HOUSE BILL NO. 422

INTRODUCED BY EUDAILY

IN THE HOUSE

JANUARY 25, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON JUDICIARY.
JANUARY 26, 1989	FIRST READING.
FEBRUARY 15, 1989	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED. STATEMENT OF INTENT ADOPTED.
FEBRUARY 16, 1989	PRINTING REPORT.
FEBRUARY 18, 1989	SECOND READING, DO PASS.
FEBRUARY 20, 1989	ENGROSSING REPORT.
FEBRUARY 21, 1989	THIRD READING, PASSED. AYES, 87; NOES, 6.
	TRANSMITTED TO SENATE.
IN	THE SENATE
FEBRUARY 28, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON JUDICIARY.
	FIRST READING.
MARCH 15, 1989	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.
MARCH 16, 1989	SECOND READING, CONCURRED IN.
MARCH 18, 1989	THIRD READING, CONCURRED IN. AYES, 46; NOES, 0.
	RETURNED TO HOUSE WITH AMENDMENTS.

IN THE HOUSE

MARCH 30, 1989

RECEIVED FROM SENATE.

SECOND READING, AMENDMENTS

CONCURRED IN.

MARCH 31, 1989

THIRD READING, AMENDMENTS

CONCURRED IN.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

1 2	INTRODUCED	ВУ	4	House	BILL	NO.	40	?2 		
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4	A BILL FOR	AN	ACT	ENTITLED:	"AN	ACT	TO	AMEND	THE	LIVI
-				. 061		m.c.				MEDIO

NG ACT TO ALLOW A DECLARANT TO DIRECT EMERGENCY MEDICAL SERVICES PERSONNEL TO WITHHOLD LIFE-SUSTAINING PROCEDURES: TO LIMIT THE EFFECT OF A REVOCATION OF A DECLARATION COMMUNICATED TO SOMEONE OTHER THAN A PHYSICIAN OR OTHER HEALTH CARE PROVIDER; AMENDING SECTIONS 50-9-102, 50-9-104, AND 50-9-204, MCA: AND PROVIDING AN APPLICABILITY DATE."

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

13 Section 1. Section 50-9-102, MCA, is amended to read: 14 *50-9-102. Definitions. As used in this chapter, the following definitions apply: 15

- (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) "Declaration" means a document executed in accordance with the requirements of 50-9-103.
- (3) "Emergency medical services personnel" means paid or volunteer firefighters, police, paramedics, emergency medical technicians, or other rescue squads acting within the ordinary course of their profession.
- 25 (3)(4) "Health care provider" means a person who is

licensed or otherwise authorized by the law of this state to 1 administer health care in the ordinary course of business or 2 practice of a profession.

#41(5) "Life-sustaining procedure" means any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process and includes first response procedures administered by emergency medical services personnel.

t5)(6) "Physician" means a person licensed under Title 9 37, chapter 3, to practice medicine in this state. 10

+6+(7) "Qualified patient" means a patient who has 11 executed a declaration in accordance with this chapter and 12 who has been determined by the attending physician to be in 13 a terminal condition. 14

+77(8) "Terminal condition" means an incurable or 15 irreversible condition that, without the administration of 16 life-sustaining procedures, will, in the opinion of the 17 attending physician, result in death within a relatively 18 short time." 19

Section 2. Section 50-9-104, MCA, is amended to read: 20

declaration. (1)"50-9-104. Revocation of 21 declaration may be revoked at any time and in any manner by 22 which the declarant is able to communicate his intent to 23 revoke, without regard to mental or physical condition. A

revocation is effective only as to the attending physician 25

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-2- INTRODUCED BILL HB 422

ì	or any health care provider acting under the guidance of
2	that physician upon communication to the physician or health
3	care provider by the declarant or by another to whom the
4	revocation was communicated. A revocation communicated to a
5	person other than the attending physician or a health care
6	provider is not effective unless the attending physician is
7	informed of it before the qualified patient is in need of
8	life-sustaining procedures.

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

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- Section 3. 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

 guilty of unprofessional conduct:
- 18 (a) a physician who causes the withholding or
 19 withdrawal of life-sustaining procedures from a qualified
 20 patient;
 - (b) a person who participates in the withholding or withdrawal of life-sustaining procedures under the direction or with the authorization of a physician;
- 24 (c) emergency medical services personnel who cause or
 25 participate in the withholding or withdrawal of

- life-sustaining procedures under the direction of or with the authorization of a physician;
- 3 $tc_{\uparrow}(\underline{d})$ the <u>a</u> health care facility in which the withholding or withdrawal occurs.
- 5 (2) A physician is not subject to civil or criminal 6 liability for actions under this chapter that are in accord 7 with reasonable medical standards."
- 8 <u>NEW SECTION.</u> **Section 4.** Applicability. [This act]
 9 applies to declarations made after [the effective date of
 10 this act].

-End-

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services.

APPROVED BY COMMITTEE ON JUDICIARY

1	HOUSE BILL NO. 422
2	INTRODUCED BY EUDAILY
3	
4	A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE LIVING
5	WILL ACT TO ALLOW A DECLARANT TO DIRECT EMERGENCY MEDICAL
6	SERVICES PERSONNEL TO WITHHOLD LIFE-SUSTAINING PROCEDURES;
7	TO LIMIT THE EFFECT OF A REVOCATION OF A DECLARATION
8	COMMUNICATED TO SOMEONE OTHER THAN A PHYSICIAN OR OTHER
9	HEALTH CARE PROVIDER; GRANTING IMMUNITY TO EMERGENCY MEDICAL
10	SERVICES PERSONNEL; AMENDING SECTIONS 50-9-102, 50-9-104,
11	AND 50-9-204, MCA; AND PROVIDING AN APPLICABILITY DATE."
12	
13	STATEMENT OF INTENT
14	A statement of intent is needed for this bill because
15	[section 4] grants the department of health and
16	environmental sciences authority to adopt rules to implement
17	the Montana Living Will Act. It is intended that the rules
18	address, among other things, living will protocols, reliable
19	documentation of declarations, and training for emergency
20	medical services personnel to inform them of the provisions

of the act and implementing rules. In developing the rules,

the department should seek the advice and aid of medical

associations and organizations, including those relating to

hospices, home health organizations, and emergency medical

Montana		
Montana	Legislative	Council

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2	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
3	Section 1. Section 50-9-102, MCA, is amended to read:
4	"50-9-102. Definitions. As used in this chapter, the
5	following definitions apply:
6	(1) "Attending physician" means the physician selected
7	by or assigned to the patient, who has primary
8	responsibility for the treatment and care of the patient.
9	(2) "BOARD" MEANS THE MONTANA STATE BOARD OF MEDICAL
10	EXAMINERS.
11	(2) "Declaration" means a document executed in
12	accordance with the requirements of 50-9-103.
13	(4) "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH AND
13 14	(4) "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES.
14	ENVIRONMENTAL SCIENCES.
14 15	ENVIRONMENTAL SCIENCES. (3)(5) "Emergency medical services personnel" means
14 15 16	ENVIRONMENTAL SCIENCES. #3)(5) "Emergency medical services personnel" means paid or volunteer firefighters, police,paramedics LAW
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(4)(5)(7) "Life-sustaining procedure"

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medical procedure or intervention that, when administered to
a qualified patient, will serve only to prolong the dying
process <u>and-includes-first-response-procedures--administered</u>
by-emergency-medical-services-personnel.

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- (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 FROM A QUALIFIED PATIENT UNDER 50-9-202 BY
 EMERGENCY MEDICAL SERVICE PERSONNEL.
- 11 (5)6)(9) "Physician" means a person licensed under 12 Title 37, chapter 3, to practice medicine in this state.
 - (6) (77)(10) "Qualified patient" means a patient who has a executed a declaration in accordance with this chapter and who has been determined by the attending physician to be in a terminal condition.
- 17 (11) "RELIABLE DOCUMENTATION" MEANS A STANDARDIZED, 18 STATE-WIDE IDENTIFICATION CARD OR FORM OR A NECKLACE OR 19 BRACELET OF UNIFORM DESIGN, ADOPTED BY A WRITTEN, FORMAL 20 UNDERSTANDING OF THE LOCAL COMMUNITY EMERGENCY MEDICAL SERVICES AGENCIES AND LICENSED HOSPICE AND HOME HEALTH 21 22 AGENCIES, THAT SIGNIFIES AND CERTIFIES THAT A VALID AND 23-CURRENT DECLARATION IS ON FILE AND THAT THE INDIVIDUAL IS A 24 QUALIFIED PATIENT.
- (7) (12) "Terminal condition" means an incurable or

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

Section 2. Section 50-9-104, MCA, is amended to read: "50-9-104. Revocation of declaration. (1) 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 10 revocation is effective only as to the attending physician 11 or any health care provider acting under the guidance of that physician upon communication to the physician or health 12 13 care provider by the declarant or by another to whom the 14 revocation was communicated. A HEALTH CARE PROVIDER OR 15 EMERGENCY MEDICAL SERVICES PERSONNEL WITNESSING A REVOCATION 16 MAY ACT UPON THE REVOCATION AND MUST COMMUNICATE THE REVOCATION TO THE ATTENDING PHYSICIAN AT THE EARLIEST 17 18 OPPORTUNITY. A revocation communicated to a person other 19 than the attending physician, EMERGENCY MEDICAL SERVICES 20 PERSONNEL, or a health care provider is not effective unless 21 the attending physician is informed of it before the 22 qualified patient is in need of life-sustaining procedures.

23 (2) The attending physician or health care provider
24 shall make the revocation a part of the declarant's medical
25 record."

- Section 3. 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
- 7 (a) a physician who causes the withholding or
 8 withdrawal of life-sustaining procedures from a qualified
 9 patient;

quilty of unprofessional conduct:

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- 10 (b) a person who participates in the withholding or 11 withdrawal of life-sustaining procedures under the direction 12 or with the authorization of a physician;
 - (c) emergency medical services personnel who cause or participate in the withholding or withdrawal of life-sustaining procedures under the direction of or with the authorization of a physician OR WHO ON RECEIPT OF RELIABLE DOCUMENTATION FOLLOW A LIVING WILL PROTOCOL;
- 18 (D) EMERGENCY MEDICAL SERVICES PERSONNEL WHO AFTER A

 19 GOOD FAITH ATTEMPT TO DO SO ARE UNABLE TO FIND RELIABLE

 20 DOCUMENTATION OF A DECLARATION AND PROCEED TO PROVIDE

 21 LIFE-SUSTAINING TREATMENT TO A QUALIFIED PATIENT; AND
- 24 (2) A physician is not subject to civil or criminal 25 liability for actions under this chapter that are in accord

- with reasonable medical standards."
- NEW SECTION. SECTION 4. AUTHORITY TO ADOPT RULES.
- 3 THE DEPARTMENT MAY ADOPT RULES TO IMPLEMENT THIS CHAPTER.
- 4 NEW SECTION. SECTION 5. CODIFICATION INSTRUCTION.
- 5 [SECTION 4] IS INTENDED TO BE CODIFIED AS AN INTEGRAL PART
- 6 OF TITLE 50, CHAPTER 9, AND THE PROVISIONS OF TITLE 50,
- 7 CHAPTER 9, APPLY TO [SECTION 4].
- 8 NEW SECTION. Section 6. Applicability. [This act
- 9 applies to declarations made after [the effective date of
- 10 this act].

-End-

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11	AND 50-9-204, MCA; AND PROVIDING AN APPLICABILITY DATE."
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13	STATEMENT OF INTENT
14	A statement of intent is needed for this bill because

A statement of intent is needed for this bill because [section 4] grants the department of health and environmental sciences authority to adopt rules to implement the Montana Living Will Act. It is intended that the rules address, among other things, living will protocols, reliable documentation of declarations, and training for emergency medical services personnel to inform them of the provisions of the act and implementing rules. In developing the rules, the department should seek the advice and aid of medical associations and organizations, including those relating to hospices, home health organizations, and emergency medical services.

4	" 50 - 9-102.	Definitions.	As used	in this	chapter,
-					•

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Section 1. Section 50-9-102, MCA, is amended to read:

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10 EXAMINERS.

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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 FROM A QUALIFIED PATIENT UNDER 50-9-202 BY

EMERGENCY MEDICAL SERVICE PERSONNEL.

11 (5)6)(9) "Physician" means a person licensed under 12 Title 37, chapter 3, to practice medicine in this state.

(6)(17)(10) "Qualified patient" means a patient who has
executed a declaration in accordance with this chapter and
who has been determined by the attending physician to be in
a terminal condition.

(11) "RELIABLE DOCUMENTATION" MEANS A STANDARDIZED,
STATE-WIDE IDENTIFICATION CARD OR FORM OR A NECKLACE OR
BRACELET OF UNIFORM DESIGN, ADOPTED BY A WRITTEN, FORMAL
UNDERSTANDING OF THE LOCAL COMMUNITY EMERGENCY MEDICAL
SERVICES AGENCIES AND LICENSED HOSPICE AND HOME HEALTH
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CURRENT DECLARATION IS ON FILE AND THAT THE INDIVIDUAL IS A
QUALIFIED PATIENT.

t7†t8†(12) "Terminal condition" means an incurable or

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

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declaration may be revoked at any time and in any manner by

which the declarant is able to communicate his intent to

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revocation is effective only as to the attending physician

or any health care provider acting under the quidance of

that physician upon communication to the physician or health

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15 <u>EMERGENCY MEDICAL SERVICES PERSONNEL WITNESSING A REVOCATION</u>
16 MAY ACT UPON THE REVOCATION AND MUST COMMUNICATE THE

17 REVOCATION TO THE ATTENDING PHYSICIAN AT THE EARLIEST

18 OPPORTUNITY. A revocation communicated to a person other

19 than the attending physician, EMERGENCY MEDICAL SERVICES

20 PERSONNEL, or a health care provider is not effective unless

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(2) The attending physician or health care providershall make the revocation a part of the declarant's medical

25 record."

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- Section 3. Section 50-9-204, MCA, is amended to read:

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- notice of the revocation of a declaration, the following,
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- chapter, are not subject to civil or criminal liability or
- 6 guilty of unprofessional conduct:
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- 8 withdrawal of life-sustaining procedures from a qualified
- 9 patient;
- 10 (b) a person who participates in the withholding or
- 11 withdrawal of life-systaining procedures under the direction
- 12 or with the authorization of a physician;
- 13 (c) emergency medical services personnel who cause or
- 14 participate in the withholding or withdrawal o
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- 17 RELIABLE DOCUMENTATION FOLLOW A LIVING WILL PROTOCOL;
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- 19 GOOD FAITH ATTEMPT TO DO SO ARE UNABLE TO FIND RELIABLE
- 20 DOCUMENTATION OF A DECLARATION AND PROCEED TO PROVIDE
- 21 LIFE-SUSTAINING TREATMENT TO A QUALIFIED PATIENT; AND
- 22 te)(d)(E) the a health care facility in which the
- 23 withholding or withdrawal occurs.
- 24 (2) A physician is not subject to civil or criminal
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- 5 [SECTION 4] IS INTENDED TO BE CODIFIED AS AN INTEGRAL PART
- 6 OF TITLE 50, CHAPTER 9, AND THE PROVISIONS OF TITLE 50,
- 7 CHAPTER 9, APPLY TO [SECTION 4].
- 8 NEW SECTION. Section 6. Applicability. [This act]
- 9 applies to declarations made after [the effective date of
- 10 this actl.

-End-

SENATE STANDING COMMITTEE REPORT

March 15, 1989

MR. PRESIDENT:

We, your committee on Judiciary, having had under consideration HB 422 (third reading copy -- blue), respectfully report that HB 422 be amended and as so amended be concurred in:

Sponsor: Eudaily (Van Valkenburg)

1. Title, line 11.

Strike: "APPLICABILITY"

Insert: "IMMEDIATE EFFECTIVE"

2. Page 4, line 16.

Strike: "MAY" Insert: "shall" Strike: "MUST" Insert: "shall"

3. Page 5, lines 18 through 20.

Following: "WHO" on line 18

Strike: remainder of line 18 through "AND" on line 20

4. Page 5, line 21.

Following: "PATIENT"

Insert: "pursuant to a revocation communicated to them"

5. Page 6, lines 8 through 10.

Strike: section 6 in its entirety

Insert: "NEW SECTION. Section 6. Effective date. [This act] is effective on passage and approval."

AND AS AMENDED BE CONCURRED IN

Bruce D. Crippen Chairman

SENATE

SCRHB422.315

HB 422

1	HOUSE BILL NO. 422
2	INTRODUCED BY EUDAILY
3	
4	A BILL FOR AN ACT ENTITLED: "AN ACT TO AMEND THE LIVING
5	WILL ACT TO ALLOW A DECLARANT TO DIRECT EMERGENCY MEDICAL
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11	AND 50-9-204, MCA; AND PROVIDING AN APPLICABILITY IMMEDIATE
12	EFFECTIVE DATE."

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STATEMENT OF INTENT

A statement of intent is needed for this bill because [section 4] grants the department of health and environmental sciences authority to adopt rules to implement the Montana Living Will Act. It is intended that the rules address, among other things, living will protocols, reliable documentation of declarations, and training for emergency medical services personnel to inform them of the provisions of the act and implementing rules. In developing the rules, the department should seek the advice and aid of medical associations and organizations, including those relating to hospices, home health organizations, and emergency medical



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6	following definitions apply:
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8	by or assigned to the patient, who has primary
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11	EXAMINERS.
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13	accordance with the requirements of 50-9-103.
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16	(3)(5) "Emergency medical services personnel" means
17	paid or volunteer firefighters, police;paramedics LAW
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19	technicians, or other rescuesquads EMERGENCY SERVICES
20	PERSONNEL acting within the ordinary course of their
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22	(3) (6) "Health care provider" means a person who is

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 STATE-WIDE IDENTIFICATION CARD OR FORM OR A NECKLACE OR
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 UNDERSTANDING OF THE LOCAL COMMUNITY EMERGENCY MEDICAL
 SERVICES AGENCIES AND LICENSED HOSPICE AND HOME HEALTH
 AGENCIES, THAT SIGNIFIES AND CERTIFIES THAT A VALID AND
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 QUALIFIED PATIENT.

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(7)(8)(12) "Terminal condition" means an incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death within a relatively short time."

Section 2. Section 50-9-104, MCA, is amended to read: "50-9-104. Revocation of declaration. (1)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 communication to the physician or health care provider by the declarant or by another to whom the revocation was communicated. A HEALTH CARE PROVIDER OR EMERGENCY MEDICAL SERVICES PERSONNEL WITNESSING A REVOCATION MAY SHALL ACT UPON THE REVOCATION AND MUST 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. (2) The attending physician or health care provider

shall make the revocation a part of the declarant's medical

1	record."
2	Section 3. Section 50-9-204, MCA, is amended to read:
3	*50-9-204. Immunities. (1) In the absence of actual
4	notice of the revocation of a declaration, the following,
5	while acting in accordance with the requirements of this
6	chapter, are not subject to civil or criminal liability or
7	guilty of unprofessional conduct:
8	(a) a physician who causes the withholding or
9	withdrawal of life-sustaining procedures from a qualified
10	patient;
11	(b) a person who participates in the withholding or
12	withdrawal of life-sustaining procedures under the direction
13	or with the authorization of a physician;
14	(c) emergency medical services personnel who cause or
15	participate in the withholding or withdrawal of
16	life-sustaining procedures under the direction of or with
17	the authorization of a physician OR WHO ON RECEIPT OF
18	RELIABLE DOCUMENTATION FOLLOW A LIVING WILL PROTOCOL;
19	(D) EMERGENCY MEDICAL SERVICES PERSONNEL WHO APTER-A
20	GOOD-FAITH-ATTEMPT-TO-DO-SO-AREUNABLETOFINDRELIABLE
21	BOCUMENTATION OF A BECLARATION AND PROCEED TO PROVIDE
22	LIFE-SUSTAINING TREATMENT TO A QUALIFIED PATIENT PURSUANT TO
23	A REVOCATION COMMUNICATED TO THEM; AND
24	$\{c\}$ $\{d\}$ $\{E\}$ the <u>a</u> health care facility in which the

L .	(2) A physician is not subject to civil or criminal
2	liability for actions under this chapter that are in accord
3	with reasonable medical standards."
1	NEW SECTION. SECTION 4. AUTHORITY TO ADOPT RULES
5	THE DEPARTMENT MAY ADOPT RULES TO IMPLEMENT THIS CHAPTER.
5	NEW SECTION. SECTION 5. CODIFICATION INSTRUCTION
7	[SECTION 4] IS INTENDED TO BE CODIFIED AS AN INTEGRAL PART
3	OF TITLE 50, CHAPTER 9, AND THE PROVISIONS OF TITLE 50,
9	CHAPTER 9, APPLY TO [SECTION 4].
0	NEW-SECTION: Section 6 Applicability [This act]
ı	applies-to-declarations-made-after-ftheeffectivedateof
2	this-act}-
3	NEW SECTION. SECTION 6. EFFECTIVE DATE. [THIS ACT
4	IS EFFECTIVE ON PASSAGE AND APPROVAL.

-End-

withholding or withdrawal occurs.

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