 18 this chapter, that facility shall take all reasonable steps 19 to transfer the patient to a facility in which the 20 provisions of this chapter can be carried out."

21 Section 8. Section 50-9-204, MCA, is amended to read:

"50-9-204. Immunities. (1) In the absence of actual
notice of the revocation of a declaration, the following,
while acting in accordance with the requirements of this
chapter, are not subject to civil or criminal liability or

-10-

1 imprisonment in the county jail for a term not to exceed 1 1 2 year, or both. 2 3 (5) A person who requires or prohibits the execution of 3 4 a declaration as a condition for being insured for or 4 receiving health care service is guilty of a misdemeanor 5 5 б punishable by a fine not to exceed \$500 or imprisonment in 6 7 the county jail for a term not to exceed 1 year, or both. 7 R (6) A person who coerces or fraudulently induces an 8 9 individual to execute a declaration is guilty of a 9 10 misdemeanor punishable by a fine not to exceed \$500 or 10 11 imprisonment in the county jail for a term not to exceed 1 11 12 year, or both. 12 13 (7) The penalties provided in this section do not 13 14 displace any sanction applicable under other law." 14 15 NEW SECTION. Section 11. When declaration operative. 15 (1) A declaration becomes operative when: 16 16 17 (a) it is communicated to the attending physician; and 17 (b) the declarant is determined by the attending 18 18 physician to be in a terminal condition and no longer able 19 19 20 to make decisions regarding administration of 20 21 life-sustaining treatment. 21 22 (2) When the declaration becomes operative, the 22 23 attending physician and other health care providers shall 23 24 act in accordance with its provisions and with the 24 25 instructions of a designee under 50-9-103(1) or comply with 25 -15-HB 635

HB 0635/02

the transfer requirements of 50-9-203. NEW SECTION. Section 12. Consent by others to withholding or withdrawal of treatment. (1) If a written consent to the withholding or withdrawal of the treatment, witnessed by two individuals, is given to the attending physician, the attending physician may withhold or withdraw life-sustaining treatment from an individual who: (a) has been determined by the attending physician to be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment; and (b) has no effective declaration. (2) The authority to consent or to withhold consent under subsection (1) may be exercised by the following individuals, in order of priority: (a) the spouse of the individual; (b) an adult child of the individual or, if there is more than one adult child, a majority of the adult children who are reasonably available for consultation; (c) the parents of the individual;

(d) an adult sibling of the individual or, if there is
more than one adult sibling, a majority of the adult
siblings who are reasonably available for consultation; or
(e) the nearest other adult relative of the individual
by blood or adoption who is reasonably available for

-16-

1 care--provider--and--no--health--care--service-plan,-insurer
2 issuing-disability-insurance,-self-insured-employee--welfare
3 benefit--plan,--or--nonprofit-hospital-plan <u>A person</u> may not
4 prohibit or require any-person-to-execute the execution of a
5 declaration as a condition for being insured for or
6 receiving health care services.

7 (4) This chapter creates no presumption concerning the
8 intention of an individual who has revoked or has not
9 executed a declaration with respect to the use, withholding,
10 or withdrawal of life-sustaining procedures treatment in the
11 event of a terminal condition.

12 (5) Nothing-in-this This chapter increases-or-decreases does not affect the right of a patient to make decisions 13 14 regarding use of life-sustaining procedures-if treatment, so long as the patient is able to do so, or impairs impair or 15 16 supersedes supersede any a right or responsibility that any person has to effect the withholding or withdrawal of 17 18 medical care in--eny--lawful--manner--in-that-respect7-the 19 provisions-of-this-chapter-are-cumulative.

<u>(6) This chapter does not require a physician or other</u>
 <u>health care provider to take action contrary to reasonable</u>
 <u>medical standards.</u>

23 (6)(7) This chapter does not condone, authorize, or
24 approve mercy killing or euthanasia."

25 Section 10. Section 50-9-206, MCA, is amended to read:

-13-

HB 635

HB 0635/02

1 **"50-9-206. Penalties. (1)** A physician or other health 2 <u>care provider</u> who willfully fails to transfer <u>the care of a</u> 3 <u>patient</u> in accordance with 50-9-203 is guilty of a 4 misdemeanor punishable by a fine not to exceed \$500 or 5 imprisonment in the county jail for a term not to exceed 1 6 year, or both.

7 (2) A physician who willfully fails to record the 8 determination of terminal condition or the terms of a 9 <u>declaration</u> in accordance with 50-9-201 is guilty of a 10 misdemeanor punishable by a fine not to exceed \$500 or 11 imprisonment in the county jail for a term not to exceed 1 12 year, or both.

(3) A--person <u>An individual</u> who purposely conceals,
cancels, defaces, or obliterates the declaration of another
without the declarant's consent or who falsifies or forges a
revocation of the declaration of another is guilty of a
misdemeanor punishable by a fine not to exceed \$500 or
imprisonment in the county jail for a term not to exceed 1
year, or both.

(4) A-person <u>An individual</u> who falsifies or forges the
declaration of another <u>individual</u> or purposely conceals or
withholds personal knowledge of a revocation as provided in
50-9-1047---with--the--intent--to--cause--a--withholding--or
withdrawal-of-life-sustaining-procedures7 is guilty of a
misdemeanor punishable by a fine not to exceed \$500 or

-14-

HB 635

1 consultation.

2 (3) If a class entitled to decide whether to consent is 3 not reasonably available for consultation and competent to 4 decide or if it declines to decide, the next class is 5 authorized to decide. However, an equal division in a class 6 does not authorize the next class to decide.

7 (4) A decision to grant or withhold consent must be
8 made in good faith. A consent is not valid if it conflicts
9 with the expressed intention of the individual.

10 (5) A decision of the attending physician acting in 11 good faith that a consent is valid or invalid is conclusive. 12 (6) Life-sustaining treatment cannot be withheld or 13 withdrawn pursuant to this section from an individual known 14 to the attending physician to be pregnant so long as it is 15 probable that the fetus will develop to the point of live 16 birth with continued application of life-sustaining 17 treatment.

18 <u>NEW SECTION.</u> Section 13. When health care provider may 19 presume validity of declaration. In the absence of knowledge 20 to the contrary, a physician or other health care provider 21 may assume that a declaration complies with this chapter and 22 is valid.

NEW SECTION. Section 14. Effect of previous
 declaration. An instrument executed before October 1, 1991,
 that substantially complies with 50-9-103(1) is effective

-17-

1 under this chapter.

- 2 NEW SECTION. Section 15. Codification instruction.
- 3 [Sections 11 through 14] are intended to be codified as an
- 4 integral part of Title 50, chapter 9, and the provisions of

5 Title 50, chapter 9, apply to [sections 11 through 14].

- 6 NEW SECTION. Section 16. Effective date. [This act] is
- 7 effective on passage and approval.

-End-

-18-