GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2007

SENATE DRS35167-LN-170 (3/6)

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(Public)

Short Title: Advance Directives/Health Care Pwr. Atty.-AB

Sponsors:	Senator Hartsell.
Referred to:	

1	A BILL TO BE ENTITLED
2	AN ACT TO CLARIFY THE RIGHT TO MAKE ADVANCE DIRECTIVES AND TO
3	DESIGNATE HEALTH CARE AGENTS; AND TO IMPROVE AND SIMPLIFY
4	THE MEANS OF MAKING THESE DIRECTIVES AND DESIGNATIONS.
5	The General Assembly of North Carolina enacts:
6	SECTION 1. G.S. 32A-15(c) reads as rewritten:
7	"(c) This Article is intended and shall be construed to be consistent with the
8	provisions of Article 23 of Chapter 90 of the General Statutes provided that in the event
9	of a conflict between the provisions of this Article and Article 23 of Chapter 90, the
10	provisions of Article 23 of Chapter 90 control. No conflict between these Chapters
11	exists when either a health care power of attorney or a declaration provides that the
12	declaration is subject to decisions of a health care agent. If no declaration has been
13	executed by the principal as provided in G.S. 90-321 that expressly covers the
14	principal's present condition and if the health care agent has been given the specific
15	authority in a health care power of attorney to authorize the withholding or
16	discontinuing of life-sustaining procedures when the principal is in the present
17	condition, these procedures life-prolonging measures when the principal is in such
18	condition, the measures may be withheld or discontinued as provided in the health care
19	power of attorney upon the direction and under the supervision of the attending
20	physician. In this case, G.S. 90-322 does not apply.physician, as G.S. 90-322 shall not
21	apply in such case."
22	SECTION 2.(a) G.S. 32A-16(1) reads as rewritten:
23	"(1) "Disposition of remains" means the decision to bury or cremate human
24	remains as <u>remains, as human remains are</u> defined in
25	G.S. 90-210.121(17). 90-210.121, and, subject to G.S. 32A-19(b),
26	funeral arrangements relating to burial or cremation."
27	SECTION 2.(b) G.S. 32A-16(1a) reads as rewritten:

1	$"(1_{0})$	"Health area" maans any area treatment convice or procedure to
2	(1a)	"Health care" means any care, treatment, service, or procedure to
2 3		maintain, diagnose, treat, or provide for the principal's physical or
3 4		mental health or personal care and comfort including, life sustaining
4 5		procedures.including life-prolonging measures. "Health care" includes
	SECT	mental health treatment as defined in subdivision (8) of this section."
6		TON 2.(c) G.S. 32A-16(3) and (4) read as rewritten:
7	"(3)	"Health care power of attorney" means a written instrument, instrument
8		that substantially meets the requirements of this Article, is signed in
9		the presence of two qualified witnesses, and acknowledged before a
10		notary public, at least one qualified witness, and is acknowledged
11		before a notary public (who need not be a qualified witness), pursuant
12		to which an attorney-in-fact or agent is appointed to act for the
13		principal in matters relating to the health care of the principal, and
14		which substantially meets the requirements of this Article.principal.
15	(4)	"Life-sustaining procedures" "Life-prolonging measures" are those
16		forms of care or treatment which only serve to artificially
17		prolong prolong artificially the dying process and may include
18		mechanical ventilation, dialysis, antibiotics, artificial nutrition and
19		hydration, and other forms of treatment which sustain, restore or
20		supplant vital bodily functions, but do not include care necessary to
21		provide comfort or to alleviate pain."
22	SECT	TON 2.(d) G.S. 32A-16(6) reads as rewritten:
23	"(6)	"Qualified witness" means a witness in whose presence the principal
24		has executed the health care power of attorney, who believes the
25		principal to be of sound mind, and who states that he (i) is not related
26		within the third degree to the principal nor to the principal's spouse,
27		(ii) does not know nor have a reasonable expectation that he would be
28		entitled to any portion of the estate of the principal upon the principal's
29		death under any existing will or codicil of the principal or under the
30		Intestate Succession Act as it then provides, (iii) is not the attending
31		physician or mental health treatment provider of the principal, nor an <u>a</u>
32		licensed health care provider who is a paid employee of the attending
33		physician or mental health treatment provider, nor an <u>a paid</u> employee
34		of a health facility in which the principal is a patient, nor an <u>a paid</u>
35		employee of a nursing home or any group-care home in which the
36		principal resides, and (iv) does not have a claim against any portion of
37		the estate of the principal at the time of the principal's execution of the
38		health care power of attorney."
39	SECT	TON 3. G.S. 32A-19(a), (a1), and (b) read as rewritten:
40		ent of authority; limitations of authority.
41	(a) A prin	ncipal, pursuant to a health care power of attorney, may grant to the
42	health care agen	t full power and authority to make health care decisions to the same

41 (a) A principal, pursuant to a health care power of attorney, may grant to the
 42 health care agent full power and authority to make health care decisions to the same
 43 extent that the principal could make those decisions for himself or herself if he or she
 44 had understanding and capacity to make and communicate health care decisions,

including without limitation, the power to authorize withholding or discontinuing life sustaining procedures life-prolonging measures and the power to authorize the giving or withholding of mental health treatment. A health care power of attorney may also contain or incorporate by reference any lawful guidelines or directions relating to the health care of the principal as the principal deems appropriate.

6 (a1) A health care power of attorney may incorporate or be combined with an 7 advance instruction for mental health treatment prepared pursuant to Part 2 of Article 3 8 of Chapter 122C of the General Statutes. A health care agent's decisions about mental 9 health treatment shall be consistent with any statements the principal has expressed in 10 an advance instruction for mental health treatment if one so exists, and if none exists, 11 shall be consistent with what the agent believes in good faith to be the manner in which 12 the principal would act if the principal did not lack sufficient understanding or capacity 13 to make or communicate health care decisions. A health care agent is not subject to 14 criminal prosecution, civil liability, or professional disciplinary action for any action 15 taken in good faith pursuant to an advance instruction for mental health treatment.

16 (b) A health care power of attorney may authorize the health care agent to 17 exercise any and all rights the principal may have with respect to anatomical gifts, the 18 authorization of any autopsy, and the disposition of remains.remains; provided this 19 authority is limited to incurring reasonable costs related to exercising these powers and 20 a health care power of attorney does not give the health care agent general authority 21 over a principal's property or financial affairs."

22

SECTION 4. G.S. 32A-22(a) reads as rewritten:

23 If, following the execution of a health care power of attorney, a court of "(a) 24 competent jurisdiction appoints a guardian of the person of the principal, or a general guardian with powers over the person of the principal, the guardian may petition the 25 26 court, after giving notice to the health care agent, to suspend the authority of the health 27 care agent during the guardianship. The court may suspend the authority of the health 28 care agent for good cause shown, provided that the court's order must direct whether the 29 guardian shall act consistently with the health care power of attorney or whether and in 30 what respect the guardian may deviate from it. Any order suspending the authority of 31 the health care agent must set forth the court's findings of fact and conclusions of 32 law.the health care power of attorney shall cease to be effective upon the appointment and qualification of the guardian. The guardian shall act consistently with 33 34 G.S. 35A-1201(a)(5). A health care provider shall be fully protected from liability in 35 relying on a health care power of attorney until given actual notice of the court's order 36 suspending the authority of the health care agent."

37

SECTION 5.(a) G.S. 32A-24(c) reads as rewritten:

38 "§ 32A-24. Reliance on health care power of attorney; defense.

39 "(c) The withholding or withdrawal of <u>life sustaining procedures life-prolonging</u> 40 <u>measures</u> by or under the orders of a physician pursuant to the authorization of a health 41 care agent shall not be considered suicide or the cause of death for any civil or criminal 42 purpose nor shall it be considered unprofessional conduct or a lack of professional 43 competence. Any person, institution or facility, including without limitation the health 44 care agent and the attending physician, against whom criminal or civil liability is

1	asserted because of conduct described in this section, may interpose this section as a
2	defense."
3	SECTION 5.(b) G.S. 32A-24 is amended by adding the following new
4	subsection to read:
5	"(d) The protections of this section extend to any valid health care power of
6	attorney, including a document valid under G.S. 32A-27; these protections are not
7	limited to health care powers of attorney prepared in accordance with the statutory form
8	provided in G.S. 36A-25, or to health care powers of attorney filed with the Advance
9	Health Care Directive Registry maintained by the Secretary of State. A health care
10	provider may rely in good faith on an oral or written statement by legal counsel that a
11	document appears to meet applicable statutory requirements for a health care power of
12	attorney. These protections also extend to a document executed in another jurisdiction
13	that is valid as a health care power of attorney under G.S. 32A-27. A health care
14	provider shall have no liability for acting in accordance with a revoked health care
15	power of attorney unless that provider has actual notice of the revocation."
16	SECTION 6.(a) G.S. 32A-25 is repealed.
17	SECTION 6.(b) Article 3 of Chapter 32A of the General Statutes is
18	amended by adding the following new section to read:
19	"§ 32A-25.1. Statutory form health care power of attorney.
20	(a) The use of the following form in the creation of a health care power of
21	attorney is lawful and, when used, it shall meet the requirements of and be construed in
22	accordance with the provisions of this Article:
23	
24	HEALTH CARE POWER OF ATTORNEY
25	
26	(NOTE: YOU SHOULD USE THIS DOCUMENT TO NAME A PERSON AS YOUR
27	HEALTH CARE AGENT IF YOU ARE COMFORTABLE GIVING THAT PERSON
28	BROAD AND SWEEPING POWERS TO MAKE HEALTH CARE DECISIONS FOR
29	YOU. THERE IS NO LEGAL REQUIREMENT THAT ANYONE EXECUTE A
30	HEALTH CARE POWER OF ATTORNEY.)
31	
32	EXPLANATION: You have the right to name someone to make health care decisions
33	for you when you cannot make or communicate those decisions. This form may be used
34	to create a health care power of attorney, and meets the requirements of North Carolina
35	law. However, you are not required to use this form, and North Carolina law allows the
36	use of other forms that meet certain requirements. If you prepare your own health care
37	power of a attorney, you should be very careful to make sure it is consistent with North
38	<u>Carolina law.</u>
39	
40	This document gives the person you designate as your health care agent broad powers to
41	make health care decisions for you when you cannot make the decision yourself or
42	cannot communicate your decision to other people. You should discuss your wishes
43	concerning life-prolonging measures, mental health treatment, and other health care decisions with your health care agent. Except to the extent that you express specific

1	limitations or restrictions in this form, your	health care agent may make any health care			
2	decision you could make yourself.				
3					
4	This form does not impose a duty on your h	ealth care agent to exercise granted powers,			
5	but when a power is exercised, your health				
6	to act in your best interests and in accordance	e with this document.			
7					
8	This Health Care Power of Attorney form is	•••			
9	which it is presented, but places outside No	orth Carolina may impose requirements that			
10	this form does not meet.				
11					
12	If you want to use this form you must con				
13	witnessed by a qualified witness and proved				
14	about which choices you can initial very car	• •			
15	and a notary public are present to watch yo				
16	your health care agent and to any alternate	•			
17	with the Advance Health Care Directive R	Registry maintained by the North Carolina			
18	Secretary of State.				
19	<u>1.</u> Designation of Health Care Agent.				
20	I,, being of som				
21	person(s) to serve as my health care agent to act for me and in my name (in any way I				
22	could act in person) to make health care				
23	document. My designated health care agent(s				
24	<u>A.</u> <u>Name:</u>	Home Telephone:			
25	Home Address:	Work Telephone:			
26		Cellular Telephone:			
27	B. Name:	Home Telephone:			
28	Home Address:	Work Telephone:			
29		Cellular Telephone:			
30	<u>C.</u> <u>Name:</u>	Home Telephone:			
31	Home Address:	Work Telephone:			
32		Cellular Telephone:			
33	Any successor health care agent designated	-			
34	duties as if originally named as my health ca	•			
35	predecessor is not reasonably available or	r is unwilling or unable to serve in that			
36	capacity.				
37	2. Effectiveness of Appointment.				
38	My designation of a health care agent expire	•			
39	the authority granted in this document shal				
40	physician(s) listed below determines that	· ·			
41	decisions relating to my health care, and wi				
42	or until my death, except if I authorize my l				
43	respect to anatomical gifts, autopsy, or dis				
44	continue after my death to the extent necessa	ry to exercise that authority.			

1	<u>1.</u>	(Physician)				
2	<u>2.</u> (Physician)					
3	If I have not designated a physician, or no physician(s) named above are reasonably					
4	available, the determination that I lack capacity to make or communicate decisions					
5	relating to my h	ealth care shall be made by my attending physician.				
6	<u>3.</u> <u>Revocation</u> .					
7	Any time while	I am competent, I may revoke this power of attorney in a writing I sign				
8	or by communi	cating my intent to revoke, in any clear and consistent manner, to my				
9	health care ager	nt or my health care provider.				
10	<u>4.</u> General Sta	tement of Authority Granted.				
11	Subject to any	restrictions set forth in Section 6 below, I grant to my health care agent				
12	full power and	authority to make and carry out all health care decisions for me. These				
13	decisions incluc	le, but are not limited to:				
14	<u>A.</u>	Requesting, reviewing, and receiving any information, verbal or				
15		written, regarding my physical or mental health, including, but not				
16		limited to, medical and hospital records, and to consent to the				
17		disclosure of this information.				
18	<u>B.</u>	Employing or discharging my health care providers.				
19	<u>B.</u> <u>C.</u>	Consenting to and authorizing my admission to and discharge from a				
20		hospital, nursing or convalescent home, hospice, long-term care				
21		facility, or other health care facility.				
22	<u>D.</u>	Consenting to and authorizing my admission to and retention in a				
23		facility for the care or treatment of mental illness.				
24	<u>E.</u>	Consenting to and authorizing the administration of medications for				
25		mental health treatment and electroconvulsive treatment (ECT)				
26		commonly referred to as "shock treatment."				
27	<u>F.</u>	Giving consent for, withdrawing consent for, or withholding consent				
28		for, X-ray, anesthesia, medication, surgery, and all other diagnostic				
29		and treatment procedures ordered by or under the authorization of a				
30		licensed physician, dentist, podiatrist, or other health care provider.				
31		This authorization specifically includes the power to consent to				
32		measures for relief of pain.				
33	<u>G.</u>	Authorizing the withholding or withdrawal of life-prolonging				
34		measures.				
35	<u>H.</u>	Providing my medical information at the request of any individual				
36		acting as my attorney-in-fact under a durable power of attorney or as a				
37		trustee or successor trustee under any trust agreement of which I am a				
38		grantor or trustee, or at the request of any other individual whom my				
39		health care agent believes should have such information. I desire that				
40		such information be provided whenever it would expedite the prompt				
41		and proper handling of my affairs or the affairs of any person or entity				
42		for which I have some responsibility. In addition, I authorize my health				
43		care agent to take any and all legal steps necessary to ensure				
44		compliance with my instructions providing access to my protected				

1			information. Such steps shall include resorting to any and all		
2		legal procedures in and out of courts as may be necessary to enforce			
3		my rights under the law and shall include attempting to recover			
4		attorney	ys' fees against anyone who does not comply with this health		
5		care po	wer of attorney.		
6	<u>I.</u>	To the	extent I have not already made valid and enforceable		
7		arrange	ments during my lifetime that have not been revoked,		
8		exercis	ing any right I may have to authorize an autopsy or direct the		
9		disposi	tion of my remains.		
10	<u>J.</u>	Taking	any lawful actions that may be necessary to carry out these		
11		decisio	ns, including, but not limited to: (i) signing, executing,		
12		deliver	ing, and acknowledging any agreement, release, authorization,		
13			er document that may be necessary, desirable, convenient, or		
14		proper	in order to exercise and carry out any of these powers; (ii)		
15			g releases of liability to medical providers or others; and (iii)		
16		incurrin	ng reasonable costs on my behalf related to exercising these		
17			, provided that this health care power of attorney shall not give		
18			lth care agent general authority over my property or financial		
19		affairs.			
20	5. Special Prov		nd Limitations.		
21			granted in this document is intended to be as broad as possible		
22					
23	to obtain or terminate any type of health care treatment or service. If you wish to limit				
24			care agent's powers, you may do so in this section. If none of		
25			d, there will be no special limitations on your agent's authority.)		
26	<u>C</u>	Α.	Limitations about Artificial Nutrition or Hydration. In		
27			exercising the authority to make health care decisions on my		
28			behalf, my health care agent:		
29	(Initial)	shall NOT have the authority to withhold artificial nutrition		
30		-	(such as through tubes) OR may exercise that authority only		
31			in accordance with the following special provisions:		
32			<u> </u>		
33					
34	(Initial)	shall NOT have the authority to withhold artificial hydration		
35		-	(such as through tubes) OR may exercise that authority only		
36			in accordance with the following special provisions:		
37			<u> </u>		
38					
39			NOTE: If you initial either block but do not insert any		
40			special provisions, your health care agent shall have NO		
41			AUTHORITY to withhold artificial nutrition.		
42	(Initial	<u>)</u> <u>B.</u>	Limitations Concerning Health Care Decisions. In exercising		
43			the authority to make health care decisions on my behalf, the		
44			authority of my health care agent is subject to the following		
			• • • • • • • • • • • • • • • • • • • •		

	General Assembly	y of N	North CarolinaSession 2007
1 2 3 4 5 6 7			special provisions: (Here you may include any specific provisions you deem appropriate such as: your own definition of when life-prolonging measures should be withheld or discontinued, or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs, or are unacceptable to you for any other reason.)
8			
9 10	(Initial)	<u>C.</u>	NOTE: DO NOT initial unless you insert a limitation.LimitationsConcerningMentalHealthDecisions.In
11			exercising the authority to make mental care decisions on my
12 13			behalf, the authority of my health care agent is subject to the following special provisions: (Here you may include any
13			specific provisions you deem appropriate such as: limiting
15			the grant of authority to make only mental health treatment
16			decisions, your own instructions regarding the administration
17			or withholding of psychotropic medications and
18			electroconvulsive treatment (ECT), instructions regarding
19			your admission to and retention in a health care facility for
20			mental health treatment, or instructions to refuse any specific
21			types of treatment that are unacceptable to you.)
22			
23 24			NOTE: DO NOT initial unless you insert a limitation.
24 25	(Initial)	D.	Advance Instruction for Mental Health Treatment. (Notice:
26	(IIIIIII)	<u>D.</u>	This health care power of attorney may incorporate or be
27			combined with an advance instruction for mental health
28			treatment, executed in accordance with Part 2 of Article 3 of
29			Chapter 122C of the General Statutes, which you may use to
30			state your instructions regarding mental health treatment in
31			the event you lack capacity to make or communicate mental
32			health treatment decisions. Because your health care agent's
33			decisions must be consistent with any statements you have
34 35			expressed in an advance instruction, you should indicate here whether you have executed an advance instruction for mental
35 36			health treatment):
30 37			<u>nearth treatment).</u>
38			
39			NOTE: DO NOT initial unless you insert a limitation.
40	(Initial)	<u>E.</u>	Autopsy and Disposition of Remains. In exercising the
41		_	authority to make decisions regarding autopsy and disposition
42			of remains on my behalf, the authority of my health care agent
43			is subject to the following special provisions and limitations.
44			(Here you may include any specific limitations you deem

General Assemb	bly of Nor	th Carolina Session 2007
	S	ppropriate such as: limiting the grant of authority and the cope of authority, or instructions regarding burial or remation):
		NOTE: DO NOT initial unlage you ingent a limitation
6. Organ Donat		NOTE: DO NOT initial unless you insert a limitation.
		lready made valid and enforceable arrangements during my
		revoked, my health care agent may exercise any right I may
have to:		Tevoked, my neutri eure agent may exercise any right I may
	(Initial)	donate any needed organs or parts; or
	(Initial)	donate only the following organs or parts:
	<u></u>	
		NOTE: DO NOT INITIAL BOTH BLOCKS ABOVE.
	(Initial)	donate my body for anatomical study if needed
	<u>(Initial)</u>	In exercising the authority to make donations, my health
		care agent is subject to the following special provisions
		and limitations. (Here you may include any specific
		limitations you deem appropriate such as: limiting the
		grant of authority and the scope of authority, or
		instructions regarding gifts of the body or body parts.
		NOTE: DO NOT initial unless you insert a limitation.
		INOTE: DO NOT mitial diffess you insert a mitiation.
NOT	TE: NO A	AUTHORITY FOR ORGAN DONATION IS GRANTED
		FRUMENT WITHOUT YOUR INITIALS.
7. Guardianship		
If it becomes ne	cessary for	r a court to appoint a guardian of my person, I nominate the
persons designat	ed in Sect	tion 1, in the order named, to be guardian of my person, to
serve without		security. The guardian shall act consistently with
<u>G.S. 35A-1201(a</u>		
		es on Health Care Agent.
<u>A.</u>	-	n who relies in good faith upon the authority of or any
	-	ations by my health care agent shall be liable to me, my
		y heirs, successors, assigns, or personal representatives, for
	representa	or omissions in reliance on that authority or those
<u>B.</u>	-	ers conferred on my health care agent by this document may
<u>D.</u>	· ·	sed by my health care agent alone, and my health care agent's
		or action taken under the authority granted in this document
		ccepted by persons as fully authorized by me and with the
	-	e and effect as if I were personally present, competent, and
		* * * * * *

1		acting on my own helpelf. All acts nonformed in good faith by my
1		acting on my own behalf. All acts performed in good faith by my
2 3		health care agent pursuant to this power of attorney are done with my
5 4		consent and shall have the same validity and effect as if I were present
4 5		and exercised the powers myself, and shall inure to the benefit of and
		bind me, my estate, my heirs, successors, assigns, and personal
6 7		representatives. The authority of my health care agent pursuant to this
		power of attorney shall be superior to and binding upon my family,
8	0 M ² 11	relatives, friends, and others.
9	<u>9. Miscellaneo</u>	
10	<u>A.</u>	Revocation of Prior Powers of Attorney. I revoke any prior health care
11		power of attorney. The preceding sentence is not intended to revoke
12		any general powers of attorney, some of the provisions of which may
13		relate to health care; however, this power of attorney shall take
14		precedence over any health care provisions in any valid general power
15	_	of attorney I have not revoked.
16	<u>B.</u>	Jurisdiction, Severability, and Durability. This health care power of
17		attorney is intended to be valid in any jurisdiction in which it is
18		presented. The powers delegated under this power of attorney are
19		severable, so that the invalidity of one or more powers shall not affect
20		any others. This power of attorney shall not be affected or revoked by
21	~	my incapacity or mental incompetence.
22	<u>C.</u>	Health Care Agent not Liable. My health care agent and my health
23		care agent's estate, heirs, successors, and assigns are hereby released
24		and forever discharged by me, my estate, my heirs, successors, and
25		assigns and personal representatives from all liability and from all
26		claims or demands of all kinds arising out of my health care agent's
27		acts or omissions, except for my health care agent's willful misconduct
28		or gross negligence.
29	<u>D.</u>	No Civil or Criminal Liability. No act or omission of my health care
30		agent, or of any other person, entity, institution, or facility acting in
31		good faith in reliance on the authority of my health care agent pursuant
32		to this Health Care Power of Attorney shall be considered suicide, nor
33		the cause of my death for any civil or criminal purposes, nor shall it be
34		considered unprofessional conduct or as lack of professional
35		competence. Any person, entity, institution, or facility against whom
36		criminal or civil liability is asserted because of conduct authorized by
37		this Health Care Power of Attorney may interpose this document as a
38		<u>defense.</u>
39	<u>E.</u>	Reimbursement. My health care agent shall be entitled to
40		reimbursement for all reasonable expenses incurred as a result of
41		carrying out any provision of this directive.
42		, I indicate that I am mentally alert and competent, fully informed as to
43		his document, and understand the full import of this grant of powers to
44	my health care a	igent.

General	Assembly	of North	Carolina
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1	This the	day of	, 20	
2				(SEAL)
3	I hereby sta	ate that the pr	incipal,	, being of sound mind, signed (or
4				behalf) the foregoing health care power of
5	attorney in	my presence, a	and that I am not r	elated to the principal by blood or marriage,
6	and I would	l not be entitle	ed to any portion	of the estate of the principal under existing
7	will or codi	cil of the prin	cipal or as an hei	ir under the Intestate Succession Act, if the
8	principal di	ed on this da	te without a will	. I also state that I am not the principal's
9	attending pl	nysician, nor a	licensed health c	care provider who is (1) an employee of the
10	principal's	attending phys	sician, (2) an em	ployee of the health facility in which the
11	principal is	a patient, or ((3) an employee of	of a nursing home or any group care home
12	where the	principal resid	es. I further state	e that I do not have any claim against the
13	principal or	the estate of th	ne principal.	
14	Date:			Witness:
15		COUN	NTY,	<u>STATE</u>
16	Sworn to (o	r affirmed) and	d subscribed befor	e me this day by
17				(type/print name of signer)
18				
19				(type/print name of witness)
20	Date			
21	<u>((</u>	Official Seal)		Signature of Notary Public
22				, Notary Public
23				Printed or typed name
24				My commission expires:
25			• •	cribed in this section is an optional and
26			-	are power of attorney and does not affect the
27		er forms of he	ealth care powers	s of attorney, including previous statutory
28	forms."			
29			I I	ter 32A of the General Statutes is amended
30	<i>.</i>	\mathcal{O}	ew section to read	
31				y executed in other jurisdictions.
32		-		ealth care power of attorney or similar
33		•		an North Carolina shall be valid as a health
34	^	•	·	ppears to have been executed in accordance
35		_	-	sdiction or of this State."
36			·	ter 35A of the General Statutes is amended
37	•	•	ew section to read	
38			<u>or health care de</u>	
39		-		eral guardian of an incompetent adult may
40	-			S. 32A-22(a), for an order suspending the
41	-		-	is defined in G.S. 32A-16(2).
42		-		al guardian of an incompetent adult may not
43			hat term is defined	
44	S	ECTION 9. (j.S. 35A-1241(a)(3) reads as rewritten:

1	"(3)	The guardian of the person may give any consent or approval that may
2		be necessary to enable the ward to receive medical, legal,
3		psychological, or other professional care, counsel, treatment, or
4		service.service; provided that, if the patient has a health care agent
5		appointed pursuant to a valid health care power of attorney, the health
6		care agent shall have the right to exercise the authority granted in the
7		health care power of attorney unless the Clerk has suspended the
8		authority of that health care agent in accordance with G.S. 35A-1208.
9		The guardian shall not, however, consent to the sterilization of a
10		mentally ill or mentally retarded ward unless the guardian obtains an
11		order from the clerk in accordance with G.S. 35A-1245. The guardian
12		of the person may give any other consent or approval on the ward's
13		behalf that may be required or in the ward's best interest. The guardian
14		may petition the clerk for the clerk's concurrence in the consent or
15		approval."
16	SECT	FION 10. G.S. 90-320 reads as rewritten:
17	"§ 90-320. Gen	neral purpose of Article.

(a) The General Assembly recognizes as a matter of public policy that an
individual's rights include the right to a peaceful and natural death and that a patient or
his representative has the fundamental right to control the decisions relating to the
rendering of his own medical care, including the decision to have extraordinary means
<u>life-prolonging measures</u> withheld or withdrawn in instances of a terminal condition.
This Article is to establish an optional and nonexclusive procedure by which a patient or
his representative may exercise these rights.

(b) Nothing in this Article shall be construed to authorize any affirmative or
deliberate act or omission to end life other than to permit the natural process of dying.
Nothing in this Article shall impair or supersede any legal right or legal responsibility
which any person may have to effect the withholding or withdrawal of life sustaining
procedures life-prolonging measures in any lawful manner. In such respect the
provisions of this Article are cumulative."

SECTION 11.(a) G.S. 90-321(a), (b), and (c) read as rewritten:

- 32 "(a) As used in this Article the term:
 - (1) "Declarant" means a person who has signed a declaration in accordance with subsection (c); (c) of this section;
 - (1a) 'Declaration' means any signed, witnessed, dated, and proved document meeting the requirements of subsection (c) of this section;
 - (2) "Extraordinary means" is defined as any medical procedure or intervention which in the judgment of the attending physician would serve only to postpone artificially the moment of death by sustaining, restoring, or supplanting a vital function;
- 41 (3) "Physician" means any person licensed to practice medicine under
 42 Article 1 of Chapter 90 of the laws of the State of North Carolina;
- 43(4)"Persistent vegetative state" is a medical condition whereby in the
judgment of the attending physician the patient suffers from a

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1	euctai	ned complete loss of self-aware cognition and, without the use of
2		ordinary means or artificial nutrition or hydration, will succumb
3		ath within a short period of time.
4		has declared, in accordance with subsection (c) below, a desire
5		prolonged by extraordinary means or by artificial nutrition or
6		hrough a declaration, in accordance with subsection (c) of this
7		e person's life not be prolonged by life-prolonging measures, and
8		ot been revoked in accordance with subsection (e);(e) of this
9	section; and	St been revoked in decordance with subsection $(c), (c)$ or this
10		letermined by the attending physician that the declarant's present
11		tion is a condition described in subsection (c) of this section and
12		fied in the declaration for applying the declarant's directives, and
12	<u>speen</u> a.	Terminal and incurable; or
13	u. b.	Repealed by Session Laws 1993, c. 553, s. 28;
15	c.	Diagnosed as a persistent vegetative state; and
16		e is confirmation of the declarant's present condition as set out
17		\rightarrow in subdivision (b)(1) of this section by a physician other than the
18		ling physician; physician, if another physician is reasonably
19	availa	
20		eans or artificial nutrition or hydration, as specified by the
20	-	longing measures identified by the declarant shall or may, as
22	-	<u>trant, may</u> be withheld or discontinued upon the direction and
23	-	of the attending physician.
24	.	g physician may rely upon a signed, witnessed, dated and proved
25		y of that declaration obtained from the Advance Health Care
26		aintained by the Secretary of State pursuant to Article 21 of
27		General Statutes; shall follow, subject to subsections (b), (e), and
28	(k) of this section, a de	
29		h expresses a desire of the declarant that extraordinary means or
30		tial nutrition or hydration not be used to prolong his life if his
31		tion is determined to be terminal and incurable, or if the declarant
32		agnosed as being in a persistent vegetative state; and That
33		sses a desire of the declarant that life-prolonging measures not be
34	-	to prolong the declarant's life if, as specified in the declaration as
35		v or all of the following:
36	<u>a.</u>	The declarant has an incurable or irreversible condition that will
37	—	result in the declarant's death within a relatively short period of
38		time; or
39	<u>b.</u>	The declarant becomes unconscious and, to a high degree of
40	<u> </u>	medical certainty, will never regain consciousness; or
41	<u>C.</u>	The declarant suffers from advanced dementia or any other
42	—	condition resulting in the substantial loss of cognitive ability
43		and that loss, to a high degree of medical certainty, is not
		reversible.
44		

1	(2)	Which-That states that the declarant is aware that the declaration
2	(2)	authorizes a physician to withhold or discontinue the extraordinary
3		- ·
3 4		means or artificial nutrition or hydration; <u>life-prolonging measures;</u> and
4 5	(2)	
5 6	(3)	Which has been signed by the declarant in the presence of two witnesses who believe the declarant to be of sound mind and who state
7		
8		that they (i) are That has been signed by the declarant in the presence
o 9		of at least one witness who believes the declarant to be of sound mind
9 10		and who states that he (i) is not related within the third degree to the dealerant or to the dealerant's answer (iii) do does not know or have a
10		declarant or to the declarant's spouse, (ii) <u>do does</u> not know or have a
11		reasonable expectation that they he would be entitled to any portion of the astate of the declarant upon his the declarant's death under any will
12		the estate of the declarant upon his the declarant's death under any will of the declarant or codicil thereto then existing or under the Intestate
13		Succession Act as it then provides, (iii) are not the attending physician,
14		or an employee of the attending physician, or an employee of a health
16		facility in which the declarant is a patient, or an employee of a nursing
17		home or any group care home in which the declarant resides, is not the
18		attending physician, or a licensed health care provider who is a paid
19		employee of the attending physician, a paid employee of a health
20		facility in which the declarant is a patient, or a paid employee of a neutrine facility in which the declarant is a patient, or a paid employee of a
21		nursing home or any group-care home in which the declarant resides,
22		and (iv) do <u>does</u> not have a claim against any portion of the estate of
23		the declarant at the time of the declaration; and
24	(4)	Which-That has been proved before a clerk or assistant clerk of
25		superior court, or a notary public who certifies substantially as set out
26		in subsection (d) below.of this section."
27	SECT	FION 11.(b) G.S. 90-321(d) is repealed.
28		FION 11.(c) G.S. 90-321 is amended by adding the following new
29	subsection to rea	• • •
30	"(d1) The f	ollowing form is specifically determined to meet the requirements of
31	subsection (c) or	
32		
33	ADVAN	<u>CE DIRECTIVE FOR A NATURAL DEATH ("LIVING WILL")</u>
34		
35	NOTE: YOU S	HOULD USE THIS DOCUMENT TO GIVE YOUR HEALTH CARE
36	PROVIDERS	INSTRUCTIONS ABOUT WHETHER TO APPLY
37	LIFE-PROLON	GING MEASURES IN CERTAIN SITUATIONS. THERE IS NO
38	LEGAL REQU	REMENT THAT ANYONE EXECUTE A LIVING WILL.
39		
40		STRUCTIONS: You can use this Advance Directive ("Living Will")
41	•	nstructions for the future about whether you want your health care
42		ply life-prolonging measures in certain situations. You should talk to
43		but what these terms mean. The Living Will states what choices you
44	would have ma	de for yourself if you were able to communicate. Talk to your family

1	members, friends, and others you trust about your choices. Also, it is a good idea to talk			
2	with professionals such as your doctors, clergypersons, and lawyers before you			
3	complete and sign this Living Will.			
4	*	Ū		
5	You do	o not have to use th	is form to give those instructions, but if you create your own	
6			ed to be very careful to ensure that it is consistent with North	
7	Carolir	•	· · · · · · · · · · · · · · · · · · ·	
8				
9	This Li	iving Will form is in	ntended to be valid in any jurisdiction in which it is presented,	
10			Carolina may impose requirements that this form does not	
11	meet.			
12				
13	If you	want to use this fo	orm, you must complete it, sign it, and have your signature	
14	-		vitness and proved by a notary public. Follow the instructions	
15		• •	an initial very carefully. Do not sign this form until a witness	
16			esent to watch you sign it. You then should consider giving a	
17		•	sician and/or a trusted relative, and should consider filing it	
18			Care Directive Registry maintained by the North Carolina	
19		ary of State.	reare Directive Registry maintained by the North Caronina	
20	berete	<u>iry of State.</u>		
20			My Desire for a Natural Death	
22	I,		, being of sound mind, desire that, as specified below, my	
23		be prolonged by lit	<u>re-prolonging measures:</u>	
23		When My Directive		
25		•	<u>at prolonging my life shall apply if my attending physician</u>	
26		•	city to make or communicate health care decisions and:	
20 27		incs that I lack capa	erty to make of communicate nearth care decisions and.	
28		ΝΟΤΕ· ΧΟΠ ΜΑΧ	INITIAL ANY AND ALL OF THESE CHOICES.	
28 29	:		INTIAL ANT AND ALL OF THESE CHOICES.	
30		(Initial)	I have an incurable or irreversible condition that will result	
31		(IIIItial)	in my death within a relatively short period of time.	
32		(Initial)	I become unconscious and my health care providers	
32 33		(IIIItial)		
33 34			determine that, to a high degree of medical certainty, I will	
34 35		(Initial)	never regain my consciousness.	
		(IIIItial)	I suffer from advanced dementia or any other condition	
36			which results in the substantial loss of my cognitive ability	
37			and my health care providers determine that, to a high	
38	2	T1	degree of medical certainty, this loss is not reversible.	
39 40			tives about Prolonging My Life:	
40			I have initialed in Section 1, I direct that my health care	
41	provide		NI V IN ONE DI ACE	
42	:	NOTE: INITIAL O	NLY IN ONE PLACE.	
43		/T ··· 1\		
44		(Initial)	may withhold or withdraw life-prolonging measures.	

1			
2		(Initial)	shall withhold or withdraw life-prolonging measures.
3	<u>3.</u>		icial Nutrition or Hydration"
4		▲ _	ONLY IF YOU WANT TO MAKE EXCEPTIONS TO
5	YOU		IN PARAGRAPH 2.)
6		EVEN THOUGH	I do not want my life prolonged in those situations I have
7	initial	ed in Section 1:	
8		(Initial)	I DO want to receive BOTH artificial hydration AND
9			artificial nutrition (for example, through tubes) in those
10			situations.
11			(NOTE: DO NOT INITIAL THIS BLOCK IF ONE OF
12			THE BLOCKS BELOW IS INITIALED.)
13		(Initial)	I DO want to receive ONLY artificial hydration (for
14			example, through tubes) in those situations.
15			(NOTE: DO NOT INITIAL THE BLOCK ABOVE OR
16			BELOW IF THIS BLOCK IS INITIALED.)
17		(Initial)	I DO want to receive ONLY artificial nutrition (for
18			example, through tubes) in those situations.
19			(NOTE: DO NOT INITIAL EITHER OF THE TWO
20			BLOCKS ABOVE IF THIS BLOCK IS INITIALED.)
21	<u>4.</u>		as Comfortable as Possible
22			alth care providers take reasonable steps to keep me as clean,
23			ee of pain as possible so that my dignity is maintained, even
24	~	though this care ma	• • •
25	<u>5.</u>	I Understand my A	
26 27			nderstand that this document directs certain life-prolonging
27 28			vithheld or discontinued in accordance with my advance
28 29	6	instructions.	ale Health Care A cont
29 30	<u>6.</u>		ble Health Care Agent d a health care agent by executing a health care power of
31			instrument, and that health care agent is acting and available
32		•	ns that differ from this Advance Directive, then I direct that:
33		(Initial)	Follow Advance Directive: This Advance Directive will
34		<u>(Initial)</u>	override instructions my health care agent gives about
35			prolonging my life.
36		(Initial)	Follow Health Care Agent: My health care agent has
37			authority to override this Advance Directive.
38		(NOTE: DO NOT	INITIAL BOTH BLOCKS. IF YOU DO NOT INITIAL
39			EN YOUR HEALTH CARE PROVIDERS WILL FOLLOW
40			DIRECTIVE AND IGNORE THE INSTRUCTIONS OF
41			CARE AGENT ABOUT PROLONGING YOUR LIFE.)
42	<u>7.</u>		oviders May Rely on this Directive
43	=		viders shall not be liable to me or to my family, my estate, my
44		• •	al representative for following the instructions I give in this
			-

1		nstrument. Following my directions shall not be considered suicide, or the cause
2		of my death, or malpractice or unprofessional conduct. If I have revoked this
3		nstrument but my health care providers do not know that I have done so, and
4		hey follow the instructions in this instrument in good faith, they shall be entitled
5		o the same protections to which they would have been entitled if the instrument
6 7		ad not been revoked. Want this Directive to be Effective Annuchers
7 8		Want this Directive to be Effective Anywhere
8 9	_	intend that this Advance Directive be followed by any health care provider in my place.
10	_	have the Right to Revoke this Advance Directive
11		understand that at any time I am competent, I may revoke this Advance
12		Directive in a writing I sign or by communicating in any clear and consistent
13		nanner my intent to revoke it to my attending physician. I understand that if I
14		evoke this instrument I should try to destroy all copies of it.
15	This the	· · ·
16		
17		Print Name
18	I hereb	y state that the declarent,, being of sound mind,
19	signed	(or directed another to sign on declarant's behalf) the foregoing Advance
20	Directiv	re for a Natural Death in my presence, and that I am not related to the principal
21	<u>by</u> bloc	d or marriage, and I would not be entitled to any portion of the estate of the
22	principa	I under any existing will or codicil of the principal or as an heir under the
23	Intestat	e Succession Act, if the principal died on this date without a will. I also state that
24	<u>I am no</u>	t the principal's attending physician, nor a licensed health care provider who is
25	<u>(1) an e</u>	mployee of the principal's attending physician, (2) nor an employee of the health
26	•	in which the principal is a patient, or (3) an employee of a nursing home or any
27		are home where the principal resides. I further state that I do not have any claim
28		the principal or the estate of the principal.
29	Date:	Witness:
30		COUNTY,STATE
31	Sworn t	o (or affirmed) and subscribed before me this day by
32		(type/print name of principal)
33		
34		(type/print name of witness)
35	Date	<u>Cianatana a</u> Natana Dahlia
36		(Official Seel)
37		(Official Seal)
38 39		, Notary Public
		Printed or typed name
40 41		My commission expires:
41 42	"(e)	SECTION 11.(d) G.S. 90-321(e), (h), and (i) read as rewritten: The above declaration may be revoked by the declarant, in any manner by
42 43	· · ·	the above declaration may be revoked by the declaration, in any manner by the is able to communicate his intent to revoke, without regard to his mental or
43 44		le is able to communicate his intent to revoke, without regard to his mental of le condition. Such revocation shall become effective only upon communication to
-1-1	physica	Condition. Such revocation shar become encetive only upon communication to

the attending physician by the declarant or by an individual acting on behalf of the 1 2 declarant. A declaration may be revoked by the declarant, in writing or in any manner by 3 which the declarant is able to communicate the declarant's intent to revoke in a clear and 4 consistent manner, without regard to the declarant's mental or physical condition. A 5 health care provider shall have no liability for acting in accordance with a revoked 6 declaration unless the provider has actual notice of the revocation. A health care agent 7 may not revoke a declaration unless the health care power of attorney explicitly 8 authorizes that revocation; however, a health care agent may exercise any authority 9 explicitly given to the health care agent in a declaration. A guardian of the person of the declarant or general guardian may not revoke a declaration. 10 11 (h) The withholding or discontinuance of extraordinary means and/or the 12 withholding or discontinuance of either artificial nutrition or hydration, or both 13 life-prolonging measures in accordance with this section shall not be considered the 14 cause of death for any civil or criminal purposes nor shall it be considered 15 unprofessional conduct.conduct or a lack of professional competence. Any person, institution or facility against whom criminal or civil liability is asserted because of 16 17 conduct in compliance with this section may interpose this section as a defense. The 18 protections of this section extend to any valid declaration, including a document valid 19 under subsection (1) of this section; these protections are not limited to declarations 20 prepared in accordance with the statutory form provided in subsection (d1) of this 21 section, or to declarations filed with the Advance Health Care Directive Registry 22 maintained by the Secretary of State. A health care provider may rely in good faith on 23 an oral or written statement by legal counsel that a document appears to meet the 24 statutory requirements for a declaration. Any certificate in the form provided by this section prior to July 1, 1979, shall 25 (i) 26 continue to be valid. Use of the statutory form prescribed in subsection (d1) of this 27 section is an optional and nonexclusive method for creating a declaration and does not 28 affect the use of other forms of a declaration, including previous statutory forms." 29 **SECTION 11.(e)** G.S. 90-321 is amended by adding the following new 30 subsections to read: 31 Notwithstanding subsection (c) of this section: "(k) 32 An attending physician may decline to honor a declaration if doing so (1)33 would violate that physician's conscience or the conscience-based 34 policy of the facility at which the declarant is being treated; provided. 35 an attending physician who declines to honor a declaration on these 36 grounds must not interfere, and must cooperate reasonably, with efforts to substitute an attending physician whose conscience would 37 38 not be violated by honoring the declaration, or transfer the declarant to 39 a facility that does not have policies in force that prohibit honoring the 40 declaration. 41 An attending physician may decline to honor a declaration if after (2) 42 reasonable inquiry there are reasonable grounds to question the genuineness or validity of a declaration. The subsection imposes no 43

1	duty on the attending physician to verify a declaration's genuineness or			
2	validity.			
3	(1) Notwithstanding subsection (c) of this section, a declaration or similar			
4	document executed in a jurisdiction other than North Carolina shall be valid in this State			
5	if it appears to have been executed in accordance with the applicable requirements of			
6	that jurisdiction or this State."			
7	SECTION 12. G.S. 90-322 reads as rewritten:			
8	"§ 90-322. Procedures for natural death in the absence of a declaration.			
9	(a) If a person is comatose and there is no reasonable possibility that he will			
10	return to a cognitive sapient state or is mentally incapacitated, and: If the attending			
11	physician determines, to a high degree of medical certainty, that a person lacks capacity			
12	to make or communicate health care decisions and the person will never regain that			
13	capacity, and:			
14	(1) It is determined by the attending physician that the person's present			
15	condition is:			
16	a. Terminal and incurable; or			
17	b. Repealed by Session Laws 1993, c. 553, s. 29.			
18	c. Diagnosed as a persistent vegetative state; and			
19	(1a) That the person:			
20	a. <u>Has an incurable or irreversible condition that will result in the</u>			
21	person's death within a relatively short period of time; or			
22	b. Is unconscious and, to a high degree of medical certainty, will			
23	never regain consciousness; and			
24	(2) There is confirmation of the person's present condition as set out above			
25	in this subsection, in writing by a physician other than the attending			
26	physician; and			
27	(3) A vital <u>bodily</u> function of the person could be restored by			
28	extraordinary means or a vital function of the person is being sustained			
29	by extraordinary means; or or is being sustained by life-prolonging			
30	measures;			
31	(4) The life of the person could be or is being sustained by artificial			
32	nutrition or hydration;			
33	then, extraordinary means or artificial nutrition or hydration life-prolonging measures			
34	may be withheld or discontinued in accordance with subsection (b).(b) of this section.			
35	(b) If a person's condition has been determined to meet the conditions set forth in			
36	subsection (a) of this section and no instrument has been executed as provided in			
37	G.S. 90-32190-321, the extraordinary means or artificial nutrition or hydration then			
38	<u>life-prolonging measures</u> may be withheld or discontinued upon the direction and under			
39	the supervision of the attending physician with the concurrence (i) of a health care agent			
40	appointed pursuant to a health care power of attorney meeting the requirements of			
41	Article 3 of Chapter 32A of the General Statutes, or (ii) of a guardian of the person, or			
42	(iii) of the person's spouse, or (iv) of a majority of the relatives of the first degree, in			
43	that order.of the following persons, in the order indicated:			

1	(1)	
1	<u>(1)</u>	A guardian of the patient's person, or a general guardian with powers
2 3		over the patient's person, appointed by a court of competent invisibilities surgement to Article 5 of Chapter 25A of the Competent
3 4		jurisdiction pursuant to Article 5 of Chapter 35A of the General Statutes; provided that, if the patient has a health care agent appointed
4 5		
5 6		pursuant to a valid health care power of attorney, the health care agent shall have the right to exercise the authority to the extent granted in the
7		health care power of attorney and to the extent provided in
8		G.S. 32A-19(b) unless the Clerk has suspended the authority of that
9		health care agent in accordance with G.S. 35A-1208(a);
10	(2)	<u>A health care agent appointed pursuant to a valid health care power of</u>
11		attorney, to the extent of the authority granted;
12	<u>(3)</u>	An attorney-in-fact, with powers to make health care decisions for the
13	<u>(9)</u>	patient, appointed by the patient pursuant to Article 1 or Article 2 of
14		Chapter 32A of the General Statutes, to the extent of the authority
15		granted;
16	<u>(4)</u>	The patient's spouse;
17	$\overline{(5)}$	<u>A majority of the patient's reasonably available parents and children at</u>
18	<u>, , , , , , , , , , , , , , , , , , , </u>	least 18 years of age; or
19	<u>(6)</u>	An individual who has an established relationship with the patient,
20		who is acting in good faith on behalf of the patient, and who can
21		reliably convey the patient's wishes.
22	If none of th	e above is available then at the discretion of the attending physician the
23		eans or artificial nutrition or hydration life-prolonging measures may be
24		continued upon the direction and under the supervision of the attending
25	physician.	
26	(c) Repea	aled by Session Laws 1979, c. 715, s. 2.
27	(d) The w	withholding or discontinuance of such extraordinary means or artificial
28	•	dration life-prolonging measures shall not be considered the cause of
29		civil or criminal purpose nor shall it be considered unprofessional
30	• •	erson, institution or facility against whom criminal or civil liability is
31		e of conduct in compliance with this section may interpose this section
32	as a defense."	
33		FION 13. G.S. 90-21.13 reads as rewritten:
34		formed consent to health care treatment or procedure.
35		ecovery shall be allowed against any health care provider upon the
36	0	health care treatment was rendered without the informed consent of the
37	▲	patient's spouse, parent, guardian, nearest relative or other person
38	-	ve consent for the patient where:
39	(1)	The action of the health care provider in obtaining the consent of the
40		patient or other person authorized to give consent for the patient was in
41		accordance with the standards of practice among members of the same
42 43		health care profession with similar training and experience situated in the same or similar communities; and
43		the same or similar communities; and

1	(2)	A rea	sonable person, from the information provided by the health care
2		provi	der under the circumstances, would have a general understanding
3		of the	e procedures or treatments and of the usual and most frequent
4		risks	and hazards inherent in the proposed procedures or treatments
5			are recognized and followed by other health care providers
6			ged in the same field of practice in the same or similar
7			nunities; or
8	(3)		sonable person, under all the surrounding circumstances, would
9	(-)		undergone such treatment or procedure had he been advised by
10			nealth care provider in accordance with the provisions of
11			visions (1) and (2) of this subsection.
12	(b) A co		which is evidenced in writing and which meets the foregoing
13			is signed by the patient or other authorized person, shall be
14			Consent. This presumption, however, may be subject to rebuttal
15	-		hat such consent was obtained by fraud, deception or
16			material fact. A consent that meets the foregoing standards, that is
17	-		or other authorized person, who under all the surrounding
17			acity to make and communicate health care decisions, is a valid
19		las cap	acity to make and communicate nearth care decisions, is a vand
20	$\frac{\text{consent.}}{(c)}$ A va	lid oo	usent is one which is given by a person who under all the
20			
	-		nces is mentally and physically competent to give consent.
22	<u>(1)</u>		ent that is evidenced in writing, and that is signed by the patient
23			ner authorized person, shall be presumed to be a valid consent.
24			presumption may be rebutted only upon proof that such consent
25			obtained by fraud, deception, or misrepresentation of a material
26		fact.	
27	<u>(2)</u>		following persons, in the order indicated, are authorized to
28			nt to medical treatment on behalf of a patient who is comatose or
29		-	wise lacks capacity to make or communicate health care
30		decisi	
31		<u>a.</u>	A guardian of the patient's person, or a general guardian with
32			powers over the patient's person, appointed by a court of
33			competent jurisdiction pursuant to Article 5 of Chapter 35A of
34			the General Statutes; provided that, if the patient has a health
35			care agent appointed pursuant to a valid health care power of
36			attorney, the health care agent shall have the right to exercise
37			the authority to the extent granted in the health care power of
38			attorney and to the extent provided in G.S. 32A-19(b) unless the
39			Clerk has suspended the authority of that health care agent in
40			accordance with G.S. 35A-1208(a);
41		<u>b.</u>	A health care agent appointed pursuant to a valid health care
42			power of attorney, to the extent of the authority granted;
43		<u>c.</u>	An attorney-in-fact, with powers to make health care decisions
44			for the patient, appointed by the patient pursuant to Article 1 or

General Assembly of	of North Carolina	Session 2007
	Article 2 of Chapter 32A of the Ge	eneral Statutes, to the extent
	of the authority granted;	
<u>d.</u>	The patient's spouse;	
e.	A majority of the patient's reason	ably available parents and
_	children at least 18 years of age; or	• •
<u>f.</u>	An individual who has an establi	shed relationship with the
	patient, who is acting in good faith	-
	who can reliably convey the patient	s wishes.
If none of the pe	ersons listed under this subdivision is	
attending physician,	in the attending physician's discretion	n, may provide health care
treatment without the	e consent of the patient or other person a	authorized to consent for the
patient if there is	conformation by a physician other t	han the patient's attending
physician of the pati	ent's condition and the necessity for tre	eatment; provided, however,
that confirmation of	f the patient's condition and the nece	essity for treatment are not
	in obtaining the confirmation would en	ndanger the life or seriously
worsen the condition	-	
	may be maintained against any heal	
• •	or assurance as to the result of any me	U
_	ent unless the guarantee, warranty or	
	f, shall be in writing and signed by the	e provider or by some other
	act for or on behalf of such provider.	
	nt of any conflict between the provision	
	35A-1245, 90-21.17, and 90-322, an	
—	cle 3 of Chapter 122C, the provisions o	f those <u>sections and</u> Articles
	tinue in full force and effect."	
	14. G.S. 90-21.17 reads as rewritten:	
	ole do not resuscitate order.<u>order</u> and	i Medical Order for Scope
<u>of Treatm</u>		stigntly desire and right to
	ntent of this section to recognize a p	e
	nonary resuscitation <u>and other life-pro</u> nnecessary pain and suffering through	
e .	order.order or a Medical Order for Scor	
	blishes an optional and nonexclusive p	
	sentative may exercise this right.	locedure by which a patient
A A	in may issue a portable DNR order <u>or M</u>	IOST for a patient:
	h the consent of the patient;	
	he patient is a minor, with the conser	t of the nationt's parent or
	rdian; or	n or the patient's parent of
U	he patient is not a minor but is incapa	ble of making an informed
. ,	ision regarding consent for the order	-
	ent's representative.	, with the consent of the
•	all document the basis for the <u>DNR</u> ord	ler or MOST in the patient's
	en the order is a MOST, the patient or	
	provided, however, that if it is not	
	• ,,	

representative to sign the original MOST form, the patient's representative shall sign a 1 2 copy of the completed form and return it to the health care professional completing the 3 form. The copy of the form with the signature of the patient's representative, whether in 4 paper or electronic form, shall be placed in the patient's medical record. When the 5 signature of the patient's representative is on a separate copy of the MOST form, the 6 original MOST form must indicate in the appropriate signature field that the signature is 7 "on file." 8 (c) The Department of Health and Human Services shall develop a portable DNR 9 order form.form, and a MOST form. The official DNR form shall include fields for the 10 name of the patient; the name, address, and telephone number of the physician; the 11 signature of the physician; and other relevant information. At a minimum, the official 12 MOST form shall include fields for: the name of the patient; the name and telephone 13 number of the physician, physician assistant, or nurse practitioner authorizing the order 14 by signing the form; the name and contact information of the health care professional 15 who prepared the form with the patient or the patient's representative; information on who agreed (i.e. the patient or the patient's representative) to the options selected on the 16 17 MOST form; a range of options for cardiopulmonary resuscitation, medical 18 interventions, antibiotics, medically administered fluids and nutrition; a signature clock 19 for the patient or the patient's representative to sign if practicable; effective date of the 20 form and review dates; and an advisory that the MOST may be revoked by the patient or 21 the patient's representative. The form may be approved by reference to a standard form 22 that meets the requirements of this subsection. For purposes of this section, the 23 "patient's representative" means an individual from the list of persons authorized to 24 consent to the withholding of extraordinary care pursuant to G.S. 90-322 or an individual who has an established relationship with the patient, who is acting in good 25 26 faith on behalf of the patient, and who can reliably convey the patient's 27 wishes.G.S. 90-322. 28 No physician, emergency medical professional, hospice provider, or other (d)

29 health care provider shall be subject to criminal prosecution, civil liability, or 30 disciplinary action by any professional licensing or certification agency for withholding 31 cardiopulmonary resuscitation from a patient in good faith reliance on an original DNR 32 order or MOST form adopted pursuant to subsection (c) of this section, provided that (i) 33 there are no reasonable grounds for doubting the validity of the order or the identity of 34 the patient, and (ii) the provider does not have actual knowledge of the revocation of the 35 portable DNR order.order or MOST. No physician, emergency medical professional, 36 hospice provider, or other health care provider shall be subject to criminal prosecution, 37 civil liability, or disciplinary action by any professional licensing or certification agency 38 for failure to follow a DNR order or MOST form adopted pursuant to subsection (c) of 39 this section if the provider had no actual knowledge of the existence of the DNR 40 order.order or MOST.

41 (e) A health care facility may develop policies and procedures that authorize the 42 facility's provider to accept a portable DNR order <u>or MOST</u> as if it were an order of the 43 medical staff of that facility. This section does not prohibit a physician in a health care 44 facility from issuing a written order, other than a portable DNR order, order or MOST

1	not to resuscitate a patient in the event of cardiac or respiratory arrest, or to use,			
2	withhold, or wi	thdraw additional medical interventions as provided in the MOST, in		
3	accordance with	acceptable medical practice and the facility's policies.		
4	(f) Nothi	ing in this section shall affect the validity of portable DNR order or		
5	MOST forms in	existence prior to the effective date of this section."		
6	SEC	FION 15. G.S. 130A-420 reads as rewritten:		
7	" § 130A-420. <i>A</i>	Authority to dispose of body or body parts.		
8	(a) An ir	ndividual at least 18 years of age may authorize the disposition of the		
9	individual's own	n dead body in a written will, pursuant to a health care power of attorney		
10	to the extent pro	ovided in Article 3 of Chapter 32A of the General Statutes, pursuant to a		
11	preneed funeral	contract executed pursuant to Article 13D of Chapter 90 of the General		
12	Statutes, pursua	nt to a cremation authorization form executed pursuant to Article 13C of		
13	Chapter 90 of t	he General Statutes, or in a written statement signed by the individual		
14	and witnessed b	y two persons who are at least 18 years old.		
15	(b) If a	decedent has left no written authorization for the disposal of the		
16		y as permitted under subsection (a) of this section, the following		
17		ons in the order listed may authorize the type, method, place, and		
18		ne decedent's body:		
19	· (1)	The surviving spouse.		
20	(2)	A majority of the surviving children.		
21	(3)	The surviving parents.		
22	(4)	A majority of the surviving siblings.		
23	(5)	A majority of the persons in the classes of the next degrees of kinship,		
24		in descending order, who, under State law, would inherit the		
25		decedent's estate if the decedent died intestate.		
26	(6)	A person who has exhibited special care and concern for the decedent		
27		and is willing and able to make decisions about the disposition.		
28	<u>(1a)</u>	The health care agent under a health care power of attorney giving the		
29		health care agent that authority to the extent provided in		
30		<u>G.S. 32A-19(b).</u>		
31	<u>(2a)</u>	The personal representative of the estate of the decedent, or the person		
32		named executor in a will prior to appointment.		
33	<u>(3a)</u>	The surviving spouse.		
34	<u>(4a)</u>	A majority of the surviving children who are at least 18 years of age		
35		and can be located after reasonable efforts.		
36	<u>(5a)</u>	The surviving parents.		
37	<u>(6a)</u>	A majority of the surviving siblings who are at least 18 years of age		
38		and can be located after reasonable efforts.		
39	<u>(7)</u>	A majority of the persons in the classes of the next degrees of kinship,		
40		in descending order, who, under State law, would inherit the		
41		decedent's estate if the decedent died intestate who are at least 18 years		
42		of age and can be located after reasonable efforts.		
43	<u>(8)</u>	A person who has exhibited special care and concern for the decedent		
44		and is willing and able to make decisions about the disposition.		
		-		

1	(9) In the case of indigents or any other individuals whose final				
2	disposition is the responsibility of the State or any of its				
3	instrumentalities, a public administrator, medical examiner, coroner,				
4	State-appointed guardian, or any other public official charged with				
5	arranging the final disposition of the decedent.				
6	This subsection does not grant to any person the right to cancel a preneed funeral				
7	contract executed pursuant to Article 13D of Chapter 90 of the General Statutes or to				
8	prohibit the substitution of a preneed licensee as authorized under G.S. 90-210.63.				
9	(c) An individual at least 18 years of age may, in a writing signed by the				
10	individual, authorize the disposition of one or more of the individual's body parts that				
11	has been or will be removed. If the individual does not authorize the disposition, a				
12	person listed in subsection (b) of this section may authorize the disposition as if the				
13	individual was deceased.				
14	(d) This section does not apply to the disposition of dead human bodies as				
15	anatomical gifts under Part 3 of Article 16 of Chapter 130A of the General Statutes or				
16	the right to perform autopsies under Part 2 of Article 16 of Chapter 130A of the General				
17	Statutes."				
18	SECTION 16.(a) G.S. 122C-3(20) reads as rewritten:				
19	"(20) "Legally responsible person" means: (i) when applied to an adult, who				
20	has been adjudicated incompetent, a guardian; (ii) when applied to a				
21	minor, a parent, guardian, a person standing in loco parentis, or a legal				
22	custodian other than a parent who has been granted specific authority				
23	by law or in a custody order to consent for medical care, including				
24	psychiatric treatment; or (iii) when applied to an adult who is				
25	incapable as defined in G.S. 122C-72(c) and who has not been				
26	adjudicated incompetent, a health care agent named pursuant to a valid				
27	health care power of attorney as prescribed in Article 3 of Chapter 32				
28	of the General Statutes.attorney."				
29	SECTION 16.(b) G.S. 122C-57(d) reads as rewritten:				
30	"(d) Each voluntarily admitted client, the client's legally responsible person, or a				
31	health care agent named pursuant to a valid health care power of attorney client or the				
32	client's legally responsible person (including a health care agent named pursuant to a				
33	valid health care power of attorney) has the right to consent to or refuse any treatment				
34	offered by the facility. Consent may be withdrawn at any time by the person who gave				
35	the consent. If treatment is refused, the qualified professional shall determine whether				
36	treatment in some other modality is possible. If all appropriate treatment modalities are				
37	refused, the voluntarily admitted client may be discharged. In an emergency, a				
38	voluntarily admitted client may be administered treatment or medication, other than				
39	those specified in subsection (f) of this section, despite the refusal of the client, the				
40	client's legally responsible person, a health care agent named pursuant to a valid health				
41	care power of attorney, or client or the client's legally responsible person, even if the				
42	client's refusal is expressed in a valid advance instruction for mental health treatment.				
43	The Commission may adopt rules to provide a procedure to be followed when a				
44	voluntarily admitted client refuses treatment."				

1	SECTION 16.(c) G.S. 122C-72(1) reads as rewritten:				
2	"(1) "Advance instruction for mental health treatment" or "advance				
3	instruction" means a written instrument, signed in the presence of two				
4	qualified witnesses who believe at least one qualified witness who				
5	believes the principal to be of sound mind at the time of the signing,				
6	and acknowledged before a notary public, pursuant to which the				
7	principal makes a declaration of instructions, information, and				
8	preferences regarding the principal's mental health treatment and states				
9	that the principal is aware that the advance instruction authorizes a				
10	mental health treatment provider to act according to the instruction. It				
11	may also state the principal's instructions regarding, but not limited to,				
12	consent to or refusal of mental health treatment when the principal is				
13	incapable."				
14	SECTION 17. G.S. 130A-468(c) and (d) read as rewritten:				
15	"(c) When the Secretary of State receives a revocation of a document that is filed				
16	with the registry and that document's file number and password, or a request to remove				
17	that document from the registry without its revocation, the Secretary shall delete that				
18	document from the registry database.				
19	(d) The Secretary of State's entry of a document into into, or removal of a				
20	document from, the registry database does not do any of the following:				
21	(1) Affect the validity of the document in whole or in part.				
22	(2) Relate to the accuracy of information contained in the document.				
23	(3) Create a presumption regarding the validity of the document, regarding				
24	the accuracy of information contained in the document, or that the				
25	statutory requirements for the document have been met."				
26	SECTION 18. G.S. 28A-13-1 reads as rewritten:				
27	"§ 28A-13-1. Time of accrual of duties and powers.				
28	The duties and powers of a personal representative commence upon his appointment.				
29	The powers of a personal representative relate back to give acts by the person appointed				
30	which are beneficial to the estate occurring prior to appointment the same effect as those				
31	occurring thereafter. Prior to appointment, However, a person named executor in a will				
32	may may, prior to appointment, carry out written instructions of the decedent relating to				
33	his-the decedent's body, funeral and burial arrangements.arrangements; provided that a				
34	health care agent authorized in a valid health care power of attorney to make body,				
35	funeral, and burial arrangements shall have precedence in making these arrangements,				
36	both before and after qualification of the decedent's personal representative, to the				
37	extent provided in G.S. 32A-19(b). A personal representative may ratify and accept acts				
38	on behalf of the estate done by others where the acts would have been proper for a				
39	personal representative."				
40	SECTION 19.(a) G.S. 90-210.63 is amended by adding the following new				
41	subsection to read:				
42	"(c) The following persons, in the priority listed below, shall have the right to				
43	serve as the legal representative of the preneed contract beneficiary:				

43 serve as the legal representative of the preneed contract beneficiary:

	General Assem	oly of North Carolina	Session 2007	
1	<u>(1)</u>	The health care agent under a health care power	of attorney for the	
2	<u>\</u>	preneed contract beneficiary with authority to make		
3		to the extent provided in G.S. 32A-19(b);		
4	<u>(2)</u>	The personal representative of the estate of the	preneed contract	
5	<u>_/</u>	beneficiary, or the person named executor in		
6		appointment; or		
7	<u>(3)</u>	Any of the following persons, in order of priority, when persons in		
8	<u>(5)</u>	prior classes are not available at the time of death:		
9		a. The spouse of the preneed contract beneficiar	·V·	
10		b. Any adult child or stepchild of the preneed co	•	
11		c. Any parent of the preneed contract beneficiar	÷	
12		<u>d.</u> Any adult sibling of the preneed contract ben	-	
12		e. A guardian of the person of the preneed con	•	
13		the time of the preneed contract beneficiary's		
15	SECT			
16	rewritten:	1011 17.(b) 0.5. <i>70</i> 210.12+(d) and <i>70</i> 210.1	27(u)(1) 10uu us	
17		llowing person, persons in the priority list below, sha	all have the right to	
18	serve as an "auth	••••••	in nuve the right to	
19	(1)	An individual at least 18 years of age may authorize	the cremation and	
20	(1)	disposition of the individual's own dead body		
20		pursuant to health care power of attorney giving the		
22		that authority to the extent provided in Article 3 of		
23		General Statues, <u>G.S. 32A-19(b)</u> , pursuant to a	—	
24		contract executed pursuant to Article 13D of Chapte	-	
25		Statutes, pursuant to a cremation authorization form		
26		to Article 13F of Chapter 90 of the General Statut	-	
27		statement signed by the individual and witnessed by		
28		are at least 18 years old. When an individual has au		
29		own cremation and disposition in accordance with t		
30		individual or institution designated by that individu		
31		authorizing agent for that individual."		
32	SECT	ION 20. G.S. 90-321(e) reads as rewritten:		
33		- above declaration may be revoked by the declaration	nt. in writing or in	
34	· · · · · · · · · · · · · · · · · · ·	hich he the declarant is able to communicate his or h		
35		consistent manner, without regard to his or her r		
36		revocation shall become effective only upon com		
37		cian by the declarant or by an individual acting		
38		Ith care provider shall have no liability for acting in		
39		ion unless the provider has actual notice of the re		
40		not revoke a declaration unless the health care		
41		izes that revocation; however, a health care agent		
42		tly given to the health care agent in a declaration.	•	
43		larant or general guardian may not revoke a declarat	-	
44	-	ION 21. This act is effective when it becomes law.		