

HOUSE BILL NO. 25

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE WEYHRAUCH

Introduced: 1/21/03

Referred: Health, Education and Social Services, Judiciary, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to health care decisions, including do not resuscitate orders and the**
2 **donation of body parts, and to powers of attorney relating to health care, including the**
3 **donation of body parts; and providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
6 to read:

7 PURPOSE. A principal purpose of this Act is to provide a comprehensive coordinated
8 approach to the making of health care decisions, including the donation of body parts. To
9 achieve this purpose, this Act repeals the current statutory devices that cover health care
10 decisions and consolidates the subject into one chapter.

11 * **Sec. 2.** AS 12.65.100 is amended to read:

12 **Sec. 12.65.100. Unclaimed bodies.** When a person dies and no person
13 appears to claim the body for burial, and no provision is made for the body under
14 **AS 13.52** [AS 13.50], the Department of Health and Social Services, upon

1 notification, shall request a court order authorizing the body to be plainly and decently
 2 buried or cremated and the remains decently interred. A judicial officer shall issue the
 3 requested order upon the sworn testimony or statement of a representative of the
 4 Department of Health and Social Services that a person has not appeared to claim the
 5 body for burial and provision is not made for the body under AS 13.52 [AS 13.50].

6 * **Sec. 3.** AS 13 is amended by adding a new chapter to read:

7 **Chapter 52. Health Care Decisions Act.**

8 **Sec. 13.52.010. Advance health care directives.** (a) An adult or
 9 emancipated minor may give an individual instruction. The instruction may be oral or
 10 written. The instruction may be limited to take effect only if a specified condition
 11 arises.

12 (b) An adult or emancipated minor may execute a power of attorney for health
 13 care, which may authorize the agent to make any health care decision the principal
 14 could have made while having capacity. The power remains in effect notwithstanding
 15 the principal's later incapacity and may include individual instructions. The power
 16 must be in writing, contain the date of its execution, be signed by the principal, and be
 17 witnessed by one of the following methods:

18 (1) signed by at least two individuals, each of whom witnessed either
 19 the signing of the instrument by the principal or the principal's acknowledgment of the
 20 signature of the instrument; or

21 (2) acknowledged before a notary public at a place in this state.

22 (c) Unless related to the principal by blood, marriage, or adoption, an agent
 23 under a power of attorney for health care may not be an owner, operator, or employee
 24 of the health care institution at which the principal is receiving care.

25 (d) A witness for a power of attorney for health care may not be

26 (1) a health care provider;

27 (2) an employee of a health care provider or facility; or

28 (3) the agent.

29 (e) At least one of the individuals used as a witness for a power of attorney for
 30 health care shall be someone who is not

31 (1) related to the principal by blood, marriage, or adoption; or

1 (2) entitled to a portion of the estate of the principal upon the
2 principal's death under a will or codicil of the principal existing at the time of
3 execution of the power of attorney for health care or by operation of law then existing.

4 (f) Unless otherwise specified in the power of attorney for health care, the
5 authority of an agent becomes effective only upon a determination that the principal
6 lacks capacity and ceases to be effective upon a determination that the principal has
7 recovered capacity.

8 (g) Unless otherwise specified in a written advance health care directive, a
9 determination that an individual lacks or has recovered capacity, or that another
10 condition exists that affects an individual instruction or the authority of an agent, shall
11 be made by the primary physician.

12 (h) An agent shall make a health care decision in accordance with the
13 principal's individual instructions, if any, and other wishes to the extent known to the
14 agent. Otherwise, the agent shall make the decision in accordance with the agent's
15 determination of the principal's best interest. In determining the principal's best
16 interest, the agent shall consider the principal's personal values to the extent known to
17 the agent.

18 (i) A health care decision made by an agent for a principal is effective without
19 judicial approval.

20 (j) A written advance health care directive may include the individual's
21 nomination of a guardian of the person.

22 (k) An advance health care directive is valid for purposes of this chapter if it
23 complies with this chapter or if it was executed in compliance with the laws of the
24 state where it was executed.

25 **Sec. 13.52.020. Revocation of advance health care directive.** (a) An
26 individual may revoke the designation of an agent only by a signed writing or by
27 personally informing the supervising health care provider.

28 (b) An individual may revoke all or part of an advance health care directive,
29 other than the designation of an agent, at any time and in any manner that
30 communicates an intent to revoke.

31 (c) A health care provider, agent, guardian, or surrogate who is informed of a

1 revocation shall promptly communicate the fact of the revocation to the supervising
2 health care provider and to any health care institution at which the patient is receiving
3 care.

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

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

9 **Sec. 13.52.030. Decisions by surrogate.** (a) A surrogate may make a health
10 care decision for a patient who is an adult or emancipated minor if the patient has been
11 determined by the primary physician to lack capacity and an agent or guardian has not
12 been appointed or the agent or guardian is not reasonably available.

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

- 18 (1) the spouse, unless legally separated;
- 19 (2) an adult child;
- 20 (3) a parent; or
- 21 (4) an adult sibling.

22 (c) If none of the individuals eligible to act as surrogate under (b) of this
23 section is reasonably available, an adult who has exhibited special care and concern
24 for the patient, who is familiar with the patient's personal values, and who is
25 reasonably available may act as surrogate.

26 (d) A surrogate shall communicate the surrogate's assumption of authority as
27 promptly as practicable to the members of the patient's family specified in (b) of this
28 section who can be readily contacted.

29 (e) If more than one member of a class under (b)(2) - (4) of this section
30 assumes authority to act as surrogate, the members of that class do not agree on a
31 health care decision, and the supervising health care provider is informed of the

1 disagreement, the supervising health care provider shall comply with the decision of a
2 majority of the members of that class who have communicated their views to the
3 provider. If the class is evenly divided concerning the health care decision and the
4 supervising health care provider is informed of the even division, that class and all
5 individuals having a lower priority under (b)(2) - (4) of this section are disqualified
6 from making the decision.

7 (f) A surrogate shall make a health care decision in accordance with the
8 patient's individual instructions, if any, and other wishes to the extent known to the
9 surrogate. Otherwise, the surrogate shall make the decision in accordance with the
10 surrogate's determination of the patient's best interest. In determining the patient's best
11 interest, the surrogate shall consider the patient's personal values to the extent known
12 to the surrogate.

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

15 (h) An individual may, at any time, disqualify another person, including a
16 member of the individual's family, from acting as the individual's surrogate by a
17 signed writing or by personally informing the supervising health care provider of the
18 disqualification.

19 (i) Unless related to the patient by blood, marriage, or adoption, a surrogate
20 may not be an owner, operator, or employee of a residential long-term health care
21 institution at which the patient is receiving care.

22 (j) A supervising health care provider may require an individual claiming the
23 right to act as a surrogate for a patient to provide a written declaration under penalty of
24 perjury stating facts and circumstances reasonably sufficient to establish the claimed
25 authority.

26 **Sec. 13.52.040. Decisions by guardian.** (a) A guardian shall comply with
27 the ward's individual instructions and may not revoke a ward's advance health care
28 directive executed before the ward's incapacity unless expressly authorized by a court.

29 (b) Unless there is a court order to the contrary, a health care decision of an
30 agent takes precedence over that of a guardian.

31 (c) Except as provided in (a) of this section, a health care decision made by a

1 guardian for the ward is effective without judicial approval.

2 **Sec. 13.52.050. Obligations of health care provider.** (a) Before
3 implementing a health care decision made for a patient, a supervising health care
4 provider, if possible, shall promptly communicate to the patient the decision made and
5 the identity of the person making the decision.

6 (b) A supervising health care provider who knows of the existence of an
7 advance health care directive, a revocation of an advance health care directive, or a
8 designation or disqualification of a surrogate shall promptly record its existence in the
9 patient's health care record, shall request a copy if it is in writing, and shall arrange for
10 its maintenance in the health care record if a copy is furnished.

11 (c) A supervising health care provider who makes or is informed of a
12 determination that a patient lacks or has recovered capacity, or that another condition
13 exists that affects an individual instruction or the authority of an agent, a guardian, or a
14 surrogate, shall promptly record the determination in the patient's health care record
15 and communicate the determination to the patient, if possible, and to any person then
16 authorized to make health care decisions for the patient.

17 (d) Except as provided in (e) and (f) of this section, a health care provider or
18 institution providing care to a patient shall comply with

19 (1) an individual instruction of the patient and with a reasonable
20 interpretation of that instruction made by a person then authorized to make health care
21 decisions for the patient; and

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

25 (e) A health care provider may decline to comply with an individual
26 instruction or a health care decision for reasons of conscience, except for a do not
27 resuscitate order. A health care institution may decline to comply with an individual
28 instruction or health care decision if the instruction or decision is contrary to a policy
29 of the institution that is expressly based on reasons of conscience and if the policy was
30 timely communicated to the patient or to a person then authorized to make health care
31 decisions for the patient.

1 (f) A health care provider or institution may decline to comply with an
 2 individual instruction or a health care decision that requires medically ineffective
 3 health care or health care contrary to generally accepted health care standards
 4 applicable to the health care provider or institution.

5 (g) A health care provider or institution that declines to comply with an
 6 individual instruction or a health care decision shall

7 (1) promptly inform the patient, if possible, and any person then
 8 authorized to make health care decisions for the patient that the provider or institution
 9 has declined to comply with the instruction or decision;

10 (2) provide continuing care to the patient until a transfer is effected;
 11 and

12 (3) unless the patient or person then authorized to make health care
 13 decisions for the patient refuses assistance, immediately make all reasonable efforts to
 14 assist in the transfer of the patient to another health care provider or institution that is
 15 willing to comply with the instruction or decision.

16 (h) A health care provider or institution may not require or prohibit the
 17 execution or revocation of an advance health care directive as a condition for
 18 providing health care.

19 **Sec. 13.52.060. Do not resuscitate protocol and identification**
 20 **requirements.** (a) An attending physician may issue a do not resuscitate order for a
 21 patient of the physician. The physician shall document the grounds for the order in the
 22 patient's medical file.

23 (b) The department shall by regulation adopt a protocol, subject to the
 24 approval of the State Medical Board, for do not resuscitate orders that set out a
 25 standardized method of procedure for the withholding of cardiopulmonary
 26 resuscitation by health care providers and health care institutions.

27 (c) The department shall develop standardized designs and symbols for do not
 28 resuscitate identification cards, forms, necklaces, and bracelets that signify, when
 29 carried or worn, that the carrier or wearer is an individual for whom a physician has
 30 issued a do not resuscitate order.

31 (d) A health care provider other than a physician shall comply with the

1 protocol adopted under (b) of this section for do not resuscitate orders when the health
 2 care provider is presented with a do not resuscitate identification, an oral do not
 3 resuscitate order issued directly by a physician, or a written do not resuscitate order
 4 entered on and as required by a form prescribed by the department.

5 (e) Notwithstanding (d) of this section, if an individual has made a donation of
 6 a body part to occur at death and is in a hospital when a do not resuscitate order is to
 7 be implemented for the individual, the do not resuscitate order may not be
 8 implemented until the donated body part can be evaluated to determine if it is suitable
 9 for donation.

10 (f) A physician may not revoke a do not resuscitate order at the request of a
 11 person, and a person may not make a do not resuscitate order ineffective, unless the
 12 person making the request or proposing to make the order ineffective is the person for
 13 whom the order has been issued. However, if the person for whom the order has been
 14 issued is not capable of expressing an opinion on the subject, the request or proposal
 15 may be made by

16 (1) the parent or guardian of the person for whom the order has been
 17 issued if the person for whom the order has been issued is under 18 years of age; or

18 (2) an agent, guardian, or surrogate of the person for whom the order
 19 has been issued to whom the person for whom the order has been issued has
 20 communicated the decision to make the order ineffective.

21 **Sec. 13.52.070. Health care information.** Unless otherwise specified in an
 22 advance health care directive, a person then authorized to make health care decisions
 23 for a patient has the same rights as the patient to request, receive, examine, copy, and
 24 consent to the disclosure of medical or other health care information.

25 **Sec. 13.52.080. Immunities.** (a) A health care provider or institution acting
 26 in good faith and in accordance with generally accepted health care standards
 27 applicable to the health care provider or institution is not subject to civil or criminal
 28 liability or to discipline for unprofessional conduct for

29 (1) complying with a health care decision of a person apparently
 30 having authority to make a health care decision for a patient, including a decision to
 31 withhold or withdraw health care;

1 (2) declining to comply with a health care decision of a person based
2 on a belief that the person then lacked authority;

3 (3) complying with an advance health care directive and assuming that
4 the directive was valid when made and has not been revoked or terminated;

5 (4) participating in the withholding or withdrawal of cardiopulmonary
6 resuscitation or other life-sustaining procedures under the direction or with the
7 authorization of a physician or upon discovery of do not resuscitate identification upon
8 an individual; or

9 (5) causing or participating in providing cardiopulmonary resuscitation
10 or other life-sustaining procedures

11 (A) under AS 13.52.060(e) when an individual has made a
12 donation of a body part; or

13 (B) because an individual has made a do not resuscitate order
14 ineffective under AS 13.52.060(f) or another provision of this chapter.

15 (b) An individual acting as an agent, a guardian, or a surrogate under this
16 chapter is not subject to civil or criminal liability or to discipline for unprofessional
17 conduct for health care decisions made in good faith.

18 **Sec. 13.52.090. Statutory damages.** (a) A health care provider or institution
19 that intentionally violates this chapter is liable to the aggrieved individual or the
20 individual's estate for damages of \$500 or actual damages resulting from the violation,
21 whichever is greater, plus attorney fees as provided by court rule.

22 (b) A person who intentionally falsifies, forges, conceals, defaces, or
23 obliterates an individual's advance health care directive or a revocation of an advance
24 health care directive without the individual's consent, or who coerces or fraudulently
25 induces an individual to give, revoke, or not to give an advance health care directive,
26 is liable to that individual for damages of \$2,500 or actual damages resulting from the
27 action, whichever is greater, plus attorney fees as provided by court rule.

28 **Sec. 13.52.100. Capacity.** (a) This chapter does not affect the right of an
29 individual to make health care decisions while having capacity to make health care
30 decisions.

31 (b) An individual is rebuttably presumed to have capacity to make a health

1 care decision, to give or revoke an advance health care directive, and to designate or
2 disqualify a surrogate.

3 (c) An individual who is a qualified patient, including an individual for whom
4 a physician has issued a do not resuscitate order, has the right to make a decision
5 regarding the use of cardiopulmonary resuscitation and other life-sustaining
6 procedures as long as the individual is able to make the decision. If an individual who
7 is a qualified patient, including an individual for whom a physician has issued a do not
8 resuscitate order, is not able to make the decision, the protocol adopted under
9 AS 13.52.060 for do not resuscitate orders governs a decision regarding the use of
10 cardiopulmonary resuscitation and other life-sustaining procedures.

11 **Sec. 13.52.110. Status of copy.** A copy of a written advance health care
12 directive, revocation of an advance health care directive, or designation or
13 disqualification of a surrogate has the same effect as the original.

14 **Sec. 13.52.120. Effect of this chapter.** (a) This chapter does not create a
15 presumption concerning the intention of an individual who has not made or who has
16 revoked an advance health care directive.

17 (b) Notwithstanding any other provision of law, if the withholding or
18 withdrawal of cardiopulmonary resuscitation or other life-sustaining procedures is
19 consistent with this chapter, death resulting from the withholding or withdrawal of
20 cardiopulmonary resuscitation or other life-sustaining procedures under a do not
21 resuscitate order, under the protocol for do not resuscitate orders established under
22 AS 13.52.060, or under a do not resuscitate identification found on an individual does
23 not, for any purpose, constitute a suicide or homicide.

24 (c) The issuance of a do not resuscitate order under this chapter, the
25 possession of do not resuscitate identification under this chapter, or the making of a
26 health care directive under this chapter does not affect in any manner the sale,
27 procurement, or issuance of a policy of life insurance, and does not modify the terms
28 of an existing policy of life insurance. A policy of life insurance is not legally
29 impaired or invalidated in any manner by the withholding or withdrawal of life-
30 sustaining procedures from an insured individual or the withholding or withdrawal of
31 cardiopulmonary resuscitation from an individual who possesses do not resuscitate

1 identification or for whom a do not resuscitate order has been issued, notwithstanding
2 any term of the policy to the contrary.

3 (d) This chapter does not create a presumption concerning the intention or
4 intended treatment of an individual who does not have do not resuscitate
5 identification, has not executed a health care directive, or for whom a do not
6 resuscitate order has not been issued with respect to the use, withholding, or
7 withdrawal of cardiopulmonary resuscitation or other life-sustaining procedures.

8 (e) This chapter does not increase or decrease the right of an individual to
9 make decisions regarding the use of cardiopulmonary resuscitation or other life-
10 sustaining procedures as long as the individual is able to do so, and does not impair or
11 supersede any right or responsibility that a person has to effect the withholding or
12 withdrawal of medical care in a lawful manner.

13 (f) This chapter does not authorize mercy killing, assisted suicide, euthanasia,
14 or the provision, withholding, or withdrawal of health care, to the extent prohibited by
15 other statutes of this state.

16 (g) This chapter does not authorize or require a health care provider or
17 institution to provide health care contrary to generally accepted health care standards
18 applicable to the health care provider or institution.

19 (h) This chapter does not authorize an agent or a surrogate to consent to the
20 admission of an individual to a mental health facility unless the individual's written
21 advance health care directive expressly so provides.

22 (i) This chapter does not affect other statutes of this state governing treatment
23 for mental illness of an individual involuntarily committed to a mental health facility.

24 (j) In this section, "mental health facility" has the meaning given to
25 "designated treatment facility" in AS 47.30.915.

26 **Sec. 13.52.125. Prohibited requirements.** As a condition of receiving or
27 being insured for health care services, a health care provider, a health care institution,
28 a health care service plan, an insurer issuing health insurance, a self-insured employee
29 welfare benefit plan, or a nonprofit hospital plan may not require an individual to
30 execute a health care directive, obtain a do not resuscitate order from a physician, or
31 possess do not resuscitate identification.

1 decisions for you if you become incapable of making your own
 2 decisions or if you want someone else to make those decisions for you
 3 now even though you are still capable. You may name an alternate
 4 agent to act for you if your first choice is not willing, able, or
 5 reasonably available to make decisions for you. Unless related to you,
 6 your agent may not be an owner, operator, or employee of a health care
 7 institution where you are receiving care.

8 Unless the form you sign limits the authority of your agent,
 9 your agent may make all health care decisions for you. This form has a
 10 place for you to limit the authority of your agent. You do not have to
 11 limit the authority of your agent if you wish to rely on your agent for all
 12 health care decisions that may have to be made. If you choose not to
 13 limit the authority of your agent, your agent will have the right to

14 (a) consent or refuse consent to any care, treatment, service, or
 15 procedure to maintain, diagnose, or otherwise affect a physical or
 16 mental condition;

17 (b) select or discharge health care providers and institutions;

18 (c) approve or disapprove diagnostic tests, surgical procedures,
 19 programs of medication, and do not resuscitate orders; and

20 (d) direct the provision, withholding, or withdrawal of artificial
 21 nutrition and hydration and all other forms of health care; and

22 (e) donate your body parts at your death.

23 Part 2 of this form lets you give specific instructions about any
 24 aspect of your health care. Choices are provided for you to express
 25 your wishes regarding the provision, withholding, or withdrawal of
 26 treatment to keep you alive, including the provision of artificial
 27 nutrition and hydration, as well as the provision of pain relief
 28 medication. Space is provided for you to add to the choices you have
 29 made or for you to write out any additional wishes.

30 Part 3 of this form lets you express an intention to donate your
 31 body parts following your death.

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

3 After completing this form, sign and date the form at the end
4 and have the form witnessed by one of the two alternative methods
5 listed below. Give a copy of the signed and completed form to your
6 physician, to any other health care providers you may have, to any
7 health care institution at which you are receiving care, and to any health
8 care agents you have named. You should talk to the person you have
9 named as your agent to make sure that the person understands your
10 wishes and is willing to take the responsibility.

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

13 PART 1

14 DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

15 (1) DESIGNATION OF AGENT: I designate the
16 following individual as my agent to make health care decisions for me:

17 _____
18 (name of individual you choose as agent)

19 _____
20 (address) (city) (state) (zip code)

21 _____
22 (home phone) (work phone)

23 OPTIONAL: If I revoke my agent's authority or if my agent is
24 not willing, able, or reasonably available to make a health care decision
25 for me, I designate as my first alternate agent

26 _____
27 (name of individual you choose as first alternate agent)

28 _____
29 (address) (city) (state) (zip code)

30 _____
31 (home phone) (work phone)

1 OPTIONAL: If I revoke the authority of my agent and first
2 alternate agent or if neither is willing, able, or reasonably available to
3 make a health care decision for me, I designate as my second alternate
4 agent

5 _____
6 (name of individual you choose as second alternate agent)

7 _____
8 (address) (city) (state) (zip code)

9 _____
10 (home phone) (work phone)

11 (2) AGENT'S AUTHORITY: My agent is authorized to
12 make all health care decisions for me, including decisions to provide,
13 withhold, or withdraw artificial nutrition and hydration, and all other
14 forms of health care to keep me alive, except as I state here:

15 _____
16 _____
17 _____

18 (Add additional sheets if needed.)

19 (3) WHEN AGENT'S AUTHORITY BECOMES
20 EFFECTIVE: My agent's authority becomes effective when my
21 primary physician determines that I am unable to make my own health
22 care decisions unless I mark the following box. If I mark this box [],
23 my agent's authority to make health care decisions for me takes effect
24 immediately.

25 (4) AGENT'S OBLIGATION: My agent shall make
26 health care decisions for me in accordance with this power of attorney
27 for health care, any instructions I give in Part 2 of this form, and my
28 other wishes to the extent known to my agent. To the extent my wishes
29 are unknown, my agent shall make health care decisions for me in
30 accordance with what my agent determines to be in my best interest. In
31 determining my best interest, my agent shall consider my personal

1 values to the extent known to my agent.

2 (5) NOMINATION OF GUARDIAN: If a guardian of
3 my person needs to be appointed for me by a court, I nominate the
4 agent designated in this form. If that agent is not willing, able, or
5 reasonably available to act as guardian, I nominate the alternate agents
6 whom I have named under (1) above, in the order designated.

7 PART 2

8 INSTRUCTIONS FOR HEALTH CARE

9 If you are satisfied to allow your agent to determine what is best
10 for you in making end-of-life decisions, you do not need to fill out this
11 part of the form. If you do fill out this part of the form, you may strike
12 any wording you do not want. There is a state protocol that governs the
13 use of do not resuscitate orders by physicians and other health care
14 providers. You may obtain a copy of the protocol from the state
15 Department of Health and Social Services.

16 (6) END-OF-LIFE DECISIONS: I direct that my health
17 care providers and others involved in my care provide, withhold, or
18 withdraw treatment in accordance with the choice I have marked
19 below: (Check only one box.)

20 (A) Choice To Prolong Life

21 I want my life to be prolonged as long as
22 possible within the limits of generally accepted health care
23 standards; OR

24 (B) Choice Not To Prolong Life

25 I do not want my life to be prolonged if (i) I have
26 an incurable and irreversible condition that will result in my
27 death within a relatively short time; (ii) I become unconscious
28 and, to a reasonable degree of medical certainty, I will not
29 regain consciousness; or (iii) the likely risks and burdens of
30 treatment would outweigh the expected benefits.

31 (7) ARTIFICIAL NUTRITION AND HYDRATION:

1 Artificial nutrition and hydration must be provided, withheld, or
2 withdrawn in accordance with the choice I have made in paragraph (6)
3 unless I mark the following box. If I mark this box [], artificial
4 nutrition and hydration must be provided regardless of my condition
5 and regardless of the choice I have made in paragraph (6).

6 (8) RELIEF FROM PAIN: If I mark this box [], I
7 direct that treatment to alleviate pain or discomfort should be provided
8 to me even if it hastens my death.

9 (9) OTHER WISHES: (If you do not agree with any of
10 the optional choices above and wish to write your own, or if you wish
11 to add to the instructions you have given above, you may do so here.) I
12 direct that

13 _____
14 _____

15 (Add additional sheets if needed.)

16 PART 3

17 DONATION OF BODY PARTS AT DEATH

18 (OPTIONAL)

19 If you are satisfied to allow your agent to determine whether to
20 donate your body parts at your death, you do not need to fill out this
21 part of the form.

22 (10) Upon my death: (mark applicable box)

23 [] (A) I give any needed organs, tissues, or
24 other body parts, OR

25 [] (B) I give the following organs, tissues, or
26 other body parts only

27 _____
28 [] (C) My gift is for the following purposes
29 (strike any of the following you do not want):

30 (i) transplant;

31 (ii) therapy;

(iii) research;

(iv) education;

PART 4

PRIMARY PHYSICIAN

(OPTIONAL)

(11) I designate the following physician as my primary physician:

(name of physician)

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

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

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

(phone)

(12) EFFECT OF COPY: A copy of this form has the same effect as the original.

(13) SIGNATURES: Sign and date the form here:

(date)(sign your name)

(address)(print your name)

(city) (state)

1 (14) WITNESSES: This power of attorney will not be
2 valid for making health care decisions unless it is

3 (A) signed by two qualified adult witnesses who
4 are personally known to you and who are present when you sign
5 or acknowledge your signature; or

6 (B) acknowledged before a notary public in the
7 state.

8 ALTERNATIVE NO. 1

9 Witness

10 I swear under penalty of perjury under AS 11.56.200 that the
11 principal is personally known to me, that the principal signed or
12 acknowledged this power of attorney in my presence, that the principal
13 appears to be of sound mind and under no duress, fraud, or undue
14 influence, that I am not the person appointed as agent by this document,
15 and that I am not a health care provider or an employee of a health care
16 provider or facility. I am not related to the principal by blood,
17 marriage, or adoption, and, to the best of my knowledge, I am not
18 entitled to any part of the estate of the principal upon the death of the
19 principal under a will now existing or by operation of law.

20 _____
21 (date)(signature of witness)

22 _____
23 (address)(printed name of witness)

24 _____
25 (city) (state)

26 Witness

27 I swear under penalty of perjury under AS 11.56.200 that the
28 principal is personally known to me, that the principal signed or
29 acknowledged this power of attorney in my presence, that the principal
30 appears to be of sound mind and under no duress, fraud, or undue
31 influence, that I am not the person appointed as agent by this document,

1 and that I am not a health care provider, or an employee of a health care
2 provider or facility. I am not related to the principal by blood,
3 marriage, or adoption, and, to the best of my knowledge, I am not
4 entitled to any part of the estate of the principal upon the death of the
5 principal under a will now existing or by operation of law.

6 _____
7 (date)(signature of witness)

8 _____
9 (address)(printed name of witness)

10 _____
11 (city) (state)

12 ALTERNATIVE NO. 2

13 State of Alaska

14 _____ Judicial District

15 On this ____ day of _____, in the year
16 _____, before me, _____
17 (insert name of notary public) appeared
18 _____, personally known to me (or
19 proved to me on the basis of satisfactory evidence) to be the person
20 whose name is subscribed to this instrument, and acknowledged that
21 the person executed it.

22 Notary Seal

23 _____
24 (Signature of Notary Public)

25 **Sec. 13.52.190. Definitions.** In this chapter, unless the context otherwise
26 requires,

27 (1) "advance health care directive" means an individual instruction or a
28 power of attorney for health care;

29 (2) "agent" means an individual designated in a power of attorney for
30 health care to make a health care decision for the individual granting the power;

31 (3) "best interest" means that the benefits to the individual resulting

1 from a treatment outweigh the burdens to the individual resulting from that treatment
2 and includes

3 (A) the effect of the treatment on the physical, emotional, and
4 cognitive functions of the patient;

5 (B) the degree of physical pain or discomfort caused to the
6 individual by the treatment or the withholding or withdrawal of the treatment;

7 (C) the degree to which the individual's medical condition, the
8 treatment, or the withholding or withdrawal of treatment, results in a severe
9 and continuing impairment;

10 (D) the effect of the treatment on the life expectancy of the
11 patient;

12 (E) the prognosis of the patient for recovery, with and without
13 the treatment;

14 (F) the risks, side effects, and benefits of the treatment or the
15 withholding of treatment; and

16 (G) the religious beliefs and basic values of the individual
17 receiving treatment, to the extent that these may assist in determining benefits
18 and burdens;

19 (4) "capacity" means an individual's ability to understand the
20 significant benefits, risks, and alternatives to proposed health care and to make and
21 communicate a health care decision;

22 (5) "cardiopulmonary resuscitation" means cardiopulmonary
23 resuscitation or a component of cardiopulmonary resuscitation;

24 (6) "department" means the Department of Health and Social Services;

25 (7) "do not resuscitate identification" means an identification card,
26 form, necklace, or bracelet that carries the standardized design or symbol developed
27 by the department under AS 13.52.060 to signify, when carried or worn, that the
28 carrier or wearer is an individual for whom a physician has issued a do not resuscitate
29 order;

30 (8) "do not resuscitate order" means a directive from a licensed
31 physician that emergency cardiopulmonary resuscitation should not be administered to

1 a qualified patient;

2 (9) "emancipated minor" means a minor whose disabilities have been
3 removed under AS 09.55.590 or who has arrived at the age of majority as determined
4 under AS 25.20.020;

5 (10) "generally accepted health care standards" includes the protocol
6 for do not resuscitate orders that is adopted under AS 13.52.060;

7 (11) "guardian" means a judicially appointed guardian or conservator
8 having authority to make a health care decision for an individual;

9 (12) "health care" means any care, treatment, service, or procedure to
10 maintain, diagnose, or otherwise affect an individual's physical or mental condition,
11 including

12 (A) selection and discharge of health care providers and
13 institutions;

14 (B) approval or disapproval of diagnostic tests, surgical
15 procedures, programs of medication, and do not resuscitate orders;

16 (C) direction to provide, withhold, or withdraw artificial
17 nutrition and hydration if withholding or withdrawing artificial nutrition or
18 hydration is in accord with generally accepted health care standards applicable
19 to health care providers or institutions; and

20 (D) donation of body parts at death;

21 (13) "health care decision" means a decision made by an individual or
22 the individual's agent, guardian, or surrogate regarding the individual's health care;

23 (14) "health care institution" means an institution, facility, or agency
24 licensed, certified, or otherwise authorized or permitted by law to provide health care
25 in the ordinary course of business;

26 (15) "health care provider" means an individual licensed, certified, or
27 otherwise authorized or permitted by law to provide health care in the ordinary course
28 of business or practice of a profession;

29 (16) "individual instruction" means an individual's direction
30 concerning a health care decision for the individual;

31 (17) "life-sustaining procedures" means medical procedures or

1 interventions that, when administered to a qualified patient, will serve only to prolong
2 the dying process;

3 (18) "person" means an individual, corporation, business trust, estate,
4 trust, partnership, association, joint venture, government, governmental subdivision,
5 agency, instrumentality, or another legal or commercial entity;

6 (19) "physician" means an individual authorized to practice medicine
7 or osteopathy under AS 08.64;

8 (20) "power of attorney for health care" means the designation of an
9 agent to make health care decisions for the individual granting the power;

10 (21) "primary physician" means a physician designated by an
11 individual, or by the individual's agent, guardian, or surrogate, to have primary
12 responsibility for the individual's health care or, in the absence of a designation or if
13 the designated physician is not reasonably available, a physician who undertakes the
14 responsibility;

15 (22) "qualified patient" means a patient who has been determined by
16 the attending physician to be in a terminal condition; in this paragraph, "terminal
17 condition" means a progressive incurable or irreversible condition that, without the
18 administration of life-sustaining procedures, will, in the opinion of two physicians,
19 when available, who have personally examined the patient, one of whom must be the
20 attending physician, result in death within a relatively short time;

21 (23) "reasonably available" means able to be contacted with a level of
22 diligence appropriate to the seriousness and urgency of a patient's health care needs,
23 and willing and able to act in a timely manner considering the urgency of the patient's
24 health care needs;

25 (24) "state" means a state of the United States, the District of
26 Columbia, the Commonwealth of Puerto Rico, or a territory or insular possession
27 subject to the jurisdiction of the United States;

28 (25) "supervising health care provider" means the primary physician or
29 the physician's designee, or the health care provider or the provider's designee who has
30 undertaken primary responsibility for an individual's health care;

31 (26) "surrogate" means an individual, other than a patient's agent or

1 guardian, authorized under this chapter to make a health care decision for the patient.

2 **Sec. 13.52.195. Short title.** This chapter may be cited as the Health Care
3 Decisions Act.

4 * **Sec. 4.** AS 18.65.311 is amended to read:

5 **Sec. 18.65.311. Donation of body parts [ANATOMICAL GIFT OR**
6 **LIVING WILL DOCUMENT].** (a) The department shall provide, at the time that
7 an identification card is issued, a form for a document by which the card holder may
8 make **a donation of body parts** [AN ANATOMICAL GIFT] under **AS 13.52**
9 [AS 13.50 (UNIFORM ANATOMICAL GIFTS ACT) OR A LIVING WILL UNDER
10 AS 18.12 (LIVING WILLS AND DO NOT RESUSCITATE ORDERS)]. The
11 document (1) may not be larger than an identification card, (2) must contain sufficient
12 space for the signature of two witnesses [OR A PERSON WHO IS QUALIFIED TO
13 TAKE ACKNOWLEDGMENTS UNDER AS 09.63.010], **and** (3) [MUST USE THE
14 FORMS AND DESIGNS DEVELOPED UNDER AS 18.12.037, AND (4)] must
15 provide a means by which the card holder may cancel the gift [OR THE LIVING
16 WILL]. If the document is executed by the applicant, it shall be sealed in plastic and
17 attached to the identification card. [A SYMBOL DEVELOPED UNDER
18 AS 18.12.037 INDICATING THE EXISTENCE OF THE ANATOMICAL GIFT OR
19 LIVING WILL DOCUMENT MUST BE DISPLAYED IN THE LOWER RIGHT-
20 HAND CORNER ON THE FACE OF THE IDENTIFICATION CARD.]

21 (b) An employee of the department who processes an identification card
22 application, other than an application received by mail, shall ask the applicant orally
23 whether the applicant wishes to execute **a donation of body parts** [AN
24 ANATOMICAL GIFT OR A LIVING WILL]. The department shall, by placement of
25 posters and brochures in the office where the application is taken, and by oral advice,
26 if requested, make known to the applicant the procedure necessary to execute a
27 **donation of body parts** [GIFT] under **AS 13.52** [AS 13.50 OR A LIVING WILL
28 UNDER AS 18.12].

29 * **Sec. 5.** AS 28.10.021(c) is amended to read:

30 (c) An employee of the department who processes an application for
31 registration or renewal of registration, other than an application received by mail or an

1 application for registration under AS 28.10.152, shall ask the applicant orally whether
 2 the applicant wishes to execute **a donation of body parts** [AN ANATOMICAL GIFT
 3 OR A LIVING WILL]. The department shall make known to all applicants the
 4 procedure for executing a **donation of body parts** [GIFT] under **AS 13.52 (Health**
 5 **Care Decisions Act)** [AS 13.50 (UNIFORM ANATOMICAL GIFTS ACT) OR A
 6 LIVING WILL UNDER AS 18.12 (LIVING WILLS AND DO NOT RESUSCITATE
 7 ORDERS)] by displaying posters in the offices in which applications are taken, by
 8 providing a brochure or other written information to each person who applies in
 9 person or by mail, and, if requested, by providing oral advice.

10 * **Sec. 6.** AS 28.15.061(d) is amended to read:

11 (d) An employee of the department who processes a driver's license
 12 application, other than an application received by mail, shall ask the applicant orally
 13 whether the applicant wishes to execute **a donation of body parts** [AN
 14 ANATOMICAL GIFT OR A LIVING WILL]. The department shall make known to
 15 all applicants the procedure for executing a **donation of body parts** [GIFT] under
 16 **AS 13.52 (Health Care Decisions Act)** [AS 13.50 (UNIFORM ANATOMICAL
 17 GIFTS ACT) OR A LIVING WILL UNDER AS 18.12 (LIVING WILLS AND DO
 18 NOT RESUSCITATE ORDERS)] by displaying posters in the offices in which
 19 applications are taken, by providing a brochure or other written information to each
 20 person who applies in person or by mail, and, if requested, by providing oral advice.

21 * **Sec. 7.** AS 28.15.111(b) is amended to read:

22 (b) The department shall provide, at the time that an operator's license is
 23 issued, a form for a document by which the owner of a license may make **a donation**
 24 **of body parts** [AN ANATOMICAL GIFT] under **AS 13.52** [AS 13.50 OR A LIVING
 25 WILL UNDER AS 18.12]. The document (1) may not be larger than an operator's
 26 license, (2) must contain sufficient space for the signature of two witnesses [OR A
 27 PERSON WHO IS QUALIFIED TO TAKE ACKNOWLEDGMENTS UNDER
 28 AS 09.63.010], **and** (3) [MUST USE THE FORMS AND DESIGNS DEVELOPED
 29 UNDER AS 18.12.037, AND (4)] must provide a means by which the owner may
 30 cancel the **donation** [GIFT OR THE LIVING WILL]. If the document is executed by
 31 the applicant, it shall be sealed in plastic and attached to the license. [A SYMBOL

1 DEVELOPED UNDER AS 18.12.037 INDICATING THE EXISTENCE OF THE
 2 ANATOMICAL GIFT OR LIVING WILL DOCUMENT MUST BE DISPLAYED
 3 IN THE LOWER RIGHT-HAND CORNER ON THE FACE OF THE DRIVER'S
 4 LICENSE.]

5 * **Sec. 8.** AS 47.30.825(b) is amended to read:

6 (b) The patient and the following persons, at the request of the patient, are
 7 entitled to participate in formulating the patient's individualized treatment plan and to
 8 participate in the evaluation process as much as possible, at minimum to the extent of
 9 requesting specific forms of therapy, inquiring why specific therapies are or are not
 10 included in the treatment program, and being informed as to the patient's present
 11 medical and psychological condition and prognosis: (1) the patient's counsel, (2) the
 12 patient's guardian, (3) a mental health professional previously engaged in the patient's
 13 care outside of the evaluation facility or designated treatment facility, (4) a
 14 representative of the patient's choice, (5) a person designated as the patient's **agent or**
 15 **surrogate** [ATTORNEY-IN-FACT] with regard to mental health treatment decisions
 16 under **AS 13.52** [AS 13.26.332 - 13.26.358, AS 47.30.950 - 47.30.980, OR OTHER
 17 POWER-OF-ATTORNEY], and (6) the adult designated under AS 47.30.725. The
 18 mental health care professionals may not withhold any of the information described in
 19 this subsection from the patient or from others if the patient has signed a waiver of
 20 confidentiality or has designated the person who would receive the information as an
 21 **agent or surrogate under AS 13.52** [ATTORNEY-IN-FACT] with regard to mental
 22 health treatment.

23 * **Sec. 9.** AS 47.30.825(f) is amended to read:

24 (f) A patient capable of giving informed consent has the absolute right to
 25 accept or refuse electroconvulsive therapy or aversive conditioning. A patient who
 26 lacks substantial capacity to make this decision may not be given this therapy or
 27 conditioning without a court order unless the patient expressly authorized that
 28 particular form of treatment in **an advance health care directive** [A
 29 DECLARATION] properly executed under **AS 13.52** [AS 47.30.950 - 47.30.980] or
 30 has authorized an **agent or surrogate under AS 13.52** [ATTORNEY-IN-FACT] to
 31 make this decision and the **agent or surrogate** [ATTORNEY-IN-FACT] consents to

1 the treatment on behalf of the patient.

2 * **Sec. 10.** AS 47.30.836 is amended to read:

3 **Sec. 47.30.836. Psychotropic medication in nonemergencies.** An evaluation
4 facility or designated treatment facility may not administer psychotropic medication to
5 a patient in a situation that does not involve a crisis under AS 47.30.838(a)(1) unless
6 the patient

7 (1) has the capacity to give informed consent to the medication, as
8 described in AS 47.30.837, and gives that consent; the facility shall document the
9 consent in the patient's medical chart;

10 (2) authorized the use of psychotropic medication in **an advance**
11 **health care directive** [A DECLARATION] properly executed under **AS 13.52**
12 [AS 47.30.950 - 47.30.980] or authorized an **agent or surrogate under AS 13.52**
13 [ATTORNEY-IN-FACT] to consent to the use of psychotropic medication for the
14 patient and the **agent or surrogate** [ATTORNEY-IN-FACT] does consent; or

15 (3) is determined by a court to lack the capacity to give informed
16 consent to the medication and the court approves use of the medication under
17 AS 47.30.839.

18 * **Sec. 11.** AS 47.30.838(d) is amended to read:

19 (d) An evaluation facility or designated treatment facility may administer
20 psychotropic medication to a patient without the patient's informed consent if the
21 patient is unable to give informed consent but has authorized the use of psychotropic
22 medication in **an advance health care directive** [A DECLARATION] properly
23 executed under **AS 13.52** [AS 47.30.950 - 47.30.980] or has authorized an **agent or**
24 **surrogate under AS 13.52** [ATTORNEY-IN-FACT] to consent to this form of
25 treatment for the patient and the **agent or surrogate** [ATTORNEY-IN-FACT] does
26 consent.

27 * **Sec. 12.** AS 47.30.839(d) is amended to read:

28 (d) Upon the filing of a petition under (b) of this section, the court shall direct
29 the office of public advocacy to provide a visitor to assist the court in investigating the
30 issue of whether the patient has the capacity to give or withhold informed consent to
31 the administration of psychotropic medication. The visitor shall gather pertinent

1 information and present it to the court in written or oral form at the hearing. The
2 information must include documentation of the following:

3 (1) the patient's responses to a capacity assessment instrument
4 administered at the request of the visitor;

5 (2) any expressed wishes of the patient regarding medication,
6 including wishes that may have been expressed in a power of attorney, a living will,
7 **an advance health care directive under AS 13.52**, or oral statements of the patient,
8 including conversations with relatives and friends that are significant persons in the
9 patient's life as those conversations are remembered by the relatives and friends; oral
10 statements of the patient should be accompanied by a description of the circumstances
11 under which the patient made the statements, when possible.

12 * **Sec. 13.** AS 47.33.070(a) is amended to read:

13 (a) An assisted living home shall maintain, for each resident of the home, a
14 file that includes

15 (1) the name and birth date, and, if provided by the resident, the social
16 security number of the resident;

17 (2) the name, address, and telephone number of the resident's closest
18 relative, service coordinator, if any, and representative, if any;

19 (3) a statement of what actions, if any, the resident's representative is
20 authorized to take on the resident's behalf;

21 (4) a copy of the resident's assisted living plan;

22 (5) a copy of the residential services contract between the home and
23 the resident;

24 (6) a notice, as required under AS 47.33.030, regarding the depository
25 in which the resident's advance payment money is being held;

26 (7) written **acknowledgment** [ACKNOWLEDGEMENT] by the
27 resident or the resident's representative that the resident has received a copy of and has
28 read, or has been read the

29 (A) resident's rights under AS 47.33.300;

30 (B) resident's right to pursue a grievance under AS 47.33.340;

31 (C) resident's right to protection from retaliation under

1 AS 47.33.350;

2 (D) provisions of AS 47.33.510, regarding immunity; and

3 (E) home's house rules;

4 (8) an **acknowledgment** [ACKNOWLEDGEMENT] and agreement
5 relating to home safekeeping and management of the resident's money, as required by
6 AS 47.33.040;

7 (9) a copy of the resident's living will, if any, **or an advance health**
8 **care directive made under AS 13.52, if any**; and

9 (10) a copy of a power of attorney or other written designation,
10 **including an advance health care directive made under AS 13.52**, of an agent,
11 representative, or surrogate by the resident.

12 * **Sec. 14.** AS 13.26.332(L), 13.26.335(1), 13.26.344(I); AS 13.50.010, 13.50.014,
13 13.50.016, 13.50.020, 13.50.030, 13.50.040, 13.50.050, 13.50.060, 13.50.065, 13.50.068,
14 13.50.070, 13.50.080, 13.50.090; AS 18.12.010, 18.12.020, 18.12.030, 18.12.035, 18.12.037,
15 18.12.040, 18.12.050, 18.12.060, 18.12.070, 18.12.080, 18.12.090, 18.12.100; AS 47.30.950,
16 47.30.952, 47.30.954, 47.30.956, 47.30.958, 47.30.960, 47.30.962, 47.30.964, 47.30.966,
17 47.30.968, 47.30.970, 47.30.972, and 47.30.980 are repealed.

18 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to
19 read:

20 CONTINUING EFFECT OF EXISTING DOCUMENTS. (a) A donation of body
21 parts made under AS 13.50 or AS 18.12, repealed by sec. 14 of this Act, before the effective
22 date of secs. 1 - 14 of this Act continues in effect under AS 13.50 or AS 18.12, as those
23 chapters exist before the effective date of secs. 1 - 14 of this Act, until the donation is
24 revoked.

25 (b) A power of attorney that is made under AS 13.26.332(L), 13.26.335(1), or
26 13.26.344(I), repealed by sec. 14 of this Act, before the effective date of secs. 1 - 14 of this
27 Act and that contains authority for health care services under AS 13.26.332(L),
28 AS 13.26.335(1), or 13.26.344(I), repealed by sec. 14 of this Act, continues in effect under
29 AS 13.26.332(L), 13.26.335(1), and 13.26.344(I), as those provisions exist before the
30 effective date of secs. 1 - 14 of this Act, until the power of attorney is revoked.

31 (c) A declaration made under AS 18.12, repealed by sec. 14 of this Act, before the

1 effective date of secs. 1 - 14 of this Act continues in effect under AS 18.12, as that chapter
2 exists before the effective date of secs. 1 - 14 of this Act, until the declaration is revoked.

3 (d) A declaration made under AS 47.30.950 - 47.30.980, repealed by sec. 14 of this
4 Act, before the effective date of secs. 1 - 14 of this Act continues in effect under
5 AS 47.30.950 - 47.30.980, as those sections exist before the effective date of secs. 1 - 14 of
6 this Act, until the declaration is revoked.

7 * **Sec. 16.** The uncodified law of the State of Alaska is amended by adding a new section to
8 read:

9 EFFECT ON EXISTING INSURANCE POLICIES AND ANNUITIES.
10 AS 13.52.120(c), added by sec. 3 of this Act, does not apply to a policy of insurance or an
11 annuity that was entered into before the effective date of secs. 1 - 14 of this Act.

12 * **Sec. 17.** The uncodified law of the State of Alaska is amended by adding a new section to
13 read:

14 TRANSITION: REGULATIONS. The Department of Health and Social Services
15 may proceed to adopt regulations necessary to implement the changes made by secs. 1 - 14 of
16 this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not
17 before January 1, 2004.

18 * **Sec. 18.** The uncodified law of the State of Alaska is amended by adding a new section to
19 read:

20 CONTINUING EFFECT OF CURRENT REGULATIONS. (a) The regulations
21 found at 7 AAC 16, as modified by (b) of this section, continue in effect on and after
22 January 1, 2004, until the Department of Health and Social Services adopts the regulations
23 authorized under sec. 17 of this Act.

24 (b) The regulations attorney in the Department of Law shall

25 (1) in 7 AAC 16.010(a), replace the reference to "AS 18.12.035(b)" with
26 "AS 13.52.060(b)";

27 (2) in 7 AAC 16.010(d)(4), replace the reference to "AS 18.12.090" with
28 "AS 13.52.145";

29 (3) in 7 AAC 16.010(f), replace the reference to "AS 18.12" with "AS 13.52";

30 (4) in 7 AAC 16.090(1), replace the reference to "AS 18.12.100" with
31 "AS 13.52.190";

1 (5) in 7 AAC 16.090(3), replace ""do-not-resuscitate order" in AS 18.12.100"
2 with ""do not resuscitate order" in AS 13.52.190."

3 * **Sec. 19.** Section 17 of this Act takes effect immediately under AS 01.10.070(c).

4 * **Sec. 20.** Except as provided in sec. 19 of this Act, this Act takes effect January 1, 2004.