

1 STATE OF OKLAHOMA

2 1st Session of the 55th Legislature (2015)

3 HOUSE BILL 1620

By: Derby

4  
5  
6 AS INTRODUCED

7 An Act relating to public health and safety; amending  
8 63 O.S. 2011, Section 3101.4, which relates to  
9 advance directives; adding certain acknowledgment to  
advance directive form; and providing an effective  
date.

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11  
12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 63 O.S. 2011, Section 3101.4, is  
14 amended to read as follows:

15 Section 3101.4 A. An individual of sound mind and eighteen  
16 (18) years of age or older may execute at any time an advance  
17 directive for health care governing the provision, withholding, or  
18 withdrawal of life-sustaining treatment. The advance directive  
19 shall be signed by the declarant and witnessed by two individuals  
20 who are eighteen (18) years of age or older who are not legatees,  
21 devisees, or heirs at law.

22 B. An advance directive that is not in the form set forth in  
23 subsection C of this section and that is executed in Oklahoma shall  
24 not be deemed to authorize the withholding or withdrawal of

1 artificially administered nutrition and/or hydration unless it  
2 specifically authorizes the withholding or withdrawal of  
3 artificially administered nutrition and/or hydration in the  
4 declarant's own words or by a separate section, separate paragraph,  
5 or other separate subdivision that deals only with nutrition and/or  
6 hydration and which section, paragraph, or other subdivision is  
7 separately initialed, separately signed, or otherwise separately  
8 marked by the declarant.

9 C. An advance directive may be in substantially the following  
10 form:

11 Advance Directive for Health Care

12 If I am incapable of making an informed decision regarding my health  
13 care, I direct my health care providers to follow my instructions  
14 below.

15 I. Living Will

16 If my attending physician and another physician determine  
17 that I am no longer able to make decisions regarding my  
18 medical treatment, I direct my attending physician and  
19 other health care providers, pursuant to the Oklahoma  
20 Advance Directive Act, to follow my instructions as set  
21 forth below:

22 (1) If I have a terminal condition, that is, an incurable  
23 and irreversible condition that even with the  
24 administration of life-sustaining treatment will, in

1 the opinion of the attending physician and another  
2 physician, result in death within six (6) months:

3 \_\_\_\_\_ I direct that my life not be extended by  
4 life-sustaining treatment, except that if  
5 I am unable to take food and water by  
6 mouth, I wish to receive artificially  
7 administered nutrition and hydration.

8 Initial only \_\_\_\_\_  
9 one option

I direct that my life not be extended by  
life-sustaining treatment, including  
artificially administered nutrition and  
hydration.

12 \_\_\_\_\_ I direct that I be given life-sustaining  
13 treatment and, if I am unable to take food  
14 and water by mouth, I wish to receive  
15 artificially administered nutrition and  
16 hydration.

17 \_\_\_\_\_ See my more specific instructions in paragraph (4) below.

18 (Initial if applicable)

19 (2) If I am persistently unconscious, that is, I have an  
20 irreversible condition, as determined by the attending  
21 physician and another physician, in which thought and  
22 awareness of self and environment are absent:

23 \_\_\_\_\_ I direct that my life not be extended by  
24 life-sustaining treatment, except that if

1 I am unable to take food and water by  
2 mouth, I wish to receive artificially  
3 administered nutrition and hydration.

4 Initial only \_\_\_\_\_ I direct that my life not be extended by  
5 one option life-sustaining treatment, including  
6 artificially administered nutrition and  
7 hydration.

8 \_\_\_\_\_ I direct that I be given life-sustaining  
9 treatment and, if I am unable to take food  
10 and water by mouth, I wish to receive  
11 artificially administered nutrition and  
12 hydration.

13 \_\_\_\_\_ See my more specific instructions in paragraph (4) below.  
14 (Initial if applicable)

15 (3) If I have an end-stage condition, that is, a condition  
16 caused by injury, disease, or illness, which results  
17 in severe and permanent deterioration indicated by  
18 incompetency and complete physical dependency for  
19 which treatment of the irreversible condition would be  
20 medically ineffective:

21 \_\_\_\_\_ I direct that my life not be extended by  
22 life-sustaining treatment, except that if  
23 I am unable to take food and water by  
24

1 mouth, I wish to receive artificially  
2 administered nutrition and hydration.

3 Initial only \_\_\_\_\_  
4 one option

I direct that my life not be extended by  
life-sustaining treatment, including  
artificially administered nutrition and  
hydration.

\_\_\_\_\_

I direct that I be given life-sustaining  
treatment and, if I am unable to take food  
and water by mouth, I wish to receive  
artificially administered nutrition and  
hydration.

\_\_\_\_\_ See my more specific instructions in paragraph (4) below.

(Initial if applicable)

(4) OTHER. Here you may:

(a) describe other conditions in which you would  
want life-sustaining treatment or

artificially administered nutrition and  
hydration provided, withheld, or withdrawn,

(b) give more specific instructions about your  
wishes concerning life-sustaining treatment

or artificially administered nutrition and  
hydration if you have a terminal condition,

are persistently unconscious, or have an end-  
stage condition, or

1 (c) do both of these:

2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

9 Initial

10 II. My Appointment of My Health Care Proxy

11 If my attending physician and another physician determine that I am  
12 no longer able to make decisions regarding my medical treatment, I  
13 direct my attending physician and other health care providers  
14 pursuant to the Oklahoma Advance Directive Act to follow the  
15 instructions of \_\_\_\_\_, whom I appoint as my health care  
16 proxy. If my health care proxy is unable or unwilling to serve, I  
17 appoint \_\_\_\_\_ as my alternate health care proxy with the  
18 same authority. My health care proxy is authorized to make whatever  
19 medical treatment decisions I could make if I were able, except that  
20 decisions regarding life-sustaining treatment and artificially  
21 administered nutrition and hydration can be made by my health care  
22 proxy or alternate health care proxy only as I have indicated in the  
23 foregoing sections.

1 If I fail to designate a health care proxy in this section, I am  
2 deliberately declining to designate a health care proxy.

3 III. Anatomical Gifts

4 Pursuant to the provisions of the Uniform Anatomical Gift Act, I  
5 direct that at the time of my death my entire body or designated  
6 body organs or body parts be donated for purposes of:

7 (Initial all that apply)

8 \_\_\_\_\_ transplantation

9 \_\_\_\_\_ therapy

10 \_\_\_\_\_ advancement of medical science, research, or education

11 \_\_\_\_\_ advancement of dental science, research, or education

12 Death means either irreversible cessation of circulatory and  
13 respiratory functions or irreversible cessation of all functions of  
14 the entire brain, including the brain stem. If I initial the "yes"  
15 line below, I specifically donate:

16 \_\_\_\_\_ My entire body

17 or

18 \_\_\_\_\_ The following body organs or parts:

19 \_\_\_\_\_ lungs \_\_\_\_\_ liver

20 \_\_\_\_\_ pancreas \_\_\_\_\_ heart

21 \_\_\_\_\_ kidneys \_\_\_\_\_ brain

22 \_\_\_\_\_ skin \_\_\_\_\_ bones/marrow

23 \_\_\_\_\_ blood/fluids \_\_\_\_\_ tissue

24 \_\_\_\_\_ arteries \_\_\_\_\_ eyes/cornea/lens

1 IV. General Provisions

- 2 a. I understand that I must be eighteen (18) years of age  
3 or older to execute this form.
- 4 b. I understand that my witnesses must be eighteen (18)  
5 years of age or older and shall not be related to me  
6 and shall not inherit from me.
- 7 c. I understand that if I have been diagnosed as pregnant  
8 and that diagnosis is known to my attending physician,  
9 I will be provided with life-sustaining treatment and  
10 artificially administered hydration and nutrition  
11 unless I have, in my own words, specifically  
12 authorized that during a course of pregnancy, life-  
13 sustaining treatment and/or artificially administered  
14 hydration and/or nutrition shall be withheld or  
15 withdrawn.
- 16 d. I understand that the withholding of water can result  
17 in a painful death.
- 18 e. In the absence of my ability to give directions  
19 regarding the use of life-sustaining procedures, it is  
20 my intention that this advance directive shall be  
21 honored by my family and physicians as the final  
22 expression of my legal right to choose or refuse  
23 medical or surgical treatment including, but not  
24 limited to, the administration of life-sustaining



1 procedures, and I accept the consequences of such  
2 choice or refusal.

3 ~~e.~~ f. This advance directive shall be in effect until it is  
4 revoked.

5 ~~f.~~ g. I understand that I may revoke this advance directive  
6 at any time.

7 ~~g.~~ h. I understand and agree that if I have any prior  
8 directives, and if I sign this advance directive, my  
9 prior directives are revoked.

10 ~~h.~~ i. I understand the full importance of this advance  
11 directive and I am emotionally and mentally competent  
12 to make this advance directive.

13 ~~i.~~ j. I understand that my physician(s) shall make all  
14 decisions based upon his or her best judgment applying  
15 with ordinary care and diligence the knowledge and  
16 skill that is possessed and used by members of the  
17 physician's profession in good standing engaged in the  
18 same field of practice at that time, measured by  
19 national standards.

20 Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

21 \_\_\_\_\_  
22 (Signature)

23 \_\_\_\_\_  
24 City of

1 \_\_\_\_\_  
2 County, Oklahoma

3 \_\_\_\_\_  
4 Date of birth

5 \_\_\_\_\_  
6 (Optional for identification purposes)

7 This advance directive was signed in my presence.

8 \_\_\_\_\_  
9 Witness

10 \_\_\_\_\_, Oklahoma  
11 Residence

12 \_\_\_\_\_  
13 Witness

14 \_\_\_\_\_, Oklahoma  
15 Residence

16 D. A physician or other health care provider who is furnished  
17 the original or a photocopy of the advance directive shall make it a  
18 part of the declarant's medical record and, if unwilling to comply  
19 with the advance directive, promptly so advise the declarant.

20 E. In the case of a qualified patient, the patient's health  
21 care proxy, in consultation with the attending physician, shall have  
22 the authority to make treatment decisions for the patient including  
23 the provision, withholding, or withdrawal of life-sustaining  
24 procedures if so indicated in the patient's advance directive.

1 F. A person executing an advance directive appointing a health  
2 care proxy who may not have an attending physician for reasons based  
3 on established religious beliefs or tenets may designate an  
4 individual other than the designated health care proxy, in lieu of  
5 an attending physician and other physician, to determine the lack of  
6 decisional capacity of the person. Such designation shall be  
7 specified and included as part of the advance directive executed  
8 pursuant to the provisions of this section.

9 SECTION 2. This act shall become effective November 1, 2015.

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11 55-1-5502 AM 01/02/15

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