STATE OF WYOMING

HOUSE BILL NO. HB0107

Uniform health care decisions.

Sponsored by: Joint Labor, Health and Social Services Interim Committee

A BILL

for

AN ACT relating to health care; creating a uniform health 1 care decisions act; authorizing and prescribing sample 2 forms for advance health care directives; authorizing and 3 4 prescribing sample forms for powers of attorney for health 5 care; prescribing duties of health care surrogates and 6 health care providers as specified; providing for immunity, 7 monetary damages and injunctive relief; providing statements of legislative intent; repealing the durable 8 power of attorney for health care statute and living will 9 10 statute; and providing for an effective date.

11

12 Be It Enacted by the Legislature of the State of Wyoming: 13

 14
 Section 1.
 W.S. 35-22-401
 through 35-22-417
 are

 15
 created to read:

16

HB0107

	2005 STATE OF WYOMING 05LSO-0145.E1										
1	ARTICLE 4										
2	WYOMING HEALTH CARE DECISIONS ACT										
3											
4	35-22-401. Short title.										
5											
6	This act may be cited as the "Wyoming Health Care Decisions										
7	Act."										
8											
9	35-22-402. Definitions.										
10											
11	(a) As used in this act:										
12											
13	(i) "Advance health care directive" means an										
14	individual instruction or a power of attorney for health										
15	care, or both;										
16											
17	(ii) "Agent" means an individual designated in a										
18	power of attorney for health care to make a health care										
19	decision for the individual granting the power;										
20											
21	(iii) "Artificial nutrition and hydration" means										
22	supplying food and water through a conduit, such as a tube										
23	or an intravenous line where the recipient is not required										
24	to chew or swallow voluntarily, including, but not limited										

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to, nasogastric tubes, gastrostomies, jejunostomies and 1 2 intravenous infusions. Artificial nutrition and hydration 3 does not include assisted feeding, such as spoon or bottle 4 feeding; 5 6 (iv) "Capacity" means an individual's ability to 7 understand the significant benefits, risks and alternatives to proposed health care and to make and communicate a 8 9 health care decision; 10 11 (v) "Community care facility" means a public or 12 private facility responsible for the day-to-day care of 13 persons with disabilities; 14 15 (vi) "Emancipated minor" means a minor who has become emancipated as provided in W.S. 14-1-201 through 16 14-1-206; 17 18 19 (vii) "Guardian" means a judicially appointed guardian or conservator having authority to make a health 20 21 care decision for an individual;

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(viii) "Health care" means any care, treatment, 1 2 service or procedure to maintain, diagnose or otherwise 3 affect an individual's physical or mental condition; 4 5 (ix) "Health care decision" means a decision made by an individual or the individual's agent, guardian, 6 7 or surrogate, regarding the individual's health care, including: 8 9 10 (A) Selection and discharge of health care 11 providers and institutions; 12 13 (B) Approval or disapproval of diagnostic tests, surgical procedures, programs of medication and 14 orders not to resuscitate; and 15 16 17 (C) Directions to provide, withhold or withdraw artificial nutrition and hydration and all other 18 forms of health care. 19 20 21 (x) "Health care institution" means an 22 institution, facility or agency licensed, certified or otherwise authorized or permitted by law to provide health 23 care in the ordinary course of business; 24

1 2 (xi) "Primary health care provider" means any 3 person licensed under the Wyoming statutes and practicing 4 within the scope of that license as a licensed physician, 5 licensed physician's assistant or licensed advanced practitioner of nursing; 6 7 (xii) "Individual instruction" means 8 an 9 individual's direction concerning a health care decision for the individual; 10 11 12 (xiii) "Physician" means an individual 13 authorized to practice medicine under the Wyoming Medical Practice Act; 14 15 (xiv) "Power of attorney for health care" means 16 17 the designation of an agent to make health care decisions for the individual granting the power; 18 19 20 (xv) "Primary physician" means a physician 21 designated by an individual or the individual's agent, 22 guardian or surrogate, to have primary responsibility for the individual's health care or, in the absence of a 23 24 designation or if the designated physician is not

5

1 reasonably available, a physician who undertakes the 2 responsibility;

3

4 (xvi) "Reasonably available" means able to be 5 contacted with a level of diligence appropriate to the 6 seriousness and urgency of a patient's health care needs 7 and willing and able to act in a timely manner considering 8 the urgency of the patient's health care needs;

9

10 (xvii) "Residential care facility" means a 11 public or private facility providing for the residential 12 and health care needs of the elderly or persons with 13 disabilities or chronic mental illness;

14

15 (xviii) "State" means a state of the United 16 States, the District of Columbia, the Commonwealth of 17 Puerto Rico or a territory or insular possession subject to 18 the jurisdiction of the United States;

19

20 (xix) "Supervising health care provider" means 21 the health care provider who has undertaken primary 22 responsibility for an individual's health care;

23

(xx) "Surrogate" means an adult individual or 1 2 individuals who: 3 4 (A) Have capacity; 5 (B) Are reasonably available; 6 7 (C) Are willing to make health care 8 9 decisions, including decisions to initiate, refuse to initiate, continue or discontinue the use of a life 10 sustaining procedure on behalf of a patient who lacks 11 12 capacity; and 13 (D) Are identified by the supervising 14 health care provider in accordance with this act as the 15 person or persons who are to make those decisions in 16 accordance with this act. 17 18 19 (xxi) "This act" means W.S. 35-22-401 through 20 35-22-417. 21 35-22-403. Advance health care directives. 22 23

1 (a) An adult or emancipated minor may give an 2 individual instruction. The instruction may be oral or 3 written. The instruction may be limited to take effect only 4 if a specified condition arises.

5

(b) An adult or emancipated minor may execute a power 6 7 of attorney for health care, which may authorize the agent to make any health care decision the principal could have 8 9 made while having capacity. The power must be in writing 10 and signed by the principal or by another person in the 11 principal's presence and at the principal's expressed 12 direction. The power remains in effect notwithstanding the 13 principal's later incapacity and may include individual 14 instructions. Unless related to the principal by blood, 15 marriage or adoption, an agent may not be an owner, operator or employee of a residential or community care 16 17 facility at which the principal is receiving care. The durable power of attorney must either be sworn 18 and acknowledged before a notary public or must be signed by at 19 20 least two (2) witnesses, each of whom witnessed either the 21 signing of the instrument by the principal or the 22 principal's acknowledgement of the signature or of the instrument, each witness making the following declaration 23 24 in substance:

1

2 I declare under penalty of perjury under the laws 3 of Wyoming that the person who signed or 4 acknowledged this document is personally known to 5 me to be the principal, that the principal signed or acknowledged this document in my presence, 6 7 that the principal appears to be of sound mind and under no duress, fraud or undue influence, 8 9 that I am not the person appointed as attorney-10 in-fact by this document, and that I am not a 11 treating health care provider, an employee of a 12 treating health care provider, the operator of a 13 community care facility, an employee of an operator of a community care facility, the 14 15 operator of a residential care facility, nor an 16 employee of an operator of a residential care 17 facility.

18

19 (c) None of the following shall be used as a witness20 for a power of attorney for health care:

21

(i) A treating health care provider or employeeof the provider;

24

(ii) The attorney-in-fact nominated in the 1 2 writing; 3 (iii) The operator of a community care facility 4 5 or employee of the operator or facility; 6 7 (iv) The operator of a residential care facility or employee of the operator or facility. 8 9 10 (d) Unless otherwise specified in a power of attorney for health care, the authority of an agent becomes 11 12 effective only upon a determination that the principal 13 lacks capacity, and ceases to be effective upon a determination that the principal has recovered capacity. 14 15 (e) Unless otherwise specified in a written advance 16 health care directive, a determination that an individual 17 lacks or has recovered capacity, or that another condition 18 exists that affects an individual instruction or the 19 20 authority of an agent, shall be made by the primary 21 physician. 22 (f) An agent shall make a health care decision in 23 24 accordance with the principal's advance health care

directive and other wishes to the extent known to the 1 2 agent. Otherwise, the agent shall make the decision in 3 accordance with the agent's determination of the 4 principal's best interest. In determining the principal's 5 best interest, the agent shall consider the principal's personal values to the extent known to the agent. 6 7 (g) A health care decision made by an agent for a 8 9 principal is effective without judicial approval. 10 11 (h) A written advance health care directive may 12 include the individual's nomination of a guardian of the 13 person. 14 (j) An advance health care directive is valid for 15 16 purposes of this act if it complied with the applicable law at the time of execution or communication. 17 18 19 35-22-404. Revocation of advance health care 20 directive. 21 22 (a) An individual with capacity may revoke the designation of an agent only by a signed writing. 23 24

1	(b) An individual with capacity may revoke all or
2	part of an advance health care directive, other than the
3	designation of an agent, at any time and in any manner that
4	communicates an intent to revoke done in the presence of
5	two (2) competent persons. Any revocation that is not in
6	writing shall be documented in writing, signed and dated by
7	both witnesses. This writing shall be made a part of the
8	medical record.
9	

10 (c) A health care provider, agent, guardian or 11 surrogate who is informed of a revocation shall promptly 12 communicate the fact of the revocation to the supervising 13 health care provider and to any health care institution at 14 which the patient is receiving care.

15

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

20

(e) An advance health care directive that conflicts with an earlier advance health care directive revokes the earlier directive to the extent of the conflict.

24

12

35-22-405. Optional form. 1 2 3 The following form may, but need not, be used to (a) 4 create an advance health care directive. The other sections 5 of this act govern the effect of this or any other writing used to create an advance health care directive. 6 An 7 individual may complete or modify all or any part of the following form: 8 9 10 ADVANCE HEALTH CARE DIRECTIVE 11 Explanation 12 13 You have the right to give instructions about your own 14 health care. You also have the right to name someone else to make health care decisions for you. This form lets you 15 16 do either or both of these things. It also lets you express 17 your wishes regarding donation of organs and the designation of your supervising health care provider. If 18 you use this form, you may complete or modify all or any 19 20 part of it. You are free to use a different form. 21 22 Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make 23 health care decisions for you if you become incapable of 24

1 making your own decisions or if you want someone else to 2 make those decisions for you now even though you are still 3 capable. 4 5 You may also name an alternate agent to act for you if your first choice is not willing, able or reasonably available 6 7 to make decisions for you. Unless related to you, your agent may not be an owner, operator or employee of a 8 9 residential or community care facility at which you are 10 receiving care. 11 12 Unless the form you sign limits the authority of your 13 agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority 14 15 of your agent. You need not limit the authority of your 16 agent if you wish to rely on your agent for all health care 17 decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the 18

19 right to:

20

21 (a) Consent or refuse consent to any care, treatment, 22 service or procedure to maintain, diagnose or otherwise 23 affect a physical or mental condition;

24

1 (b) Select or discharge health care providers and 2 institutions;

3

4 (c) Approve or disapprove diagnostic tests, surgical 5 procedures, programs of medication and orders not to resuscitate; and 6

7

(d) Direct the provision, withholding or withdrawal 8 9 of artificial nutrition and hydration and all other forms 10 of health care.

11

12 Part 2 of this form lets you give specific instructions 13 about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, 14 withholding or withdrawal of treatment to keep you alive, 15 including the provision of artificial nutrition and 16 17 hydration, as well as the provision of pain relief. Space is also provided for you to add to the choices you have 18 made or for you to write out any additional wishes. 19

20

Part 3 of this form lets you express an intention to donate 21 22 your bodily organs and tissues following your death.

1 Part 4 of this form lets you designate a supervising health 2 care provider to have primary responsibility for your 3 health care.

4

5 After completing this form, sign and date the form at the end. This form must either be signed before a notary public 6 or, in the alternative, be witnessed by two (2) witnesses. 7 Give a copy of the signed and completed form to your 8 9 physician, to any other health care providers you may have, 10 to any health care institution at which you are receiving 11 care, and to any health care agents you have named. You 12 should talk to the person you have named as agent to make 13 sure that he or she understands your wishes and is willing 14 to take the responsibility.

15

16 You have the right to revoke this advance health care 17 directive or replace this form at any time.

18

* * * * * * * * * * * * * * * * * * * 19

20

PART 1

22 POWER OF ATTORNEY FOR HEALTH CARE

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21

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2005
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1
   (1) DESIGNATION OF AGENT: I designate the following
2
    individual as my agent to make health care decisions for
3
   me:
4
5
    (name of individual you choose as agent)
 6
7
8
9
    (address) (city) (state) (zip code)
10
11
    _____
12
    (home phone)
                                          (work phone)
13
   OPTIONAL: If I revoke my agent's authority or if my agent
14
   is not willing, able or reasonably available to make a
15
   health care decision for me, I designate as my first
16
17
   alternate agent:
18
19
20
    (name of individual you choose as first alternate agent)
21
22
```

23 (address) (city) (state) (zip code)

| 1 | | | | |
|----|---|---------|--------|------|
| 2 | (home phone) | (work | phone) |) |
| 3 | | | | |
| 4 | OPTIONAL: If I revoke the authority of my | agent | and f: | irst |
| 5 | alternate agent or if neither is wi | lling, | able | or |
| 6 | reasonably available to make a health care | decisio | on for | me, |
| 7 | I designate as my second alternate agent: | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | (name of individual you choose as second al | ternate | agent) |) |
| 11 | | | | |
| 12 | | | | |
| 13 | (address) (city) (state) (zip code) | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | (home phone) | (wo | rk pho | ne) |
| 17 | | | | |
| 18 | (2) AGENT'S AUTHORITY: My agent is author | ized to | make | all |
| 19 | health care decisions for me, includir | ng dec: | isions | to |
| 20 | provide, withhold or withdraw artificial | l nutr | ition | and |
| 21 | hydration and all other forms of health | care t | o keep | me |
| 22 | alive, except as I state here: | | | |
| 23 | | | | |
| 24 | | | | |

| 1 | |
|----|---|
| 2 | (Add additional sheets if needed.) |
| 3 | |
| 4 | (3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's |
| 5 | authority becomes effective when my supervising health care |
| 6 | provider determines that I lack the capacity to make my own |
| 7 | health care decisions unless I initial the following box. |
| 8 | If I initial this box [], my agent's authority to make |
| 9 | health care decisions for me takes effect immediately. |
| 10 | |
| 11 | (4) AGENT'S OBLIGATION: My agent shall make health care |
| 12 | decisions for me in accordance with this power of attorney |
| 13 | for health care, any instructions I give in Part 2 of this |
| 14 | form, and my other wishes to the extent known to my agent. |
| 15 | To the extent my wishes are unknown, my agent shall make |
| 16 | health care decisions for me in accordance with what my |
| 17 | agent determines to be in my best interest. In determining |
| 18 | my best interest, my agent shall consider my personal |
| 19 | values to the extent known to my agent. |
| 20 | |
| 21 | (5) NOMINATION OF GUARDIAN: If a guardian of my person |
| 22 | needs to be appointed for me by a court, (please initial |
| 23 | one): |

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|----|--|
| 1 | [] I nominate the agent(s) whom I named in this form |
| 2 | in the order designated to act as guardian. |
| 3 | |
| 4 | [] I nominate the following to be guardian in the |
| 5 | order designated: |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | [] I do not nominate anyone to be guardian. |
| 11 | |
| 12 | PART 2 |
| 13 | INSTRUCTIONS FOR HEALTH CARE |
| 14 | |
| 15 | Please strike any wording that you do not want. |
| 16 | |
| 17 | (6) END-OF-LIFE DECISIONS: I direct that my health care |
| 18 | providers and others involved in my care provide, withhold |
| 19 | or withdraw treatment in accordance with the choice I have |
| 20 | initialed below: |
| 21 | |
| 22 | [] (a) Choice Not To Prolong Life |
| 23 | |

| 1 | I do not want my life to be prolonged if (i) I have an |
|----|---|
| 2 | incurable and irreversible condition that will result in my |
| 3 | death within a relatively short time, (ii) I become |
| 4 | unconscious and, to a reasonable degree of medical |
| 5 | certainty, I will not regain consciousness, or (iii) the |
| 6 | likely risks and burdens of treatment would outweigh the |
| 7 | expected benefits, OR |
| 8 | |
| 9 | [] (b) Choice To Prolong Life |
| 10 | |
| 11 | I want my life to be prolonged as long as possible within |
| 12 | the limits of generally accepted health care standards. |
| 13 | |
| 14 | (7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial |
| 15 | nutrition and hydration must be provided, withheld or |
| 16 | withdrawn in accordance with the choice I have made in |
| 17 | paragraph (6) unless I initial the following box. If I |
| 18 | initial this box [], artificial nutrition must be provided |
| 19 | regardless of my condition and regardless of the choice I |
| 20 | have made in paragraph (6). If I initial this box [], |
| 21 | artificial hydration must be provided regardless of my |
| 22 | condition and regardless of the choice I have made in |
| 23 | paragraph (6). |

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|----|---|
| 1 | (8) RELIEF FROM PAIN: Except as I state in the following |
| 2 | space, I direct that treatment for alleviation of pain or |
| 3 | discomfort be provided at all times: |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | (9) OTHER WISHES: (If you do not agree with any of the |
| 9 | optional choices above and wish to write your own, or if |
| 10 | you wish to add to the instructions you have given above, |
| 11 | you may do so here.) I direct that: |
| 12 | |
| 13 | |
| 14 | |
| 15 | (Add additional sheets if needed.) |
| 16 | |
| 17 | PART 3 |
| 18 | DONATION OF ORGANS AT DEATH |
| 19 | |
| 20 | (OPTIONAL) |
| 21 | |
| 22 | (10) Upon my death (initial applicable box): |
| 23 | |
| 24 | [] (a) I give my body, or |

| | 2005 STATE OF WYOMING 05LSO-0145.E1 | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | |
| 2 | [] (b) I give any needed organs, tissues or parts, | | | | | | | | | |
| 3 | or | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | [] (c) I give the following organs, tissues or | | | | | | | | | |
| 6 | parts only | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | (d) My gift is for the following purposes (strike any | | | | | | | | | |
| 11 | of the following you do not want): | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | (i) Any purpose authorized by law; | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | (ii) Transplantation; | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | (iii) Therapy; | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | (iv) Research; | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 | (v) Medical education. | | | | | | | | | |
| 22 | | | | | | | | | | |
| 23 | (11) I designate the following physician as my primary | | | | | | | | | |
| 24 | physician: | | | | | | | | | |

| 1 | |
|----|--|
| 2 | |
| 3 | (name of physician) |
| 4 | |
| 5 | |
| 6 | (address) (city) (state) (zip code) |
| 7 | |
| 8 | |
| 9 | (phone) |
| 10 | |
| 11 | If the physician I have designated above is not willing, |
| 12 | able or reasonably available to act as my primary |
| 13 | physician, I designate the following as my primary |
| 14 | physician: |
| 15 | |
| 16 | |
| 17 | (name of physician) |
| 18 | |
| 19 | |
| 20 | (address) (city) (state) (zip code) |
| 21 | |
| 22 | |
| 23 | (phone) |
| 24 | |

* * * * * * * * * * * * * * * * * * 1 2 3 (12) EFFECT OF COPY: A copy of this form has the same 4 effect as the original. 5 (13) SIGNATURES: Sign and date the form here: 6 7 _____ (date) 8 9 (sign your name) 10 (address) 11 12 (print your name) 13 14 _____ 15 (city) (state) 16 17 (Optional) SIGNATURES OF WITNESSES: 18 19 First witness 20 21 22 (print name) (address) 23 24

| 1 | (signature of witness) |
|----|---|
| 2 | |
| 3 | |
| 4 | (date) |
| 5 | |
| 6 | Second witness |
| 7 | |
| 8 | |
| 9 | (print name) (address) |
| 10 | |
| 11 | |
| 12 | (signature of witness) |
| 13 | |
| 14 | |
| 15 | (date) |
| 16 | |
| 17 | |
| 18 | (Signature of notary public in lieu of witnesses) |
| 19 | |
| 20 | |
| 21 | (date) |
| 22 | |
| 23 | 35-22-406. Decisions by surrogate. |
| 24 | |

1 (a) A surrogate may make a health care decision for a 2 patient who is an adult or emancipated minor if the patient 3 has been determined by the supervising health care provider 4 to lack capacity and no agent or guardian has been 5 appointed or the agent or guardian is not reasonably 6 available.

7

(b) An adult or emancipated minor may designate any 8 9 individual to act as surrogate by personally informing the supervising health care provider. In the absence of a 10 11 designation, or if the designee is not reasonably 12 available, it is suggested that any member of the following 13 classes of the patient's family who is reasonably available, in descending order of priority, may act as 14 15 surrogate:

16

17 (i) The spouse, unless legally separated;

18

19 (ii) An adult child;

20

21 (iii) A parent;

22

23 (iv) A grandparent;

24

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1 (v) An adult brother or sister; 2 3 (vi) An adult grandchild. 4 5 (c) If none of the individuals eligible to act as surrogate under subsection (b) of this section 6 is 7 reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the 8 9 patient's personal values, and who is reasonably available 10 may act as surrogate. 11 12 (d) A surrogate shall communicate his assumption of 13 authority as promptly as practicable to the members of the 14 patient's family specified in subsection (b) of this section who can be readily contacted. 15 16 17 (e) If more than one (1) member of a class assumes authority to act as surrogate, and they do not agree on a 18 health care decision and the supervising health care 19 20 provider is so informed, the supervising health care 21 provider shall comply with the decision of a majority of the members of that class who have communicated their views 22 to the provider. If the class is evenly divided concerning 23 24 the health care decision and the supervising health care

1 provider is so informed, that class and all individuals 2 having lower priority are disqualified from making the 3 decision.

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5 (f) A surrogate shall make a health care decision in accordance with the patient's individual instructions, if 6 any, and other wishes to the extent known to the surrogate. 7 Otherwise, the surrogate shall make the decision 8 in 9 accordance with the surrogate's determination of the 10 patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's 11 personal, philosophical, religious and ethical values to 12 13 the extent known to the surrogate and reliable oral or 14 written statements previously made by the patient, including, but not limited to, statements made to family 15 16 members, friends, health care providers or religious 17 leaders.

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19 (g) A health care decision made by a surrogate for a20 patient is effective without judicial approval.

21

(h) The patient at any time may disqualify another, including a member of the individual's family, from acting as the individual's surrogate by a signed writing or by

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personally informing the supervising health care provider 1 2 of the disqualification. 3 4 (j) Unless related to the patient by blood, marriage 5 or adoption, a surrogate may not be an owner, operator or employee of a residential or community care facility at 6 7 which the patient is receiving care. 8 9 (k) A supervising health care provider may require an 10 individual claiming the right to act as surrogate for a patient to provide a written declaration under penalty of 11 12 perjury stating facts and circumstances reasonably 13 sufficient to establish the claimed authority. 14 15 35-22-407. Decisions by guardian. 16 17 (a) A guardian shall comply with the ward's individual instructions and may not revoke the ward's 18 advance health care directive unless the appointing court 19 20 expressly so authorizes. 21 (b) Absent a court order to the contrary, a health 22 care decision of an agent takes precedence over that of a 23 24 guardian.

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1 2 (c) A health care decision of a guardian takes 3 precedence over that of a surrogate. 4 5 (d) A health care decision made by a guardian for the ward is effective without judicial approval. 6 7 35-22-408. Obligations of health care provider. 8 9 (a) Before implementing a health care decision made 10 11 for a patient, a supervising health care provider, if 12 possible, shall promptly communicate to the patient the decision made and the identity of the person making the 13 decision. 14 15 (b) A supervising health care provider who knows of 16 the existence of an advance health care directive, a 17 revocation of an advance health care directive, or a 18 19 designation or disqualification of a surrogate, shall 20 promptly record its existence in the patient's health care 21 record and, if it is in writing, shall request a copy and 22 if one is furnished shall arrange for its maintenance in the health care record. 23

24

(c) A supervising health care provider who makes or 1 2 is informed of a determination that a patient lacks or has 3 recovered capacity, or that another condition exists which 4 affects an individual instruction or the authority of an 5 agent, guardian or surrogate, shall promptly record the determination in the patient's health care record and 6 7 communicate the determination to the patient, if possible, and to any person then authorized to make health care 8 decisions for the patient. 9 10 (d) Except as provided in subsections (e) and (f) of 11 12 this section, a health care provider or institution 13 providing care to a patient shall: 14

(i) Comply with an individual instruction of the 15 patient and with a reasonable interpretation of that 16 17 instruction made by a person then authorized to make health care decisions for the patient; and 18

19

20 (ii) Comply with a health care decision for the 21 patient made by a person then authorized to make health 22 care decisions for the patient to the same extent as if the decision had been made by the patient while having 23 24 capacity.

2 (e) A health care provider may decline to comply with 3 individual instruction or health care decision for an 4 reasons of conscience. A health care institution may 5 decline to comply with an individual instruction or health care decision if the instruction or decision is contrary to 6 a written policy of the institution which is expressly 7 based on reasons of conscience and if the policy was timely 8 9 communicated to the patient or to a person then authorized 10 to make health care decisions for the patient. The 11 provider or institution shall deliver the written policy 12 upon receipt of the patient's advance directive that may 13 conflict with the policy or upon notice from the 14 supervising health care provider that the patient's instruction or decision may be in conflict with the health 15 care institution's policy. 16

17

18 (f) A health care provider or institution may decline 19 to comply with an individual instruction or health care 20 decision that requires medically ineffective health care or 21 health care contrary to generally accepted health care 22 standards applicable to the health care provider or 23 institution.

24

1 (g) A health care provider or institution that 2 declines to comply with an individual instruction or health 3 care decision shall: 4 5 (i) Promptly so inform the patient, if possible, and any person then authorized to make health care 6 7 decisions for the patient; 8 9 (ii) Provide continuing care, including 10 continuing life sustaining care, to the patient until a 11 transfer can be effected; and 12 13 (iii) Unless the patient or person then authorized to make health care decisions for the patient 14 refuses assistance, immediately make all reasonable efforts 15 to assist in the transfer of the patient to another health 16

17 care provider or institution that is willing to comply with 18 the instruction or decision.

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20 (h) A health care provider or institution may not 21 require or prohibit the execution or revocation of an 22 advance health care directive as a condition for providing 23 health care.

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| 1 | 35-22-409. Health care information. |
|----|---|
| 2 | |
| 3 | Unless otherwise specified in an advance health care |
| 4 | directive, a person then authorized to make health care |
| 5 | decisions for a patient has the same rights as the patient |
| 6 | to request, receive, examine, copy and consent to the |
| 7 | disclosure of medical or any other health care information. |
| 8 | |
| 9 | 35-22-410. Immunities. |
| 10 | |
| 11 | (a) A health care provider or institution acting in |
| 12 | good faith and in accordance with generally accepted health |
| 13 | care standards applicable to the health care provider or |
| 14 | institution is not subject to civil or criminal liability |
| 15 | or to discipline for unprofessional conduct for: |
| 16 | |
| 17 | (i) Complying with a health care decision of a |
| 18 | person apparently having authority to make a health care |
| 19 | decision for a patient, including a decision to withhold or |
| 20 | withdraw health care; |
| 21 | |
| 22 | (ii) Declining to comply with a health care |
| 23 | decision of a person based on a belief that the person then |
| 24 | lacked authority; |

1 2 (iii) Complying with an advance health care 3 directive and assuming that the directive was valid when 4 made and has not been revoked or terminated; 5 6 (iv) Providing life-sustaining treatment in an 7 emergency situation when the existence of a health care directive is unknown; or 8 9 10 (v) Declining to comply with a health care decision or advance health care directive because the 11 12 instruction is contrary to the conscience or good faith medical judgment of the health care provider, or the 13 written policies of the institution. 14 15 (b) An individual acting as agent or surrogate under 16 17 this act is not subject to civil or criminal liability or to discipline for unprofessional conduct for health care 18 decisions made in good faith. 19 20 21 35-22-411. Statutory damages. 22 (a) A health care provider or institution that 23 violates this act willfully or with reckless disregard of 24

1 the patient's instruction or health care decision is 2 subject to liability to the aggrieved individual for 3 damages of five hundred dollars (\$500.00) or actual damages 4 resulting from the violation, whichever is greater, plus 5 reasonable attorney's fees.

6

7 (b) A person who intentionally falsifies, forges, conceals, defaces or obliterates an individual's advance 8 9 health care directive or a revocation of an advance health 10 care directive without the individual's consent, or who 11 coerces or fraudulently induces an individual to give, 12 revoke or not to give an advance health care directive, is 13 subject to liability to that individual for damages of two thousand five hundred dollars (\$2,500.00) or actual damages 14 resulting from the action, whichever is greater, plus 15 16 reasonable attorney's fees.

17

18 **35-22-412.** Capacity.

19

20 (a) This act does not affect the right of an 21 individual to make health care decisions while having 22 capacity to do so.

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37

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1 (b) An individual is presumed to have capacity to make a health care decision, to give or revoke an advance 2 3 health care directive, and to designate or disqualify a 4 surrogate. 5 6 35-22-413. Effect of copy. 7 A copy of a written advance health care directive, 8 revocation of an advance health care directive, or 9 10 designation or disqualification of a surrogate has the same 11 effect as the original. 12 13 35-22-414. Effect of act. 14 (a) This act does not create a presumption concerning 15 the intention of an individual who has not made or who has 16 17 revoked an advance health care directive. 18 19 (b) Death resulting from the withholding or withdrawal of health care in accordance with this act does 20 21 not for any purpose constitute a suicide or homicide or 22 legally impair or invalidate a policy of insurance or an annuity providing a death benefit, notwithstanding any term 23 24 of the policy or annuity to the contrary.

2 This act does not authorize mercy killing, (C) 3 assisted suicide, euthanasia or the provision, withholding 4 or withdrawal of health care, to the extent prohibited by 5 other statutes of this state.

6

(d) This act does not authorize or require a health 7 care provider or institution to provide health care 8 9 contrary to generally accepted health care standards applicable to the health care provider or institution. 10

11

12 (e) This act does not affect other statutes of this 13 state governing treatment for mental illness of an 14 individual involuntarily committed to a mental health care institution pursuant to law or a psychiatric advance 15 directive executed in accordance with W.S. 35-22-301 16 17 through 35-22-308.

18

19 35-22-415. Judicial relief.

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21 On petition of a patient, the patient's agent, guardian or 22 surrogate, a health care provider or institution involved with the patient's care, or an individual described in W.S. 23 24 35-22-105(b) or (c), the district court may enjoin or

direct a health care decision or order other equitable 1 2 relief. A proceeding under this section is governed by the 3 Wyoming Rules of Civil Procedure. 4 5 35-22-416. Uniformity of application and 6 construction. 7 This act shall be applied and construed to effectuate its 8 9 general purpose to make uniform the law with respect to the 10 subject matter of this act among states enacting it. 11 12 35-22-417. Severability. 13 14 If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does 15 not affect other provisions or applications of this act 16 17 which can be given effect without the invalid provision or application, and to this end the provisions of this act are 18 19 severable. 20 21 Section 2. W.S. 3-5-201 through 3-5-213 and 35-22-101 22 through 35-22-109 are repealed.

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2005

| 1 | Section 3. | This | act | is | effective | July | 1, | 2005. |
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| 2 | | | | | | | | |
| 3 | | | | (| END) | | | |