

HOUSE BILL No. 1317

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-10; IC 16-18-2; IC 16-21-12; IC 16-36; IC 16-39-2-9; IC 23-14; IC 25-15-9-18; IC 29-2; IC 29-3; IC 30-5; IC 34-30-2; IC 35-42-1-2.5.

Synopsis: Health care advance directive. Allows an individual to make a health care advance directive that gives instructions or expresses preferences or desires concerning any aspect of the individual's health care or health information and to designate a health care representative to make health care decisions and receive health information for the individual. Consolidates definitions of "life prolonging procedures". Requires the state department of health to prepare a sample advance directive. Provides that the appointment of a representative or attorney in fact to consent to health care that was legally executed before January 1, 2023, is valid as executed. Adds cross-references. Makes conforming changes. Makes technical changes.

Effective: July 1, 2020.

Kirchhofer

January 14, 2020, read first time and referred to Committee on Public Health.



Second Regular Session of the 121st General Assembly (2020)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1317

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-10-7-8 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) The division shall
3 contract in writing for the provision of the guardianship services
4 required in each region with a nonprofit corporation that is:
5 (1) qualified to receive tax deductible contributions under Section
6 170 of the Internal Revenue Code; and
7 (2) located in the region.
8 (b) The division shall establish qualifications to determine eligible
9 providers in each region.
10 (c) Each contract between the division and a provider must specify
11 a method for the following:
12 (1) The establishment of a guardianship committee within the
13 provider, serving under the provider's board of directors.
14 (2) The provision of money and services by the provider in an
15 amount equal to at least twenty-five percent (25%) of the total
16 amount of the contract and the provision by the division of the
17 remaining amount of the contract. The division shall establish



- 1 guidelines to determine the value of services provided under this
 2 subdivision.
 3 (3) The establishment of procedures to avoid a conflict of interest
 4 for the provider in providing necessary services to each
 5 incapacitated individual.
 6 (4) The identification and evaluation of indigent adults in need of
 7 guardianship services.
 8 (5) The adoption of individualized service plans to provide the
 9 least restrictive type of guardianship or related services for each
 10 incapacitated individual, including the following:
 11 (A) Designation as a representative payee by:
 12 (i) the Social Security Administration;
 13 (ii) the United States Office of Personnel Management;
 14 (iii) the United States Department of Veterans Affairs; or
 15 (iv) the United States Railroad Retirement Board.
 16 (B) Limited guardianship under IC 29-3.
 17 (C) Guardianship of the person or estate under IC 29-3.
 18 (D) The appointment of:
 19 (i) a health care representative under IC 16-36-1-7 **or**
 20 **IC 16-36-7**; or
 21 (ii) a power of attorney under IC 30-5.
 22 (6) The periodic reassessment of each incapacitated individual.
 23 (7) The provision of legal services necessary for the guardianship.
 24 (8) The training and supervision of paid and volunteer staff.
 25 (9) The establishment of other procedures and programs required
 26 by the division.

27 SECTION 2. IC 12-10-13-3.3, AS AMENDED BY P.L.168-2018,
 28 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2020]: Sec. 3.3. As used in this chapter, "legal representative"
 30 means:

- 31 (1) a guardian;
 32 (2) a health care representative acting under IC 16-36-1 **or**
 33 **IC 16-36-7**;
 34 (3) an attorney-in-fact for health care appointed under
 35 IC 30-5-5-16;
 36 (4) an attorney-in-fact appointed under IC 30-5-5 who does not
 37 hold health care powers; or
 38 (5) the personal representative of the estate;
 39 of a resident of a long term care facility.

40 SECTION 3. IC 12-10-18-1, AS ADDED BY P.L.140-2005,
 41 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 42 JULY 1, 2020]: Sec. 1. (a) A law enforcement agency that receives a



1 notification concerning a missing endangered adult from:

2 (1) the missing endangered adult's:

3 (A) guardian;

4 (B) custodian; or

5 (C) guardian ad litem; or

6 (2) an individual who:

7 (A) provides the missing endangered adult with home health
8 aid services;

9 (B) possesses a health care power of attorney **that was**
10 **executed under IC 30-5-5-16** for the missing endangered
11 adult; or

12 (C) has evidence that the missing endangered adult has a
13 condition that may prevent the missing endangered adult from
14 returning home without assistance;

15 shall prepare an investigative report on the missing endangered adult,
16 if based on the notification, the law enforcement agency has reason to
17 believe that an endangered adult is missing.

18 (b) The investigative report described in subsection (a) may include
19 the following:

20 (1) Relevant information obtained from the notification
21 concerning the missing endangered adult, including the following:

22 (A) A physical description of the missing endangered adult.

23 (B) The date, time, and place that the missing endangered
24 adult was last seen.

25 (C) The missing endangered adult's address.

26 (2) Information gathered by a preliminary investigation, if one
27 was made.

28 (3) A statement by the law enforcement officer in charge setting
29 forth that officer's assessment of the case based upon the evidence
30 and information received.

31 SECTION 4. IC 16-18-2-1.5, AS AMENDED BY P.L.205-2018,
32 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33 JULY 1, 2020]: Sec. 1.5. (a) "Abortion clinic", for purposes of
34 IC 16-21-2, IC 16-34-2-4.7, IC 16-34-3, and IC 16-41-16, means a
35 health care provider (as defined in section ~~163(d)(1)~~ **163(e)(1)** of this
36 chapter) that:

37 (1) performs surgical abortion procedures; or

38 (2) beginning January 1, 2014, provides an abortion inducing
39 drug for the purpose of inducing an abortion.

40 (b) The term does not include the following:

41 (1) A hospital that is licensed as a hospital under IC 16-21-2.

42 (2) An ambulatory outpatient surgical center that is licensed as an



1 ambulatory outpatient surgical center under IC 16-21-2.

2 (3) A health care provider that provides, prescribes, administers,
3 or dispenses an abortion inducing drug to fewer than five (5)
4 patients per year for the purposes of inducing an abortion.

5 SECTION 5. IC 16-18-2-6.1 IS ADDED TO THE INDIANA CODE
6 AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY**
7 **1, 2020]: Sec. 6.1. "Advance directive", for purposes of IC 16-36-7,**
8 **has the meaning set forth in IC 16-36-7-2.**

9 SECTION 6. IC 16-18-2-35.5 IS ADDED TO THE INDIANA
10 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
11 **[EFFECTIVE JULY 1, 2020]: Sec. 35.5. "Best interests", for**
12 **purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-3.**

13 SECTION 7. IC 16-18-2-92.4, AS AMENDED BY P.L.164-2013,
14 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15 JULY 1, 2020]: Sec. 92.4. (a) "Declarant", for purposes of IC 16-36-5,
16 has the meaning set forth in IC 16-36-5-3.

17 (b) "Declarant", for purposes of IC 16-36-6, has the meaning set
18 forth in IC 16-36-6-2.

19 (c) "Declarant", for purposes of IC 16-36-7, has the meaning set
20 forth in IC 16-36-7-4.

21 SECTION 8. IC 16-18-2-92.5 IS ADDED TO THE INDIANA
22 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
23 **[EFFECTIVE JULY 1, 2020]: Sec. 92.5. "Declaration", for purposes**
24 **of IC 16-36-7, has the meaning set forth in IC 16-36-7-5.**

25 SECTION 9. IC 16-18-2-105.8 IS ADDED TO THE INDIANA
26 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
27 **[EFFECTIVE JULY 1, 2020]: Sec. 105.8. "Electronic", for purposes**
28 **of IC 16-36-7, has the meaning set forth in IC 16-36-7-6.**

29 SECTION 10. IC 16-18-2-106.2 IS ADDED TO THE INDIANA
30 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
31 **[EFFECTIVE JULY 1, 2020]: Sec. 106.2. "Electronic record", for**
32 **purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-7.**

33 SECTION 11. IC 16-18-2-106.3, AS ADDED BY P.L.204-2005,
34 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2020]: Sec. 106.3. (a) "Electronic signature", for purposes
36 of IC 16-36-7, has the meaning set forth in IC 16-36-7-8.

37 (b) For purposes of IC 16-42-3 and IC 16-42-22, "electronic
38 signature" means an electronic sound, symbol, or process:

- 39 (1) attached to or logically associated with an electronically
40 transmitted prescription or order; and
41 (2) executed or adopted by a person;

42 with the intent to sign the electronically transmitted prescription or



- 1 order.
- 2 SECTION 12. IC 16-18-2-160 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 160. (a) "Health care",
- 4 for purposes of IC 16-36-1, has the meaning set forth in IC 16-36-1-1.
- 5 **(b) "Health care", for purposes of IC 16-36-7, has the meaning**
- 6 **set forth in IC 16-36-7-9.**
- 7 SECTION 13. IC 16-18-2-160.3 IS ADDED TO THE INDIANA
- 8 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 9 [EFFECTIVE JULY 1, 2020]: **Sec. 160.3. "Health care decision", for**
- 10 **purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-10.**
- 11 SECTION 14. IC 16-18-2-161, AS AMENDED BY P.L.113-2015,
- 12 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 13 JULY 1, 2020]: Sec. 161. (a) "Health care facility" includes:
- 14 (1) hospitals licensed under IC 16-21-2, private mental health
- 15 institutions licensed under IC 12-25, and tuberculosis hospitals
- 16 established under IC 16-11-1 (before its repeal);
- 17 (2) health facilities licensed under IC 16-28; and
- 18 (3) rehabilitation facilities and kidney disease treatment centers.
- 19 (b) "Health care facility", for purposes of IC 16-21-11 and
- 20 IC 16-34-3, has the meaning set forth in IC 16-21-11-1.
- 21 (c) "Health care facility", for purposes of IC 16-28-13, has the
- 22 meaning set forth in IC 16-28-13-0.5.
- 23 **(d) "Health care facility", for purposes of IC 16-36-7, has the**
- 24 **meaning set forth in IC 16-36-7-11.**
- 25 SECTION 15. IC 16-18-2-163, AS AMENDED BY P.L.2-2019,
- 26 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 27 JULY 1, 2020]: Sec. 163. (a) "Health care provider", for purposes of
- 28 IC 16-21 and IC 16-41, means any of the following:
- 29 (1) An individual, a partnership, a corporation, a professional
- 30 corporation, a facility, or an institution licensed or legally
- 31 authorized by this state to provide health care or professional
- 32 services as a licensed physician, a psychiatric hospital, a hospital,
- 33 a health facility, an emergency ambulance service (IC 16-31-3),
- 34 a dentist, a registered or licensed practical nurse, a midwife, an
- 35 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
- 36 therapist, a respiratory care practitioner, an occupational therapist,
- 37 a psychologist, a paramedic, an emergency medical technician, an
- 38 advanced emergency medical technician, an athletic trainer, or a
- 39 person who is an officer, employee, or agent of the individual,
- 40 partnership, corporation, professional corporation, facility, or
- 41 institution acting in the course and scope of the person's
- 42 employment.



- 1 (2) A college, university, or junior college that provides health
 2 care to a student, a faculty member, or an employee, and the
 3 governing board or a person who is an officer, employee, or agent
 4 of the college, university, or junior college acting in the course
 5 and scope of the person's employment.
- 6 (3) A blood bank, community mental health center, community
 7 intellectual disability center, community health center, or migrant
 8 health center.
- 9 (4) A home health agency (as defined in IC 16-27-1-2).
- 10 (5) A health maintenance organization (as defined in
 11 IC 27-13-1-19).
- 12 (6) A health care organization whose members, shareholders, or
 13 partners are health care providers under subdivision (1).
- 14 (7) A corporation, partnership, or professional corporation not
 15 otherwise qualified under this subsection that:
- 16 (A) provides health care as one (1) of the corporation's,
 17 partnership's, or professional corporation's functions;
- 18 (B) is organized or registered under state law; and
- 19 (C) is determined to be eligible for coverage as a health care
 20 provider under IC 34-18 for the corporation's, partnership's, or
 21 professional corporation's health care function.
- 22 Coverage for a health care provider qualified under this subdivision is
 23 limited to the health care provider's health care functions and does not
 24 extend to other causes of action.
- 25 (b) "Health care provider", for purposes of IC 16-35, has the
 26 meaning set forth in subsection (a). However, for purposes of IC 16-35,
 27 the term also includes a health facility (as defined in section 167 of this
 28 chapter).
- 29 (c) "Health care provider", for purposes of IC 16-32-5, IC 16-36-5,
 30 and IC 16-36-6, means an individual licensed or authorized by this
 31 state to provide health care or professional services as:
- 32 (1) a licensed physician;
- 33 (2) a registered nurse;
- 34 (3) a licensed practical nurse;
- 35 (4) an advanced practice registered nurse;
- 36 (5) a certified nurse midwife;
- 37 (6) a paramedic;
- 38 (7) an emergency medical technician;
- 39 (8) an advanced emergency medical technician;
- 40 (9) an emergency medical responder, as defined by section 109.8
 41 of this chapter;
- 42 (10) a licensed dentist;



1 (11) a home health aide, as defined by section 174 of this chapter;
2 or

3 (12) a licensed physician assistant.

4 The term includes an individual who is an employee or agent of a
5 health care provider acting in the course and scope of the individual's
6 employment.

7 **(d) "Health care provider", for purposes of IC 16-36-7, has the**
8 **meaning set forth in IC 16-36-7-12.**

9 ~~(d)~~ **(e) "Health care provider", for purposes of section 1.5 of this**
10 **chapter and IC 16-40-4, means any of the following:**

11 (1) An individual, a partnership, a corporation, a professional
12 corporation, a facility, or an institution licensed or authorized by
13 the state to provide health care or professional services as a
14 licensed physician, a psychiatric hospital, a hospital, a health
15 facility, an emergency ambulance service (IC 16-31-3), an
16 ambulatory outpatient surgical center, a dentist, an optometrist, a
17 pharmacist, a podiatrist, a chiropractor, a psychologist, or a
18 person who is an officer, employee, or agent of the individual,
19 partnership, corporation, professional corporation, facility, or
20 institution acting in the course and scope of the person's
21 employment.

22 (2) A blood bank, laboratory, community mental health center,
23 community intellectual disability center, community health
24 center, or migrant health center.

25 (3) A home health agency (as defined in IC 16-27-1-2).

26 (4) A health maintenance organization (as defined in
27 IC 27-13-1-19).

28 (5) A health care organization whose members, shareholders, or
29 partners are health care providers under subdivision (1).

30 (6) A corporation, partnership, or professional corporation not
31 otherwise specified in this subsection that:

32 (A) provides health care as one (1) of the corporation's,
33 partnership's, or professional corporation's functions;

34 (B) is organized or registered under state law; and

35 (C) is determined to be eligible for coverage as a health care
36 provider under IC 34-18 for the corporation's, partnership's, or
37 professional corporation's health care function.

38 (7) A person that is designated to maintain the records of a person
39 described in subdivisions (1) through (6).

40 ~~(e)~~ **(f) "Health care provider", for purposes of IC 16-45-4, has the**
41 **meaning set forth in 47 CFR 54.601(a).**

42 SECTION 16. IC 16-18-2-163.4, AS ADDED BY P.L.137-2015,



1 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2020]: Sec. 163.4. (a) "Health care representative", for
3 purposes of IC 16-21-12, has the meaning set forth in IC 16-21-12-4.

4 (b) **"Health care representative", for purposes of IC 16-36-7,
5 has the meaning set forth in IC 16-36-7-13.**

6 SECTION 17. IC 16-18-2-167.5 IS ADDED TO THE INDIANA
7 CODE AS A NEW SECTION TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2020]: **Sec. 167.5. "Health information", for
9 purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-14.**

10 SECTION 18. IC 16-18-2-186.5 IS ADDED TO THE INDIANA
11 CODE AS A NEW SECTION TO READ AS FOLLOWS
12 [EFFECTIVE JULY 1, 2020]: **Sec. 186.5. "Incapacity" and
13 "incapacitated", for purposes of IC 16-36-7, have the meaning set
14 forth in IC 16-36-7-15.**

15 SECTION 19. IC 16-18-2-190 IS AMENDED TO READ AS
16 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 190. (a) **"Informed
17 consent", for purposes of IC 16-36-7, has the meaning set forth in
18 IC 16-36-7-16.**

19 (b) "Informed consent", for purposes of IC 16-41-6, has the meaning
20 set forth in IC 16-41-6-2.

21 SECTION 20. IC 16-18-2-203, AS AMENDED BY P.L.164-2013,
22 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2020]: Sec. 203. (a) "Life prolonging procedure", for purposes
24 of IC 16-36-4, has the meaning set forth in IC 16-36-4-1.

25 (b) "Life prolonging procedure", for purposes of IC 16-36-6, has the
26 meaning set forth in IC 16-36-6-3. **IC 16-36, means any medical
27 procedure, treatment, or intervention that does the following:**

28 (1) **Uses mechanical or other artificial means to sustain,
29 restore, or supplant a vital function.**

30 (2) **Serves to prolong the dying process.**

31 (b) **The term does not include the performance or provision of
32 any medical procedure or medication necessary to provide comfort
33 care or to alleviate pain.**

34 SECTION 21. IC 16-18-2-296.2 IS ADDED TO THE INDIANA
35 CODE AS A NEW SECTION TO READ AS FOLLOWS
36 [EFFECTIVE JULY 1, 2020]: **Sec. 296.2. "Proxy", for purposes of
37 IC 16-36-7, has the meaning set forth in IC 16-36-7-17.**

38 SECTION 22. IC 16-18-2-308.2 IS ADDED TO THE INDIANA
39 CODE AS A NEW SECTION TO READ AS FOLLOWS
40 [EFFECTIVE JULY 1, 2020]: **Sec. 308.2. "Reasonably available",
41 for purposes of IC 16-36-7, has the meaning set forth in
42 IC 16-36-7-18.**



1 SECTION 23. IC 16-18-2-331.4 IS ADDED TO THE INDIANA
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS
 3 [EFFECTIVE JULY 1, 2020]: **Sec. 331.4. "Sign", for purposes of**
 4 **IC 16-36-7, has the meaning set forth in IC 16-36-7-19.**

5 SECTION 24. IC 16-18-2-331.5 IS ADDED TO THE INDIANA
 6 CODE AS A NEW SECTION TO READ AS FOLLOWS
 7 [EFFECTIVE JULY 1, 2020]: **Sec. 331.5. "Signature", for purposes**
 8 **of IC 16-36-7, has the meaning set forth in IC 16-36-7-20.**

9 SECTION 25. IC 16-18-2-354.8 IS ADDED TO THE INDIANA
 10 CODE AS A NEW SECTION TO READ AS FOLLOWS
 11 [EFFECTIVE JULY 1, 2020]: **Sec. 354.8. "Treating physician", for**
 12 **purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-21.**

13 SECTION 26. IC 16-18-2-378.5 IS ADDED TO THE INDIANA
 14 CODE AS A NEW SECTION TO READ AS FOLLOWS
 15 [EFFECTIVE JULY 1, 2020]: **Sec. 378.5. "Written" and "writing",**
 16 **for purposes of IC 16-36-7, have the meaning set forth in**
 17 **IC 16-36-7-22.**

18 SECTION 27. IC 16-21-12-4, AS ADDED BY P.L.137-2015,
 19 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2020]: Sec. 4. As used in this chapter, "health care
 21 representative" means an individual:

22 (1) appointed as the patient's health care representative under
 23 IC 16-36-1-7;

24 (2) appointed as the patient's health care representative under
 25 **IC 16-36-7; or an individual**

26 (3) holding the patient's health care power of attorney under
 27 IC 30-5-5-16.

28 However, if the patient has not appointed a health care representative
 29 under IC 16-36-1-7 **or IC 16-36-7** or granted a health care power of
 30 attorney to an individual under IC 30-5-5-16, the term means an
 31 individual authorized to consent to health care for the patient under
 32 ~~IC 16-36-1-5.~~ **IC 16-36-7-39.**

33 SECTION 28. IC 16-21-12-15, AS ADDED BY P.L.137-2015,
 34 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2020]: Sec. 15. (a) This chapter may not be construed to
 36 interfere with the rights of a health care representative appointed under
 37 IC 16-36-1 **or a health care representative appointed under**
 38 **IC 16-36-7.**

39 (b) This chapter may not be construed to create a private right of
 40 action against a hospital, a hospital employee, or an individual with
 41 whom a hospital has a contractual relationship.

42 (c) No cause of action of any type arises against a hospital, a



1 hospital employee, a staff member, or an individual with whom a
 2 hospital has a contractual relationship based upon an act or omission
 3 of a lay caregiver.

4 SECTION 29. IC 16-36-1-4 IS AMENDED TO READ AS
 5 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) An individual
 6 described in section 3 of this chapter may consent to health care unless,
 7 in the good faith opinion of the attending physician, the individual is
 8 incapable of making a decision regarding the proposed health care.

9 (b) A consent to health care under section 5, 6, or 7 of this chapter
 10 is not valid if:

11 (1) the health care provider has knowledge that the individual has
 12 indicated contrary instructions in regard to the proposed health
 13 care; ~~even if the individual is believed to be incapable of making~~
 14 ~~a decision regarding the proposed health care at the time the~~
 15 ~~individual indicates contrary instructions; and~~

16 (2) **the individual has not been determined to be incapable of**
 17 **consenting to health care by:**

18 (A) **an order of a probate court under section 8 of this**
 19 **chapter; or**

20 (B) **the individual's attending physician under subsection**
 21 **(a).**

22 SECTION 30. IC 16-36-1-7, AS AMENDED BY P.L.81-2015,
 23 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2020]: Sec. 7. (a) An individual who may consent to health
 25 care under section 3 of this chapter may appoint another representative
 26 to act for the appointor in matters affecting the appointor's health care.

27 (b) An appointment and any amendment must meet the following
 28 conditions:

29 (1) Be in writing.

30 (2) Be signed by the appointor or by a designee in the appointor's
 31 presence **before January 1, 2023.**

32 (3) Be witnessed by an adult other than the representative.

33 (c) The appointor may specify in the appointment appropriate terms
 34 and conditions, including an authorization to the representative to
 35 delegate the authority to consent to another.

36 (d) The authority granted becomes effective according to the terms
 37 of the appointment.

38 (e) The appointment does not commence until the appointor
 39 becomes incapable of consenting. The authority granted in the
 40 appointment is not effective if the appointor regains the capacity to
 41 consent.

42 (f) Unless the appointment provides otherwise, a representative



1 appointed under this section who is reasonably available and willing to
 2 act has priority to act in all matters of health care for the appointor,
 3 except when the appointor is capable of consenting.

4 (g) In making all decisions regarding the appointor's health care, a
 5 representative appointed under this section shall act as follows:

6 (1) In the best interest of the appointor consistent with the
 7 purpose expressed in the appointment.

8 (2) In good faith.

9 (h) A health care representative who resigns or is unwilling to
 10 comply with the written appointment may not exercise further power
 11 under the appointment and shall so inform the following:

12 (1) The appointor.

13 (2) The appointor's legal representative if one is known.

14 (3) The health care provider if the representative knows there is
 15 one.

16 (i) An individual who is capable of consenting to health care may
 17 revoke:

18 (1) the appointment at any time by notifying the representative
 19 orally or in writing; or

20 (2) the authority granted to the representative by notifying the
 21 health care provider orally or in writing.

22 SECTION 31. IC 16-36-1.5-5 IS AMENDED TO READ AS
 23 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) This section
 24 applies to a patient who:

25 (1) receives mental health services; and

26 (2) is mentally incompetent.

27 (b) A patient described in subsection (a) shall provide consent for
 28 mental health treatment through the informed consent of one (1) of the
 29 following:

30 (1) The patient's legal guardian or other court appointed
 31 representative.

32 (2) The patient's health care representative under IC 16-36-1.

33 (3) An attorney in fact for health care appointed under
 34 IC 30-5-5-16.

35 (4) The patient's health care representative acting in accordance
 36 with the patient's psychiatric advance directive as expressed in a
 37 psychiatric advance directive executed under IC 16-36-1.7.

38 **(5) The patient's health care representative appointed under**
 39 **IC 16-36-7.**

40 SECTION 32. IC 16-36-4-1 IS REPEALED [EFFECTIVE JULY 1,
 41 2020]. Sec. 1. (a) ~~As used in this chapter, "life prolonging procedure"~~
 42 ~~means any medical procedure, treatment, or intervention that does the~~



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following:
(1) Uses mechanical or other artificial means to sustain, restore, or supplant a vital function.
(2) Serves to prolong the dying process.
(b) The term does not include the performance or provision of any medical procedure or medication necessary to provide comfort care or to alleviate pain.

SECTION 33. IC 16-36-4-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. The following is the living will declaration form:

LIVING WILL DECLARATION

Declaration made this _____ day of _____ (month, year). I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of life prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by **initialling** **initialing** or making your mark before signing this declaration):

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

_____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers **appointed** under ~~IC 30-5-5~~. **IC 30-5-5-16**.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the



1 consequences of the refusal.

2 I understand the full import of this declaration.

3 Signed _____

4
5 _____
6 City, County, and State of Residence

7 The declarant has been personally known to me, and I believe
8 (him/her) to be of sound mind. I did not sign the declarant's signature
9 above for or at the direction of the declarant. I am not a parent, spouse,
10 or child of the declarant. I am not entitled to any part of the declarant's
11 estate or directly financially responsible for the declarant's medical
12 care. I am competent and at least eighteen (18) years of age.

12 Witness _____ Date _____

13 Witness _____ Date _____

14 SECTION 34. IC 16-36-5-9 IS AMENDED TO READ AS
15 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. As used in this
16 chapter, "representative" means a person's:

- 17 (1) legal guardian or other court appointed representative
- 18 responsible for making health care decisions for the person;
- 19 (2) health care representative **appointed** under ~~IC 16-36-1~~; or
- 20 **IC 16-36-1-7;**
- 21 **(3) health care representative appointed under IC 16-36-7; or**
- 22 ~~(3)~~ **(4) attorney in fact for health care appointed under**
- 23 **IC 30-5-5-16.**

24 SECTION 35. IC 16-36-6-3 IS REPEALED [EFFECTIVE JULY 1,
25 2020]. Sec. 3: (a) As used in this chapter, "life prolonging procedure"
26 means any medical procedure, treatment, or intervention that does the
27 following:

- 28 ~~(1) Uses mechanical or other artificial means to sustain, restore,~~
- 29 ~~or supplant a vital function.~~
- 30 ~~(2) Serves to prolong the dying process.~~

31 ~~(b) The term does not include the performance or provision of any~~
32 ~~medical procedure or medication necessary to provide comfort care or~~
33 ~~to alleviate pain.~~

34 SECTION 36. IC 16-36-6-7, AS AMENDED BY P.L.139-2019,
35 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36 JULY 1, 2020]: Sec. 7. (a) The following individuals may complete a
37 POST form:

- 38 (1) A qualified person who is:
- 39 (A) either:
- 40 (i) at least eighteen (18) years of age; or
- 41 (ii) less than eighteen (18) years of age but authorized to
- 42 consent under IC 16-36-1-3(a)(2) (except under



- 1 IC 16-36-1-3(a)(2)(E)); and
 2 (B) of sound mind.
- 3 (2) A qualified person's representative, if the qualified person:
 4 (A) is less than eighteen (18) years of age and is not authorized
 5 to consent under IC 16-36-1-3(a)(2); or
 6 (B) has been determined to be incapable of making decisions
 7 about the qualified person's health care by a treating physician,
 8 advanced practice registered nurse, or physician assistant
 9 acting in good faith and the representative has been:
- 10 (i) appointed by the individual under IC 16-36-1-7 to serve
 11 as the individual's health care representative;
 12 (ii) authorized to act under IC 30-5-5-16 and IC 30-5-5-17
 13 as the individual's attorney in fact with authority to consent
 14 to or refuse health care for the individual;
 15 (iii) appointed by a court as the individual's health care
 16 representative under IC 16-36-1-8; ~~or~~
 17 (iv) appointed by a court as the guardian of the person with
 18 the authority to make health care decisions under IC 29-3;
 19 **or**
 20 **(v) appointed by the individual under IC 16-36-7 to serve**
 21 **as the individual's health care representative.**
- 22 (b) In order to complete a POST form, a person described in
 23 subsection (a) and the qualified person's treating physician, advanced
 24 practice registered nurse, or physician assistant or the physician's,
 25 advanced practice registered nurse's, or physician assistant's designee
 26 must do the following:
- 27 (1) Discuss the qualified person's goals and treatment options
 28 available to the qualified person based on the qualified person's
 29 health.
 30 (2) Complete the POST form, to the extent possible, based on the
 31 qualified person's preferences determined during the discussion
 32 in subdivision (1).
- 33 (c) When completing a POST form on behalf of a qualified person,
 34 a representative shall act:
- 35 (1) in good faith; and
 36 (2) in:
 37 (A) accordance with the qualified person's express or implied
 38 intentions, if known; or
 39 (B) the best interest of the qualified person, if the qualified
 40 person's express or implied intentions are not known.
- 41 (d) A copy of the executed POST form shall be maintained in the
 42 qualified person's medical file.



1 SECTION 37. IC 16-36-6-9, AS AMENDED BY P.L.10-2019,
 2 SECTION 74, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2020]: Sec. 9. (a) The state department shall develop a
 4 standardized POST form and distribute the POST form.

5 (b) The POST form developed under this section must include the
 6 following:

7 (1) A medical order specifying whether cardiopulmonary
 8 resuscitation (CPR) should be performed if the qualified person
 9 is in cardiopulmonary arrest.

10 (2) A medical order concerning the level of medical intervention
 11 that should be provided to the qualified person, including the
 12 following:

13 (A) Comfort measures.

14 (B) Limited additional interventions.

15 (C) Full intervention.

16 (3) A medical order specifying whether antibiotics should be
 17 provided to the qualified person.

18 (4) A medical order specifying whether artificially administered
 19 nutrition should be provided to the qualified person.

20 (5) A signature line for the treating physician, advanced practice
 21 registered nurse, or physician assistant, including the following
 22 information:

23 (A) The physician's, advanced practice registered nurse's, or
 24 physician assistant's printed name.

25 (B) The physician's, advanced practice registered nurse's, or
 26 physician assistant's telephone number.

27 (C) The physician's medical license number, advanced practice
 28 registered nurse's nursing license number, or physician
 29 assistant's state license number.

30 (D) The date of the physician's, advanced practice registered
 31 nurse's, or physician assistant's signature.

32 As used in this subdivision, "signature" includes an electronic or
 33 physician, advanced practice registered nurse, or physician
 34 assistant controlled stamp signature.

35 (6) A signature line for the qualified person or representative,
 36 including the following information:

37 (A) The qualified person's or representative's printed name.

38 (B) The relationship of the representative signing the POST
 39 form to the qualified person covered by the POST form.

40 (C) The date of the signature.

41 As used in this subdivision, "signature" includes an electronic
 42 signature.



1 (7) A section presenting the option to allow a declarant to appoint
 2 a representative (as defined in IC 16-36-1-2) under IC 16-36-1-7
 3 **or IC 16-36-7** to serve as the declarant's health care
 4 representative.

5 (c) The state department shall place the POST form on its Internet
 6 web site.

7 (d) The state department is not liable for any use or misuse of the
 8 POST form.

9 SECTION 38. IC 16-36-6-20, AS AMENDED BY P.L.2-2014,
 10 SECTION 78, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 11 JULY 1, 2020]: Sec. 20. The execution or revocation of a POST form
 12 by or for a qualified person does not revoke or impair the validity of
 13 any of the following:

14 (1) A power of attorney that is executed by a qualified person
 15 when the qualified person is competent.

16 (2) Health care powers that are granted to an attorney in fact
 17 under IC 30-5-5-16 or IC 30-5-5-17.

18 (3) An appointment of a health care representative that is
 19 executed by a qualified person, except to the extent that the POST
 20 form contains a superseding appointment of a new health care
 21 representative under section 9(b)(7) of this chapter.

22 (4) The authority of a health care representative under ~~IC 16-36-1~~
 23 **IC 16-36-1-7 or IC 16-36-7** to consent to health care on behalf
 24 of the qualified person.

25 (5) The authority of an attorney in fact holding health care powers
 26 under IC 30-5-5-16 or IC 30-5-5-17 to issue and enforce
 27 instructions under IC 30-5-7 concerning the qualified person's
 28 health care.

29 SECTION 39. IC 16-36-7 IS ADDED TO THE INDIANA CODE
 30 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 31 JULY 1, 2020]:

32 **Chapter 7. Health Care Advance Directives**

33 **Sec. 1. (a) A death as a result of the withholding or withdrawal**
 34 **of life prolonging procedures in accordance with:**

35 **(1) a declarant's advance directive; or**

36 **(2) any provision of this chapter;**

37 **does not constitute a suicide.**

38 **(b) This chapter does not authorize euthanasia or any**
 39 **affirmative or deliberate act or omission to end life other than to**
 40 **permit the natural process of dying.**

41 **(c) This chapter does not establish the only legal means that an**
 42 **individual may use to:**



1 (1) communicate or confirm the individual's desires or
 2 preferences to receive or refuse life prolonging treatment or
 3 other health care; or

4 (2) give one (1) or more other persons authority to consent to
 5 health care or make health care decisions on the individual's
 6 behalf.

7 (d) Nothing in this chapter prohibits a health care provider
 8 from relying on a document that:

9 (1) is signed by an adult who has not been determined to be
 10 incapacitated; and

11 (2) in the context of the relevant circumstances, clearly
 12 communicates the individual's intention to give one (1) or
 13 more specified persons authority to consent to health care or
 14 make health care decisions on the individual's behalf.

15 A health care provider who reasonably relies in good faith on a
 16 document signed under this subsection is immune from liability
 17 under section 36 of this chapter even if the document is not
 18 witnessed or acknowledged in the manner required for an advance
 19 directive under section 24 of this chapter.

20 Sec. 2. As used in this chapter, "advance directive" means a
 21 written declaration of a declarant who:

22 (1) gives instructions or expresses preferences or desires
 23 concerning any aspect of the declarant's health care or health
 24 information, including the designation of a health care
 25 representative, a living will declaration made under
 26 IC 16-36-4-10, or an anatomical gift made under IC 29-2-16.1;
 27 and

28 (2) complies with the requirements of this chapter.

29 Sec. 3. As used in this chapter, "best interests" means the
 30 promotion of the individual's welfare, based on consideration of
 31 material factors, including relief of suffering, preservation or
 32 restoration of function, and quality of life.

33 Sec. 4. As used in this chapter, "declarant" means a competent
 34 adult who has executed an advance directive.

35 Sec. 5. As used in this chapter, "declaration" means a written
 36 document, voluntarily executed by a declarant for the declarant
 37 under section 23 of this chapter.

38 Sec. 6. As used in this chapter, "electronic" has the meaning set
 39 forth in IC 26-2-8-102(7).

40 Sec. 7. As used in this chapter, "electronic record" has the
 41 meaning set forth in IC 26-2-8-102(9).

42 Sec. 8. As used in this chapter, "electronic signature" has the



1 meaning set forth in IC 26-2-8-102(10).

2 **Sec. 9.** As used in this chapter, "health care" means any care,
3 treatment, service, supplies, or procedure to maintain, diagnose, or
4 treat an individual's physical or mental condition, including
5 preventive, therapeutic, rehabilitative, maintenance, or palliative
6 care, and counseling.

7 **Sec. 10.** As used in this chapter, "health care decision" means
8 the following:

9 (1) Informed consent, refusal of consent, or withdrawal of
10 consent to any and all health care, including life prolonging
11 procedures and mental health treatment, unless otherwise
12 stated in the advance directive.

13 (2) The decision to apply for private, public, government, or
14 veterans' benefits to defray the cost of health care.

15 (3) The right of access to health information of the declarant
16 reasonably necessary for a health care representative or
17 proxy to make decisions involving health care and to apply for
18 benefits.

19 (4) The decision to make an anatomical gift under
20 IC 29-2-16.1.

21 **Sec. 11.** As used in this chapter, "health care facility" includes
22 the following:

23 (1) An ambulatory outpatient surgical center licensed under
24 IC 16-21-2.

25 (2) A health facility licensed under IC 16-28-2 or IC 16-28-3.

26 (3) A home health agency licensed under IC 16-27-1.

27 (4) A hospice program licensed under IC 16-25-3.

28 (5) A hospital licensed under IC 16-21-2.

29 (6) A health maintenance organization (as defined in
30 IC 27-13-1-19).

31 **Sec. 12.** As used in this chapter, "health care provider" means
32 any person licensed, certified, or authorized by law to administer
33 health care in the ordinary course of business or practice of a
34 profession.

35 **Sec. 13.** As used in this chapter, "health care representative"
36 means a competent adult designated by a declarant in an advance
37 directive to:

38 (1) make health care decisions; and

39 (2) receive health information;

40 regarding the declarant. The term includes a person who receives
41 and holds validly delegated authority from a designated health care
42 representative.



1 **Sec. 14.** As used in this chapter, "health information" has the
2 meaning set forth in 45 CFR 160.103.

3 **Sec. 15.** As used in this chapter, "incapacity" and
4 "incapacitated" mean that an individual is unable to communicate
5 a willful and knowing health care decision. For the purposes of
6 making an anatomical gift, the terms include an individual who is
7 deceased.

8 **Sec. 16.** As used in this chapter, "informed consent" means
9 consent voluntarily given by an individual after a sufficient
10 explanation and disclosure of the subject matter involved to enable
11 that individual to have a general understanding of the treatment or
12 procedure and the medically acceptable alternatives, including the
13 substantial risks and hazards inherent in the proposed treatment
14 or procedure, and to make a knowing health care decision without
15 coercion or undue influence.

16 **Sec. 17.** As used in this chapter, "proxy" means a competent
17 adult who:

18 (1) has not been expressly designated in a declaration to make
19 health care decisions for a particular incapacitated
20 individual; and

21 (2) is authorized and willing to make health care decisions for
22 the individual under section 38 of this chapter.

23 **Sec. 18.** As used in this chapter, "reasonably available" means
24 a health care representative or proxy for an individual who is:

25 (1) readily able to be contacted without undue effort; and

26 (2) willing and able to act in a timely manner considering the
27 urgency of that individual's health care needs or health
28 decisions.

29 **Sec. 19.** As used in this chapter, "sign" includes the valid use of
30 an electronic signature.

31 **Sec. 20.** As used in this chapter, "signature" means the
32 authorized use of the name or mark of a declarant or other person
33 to authenticate an electronic record or other writing. The term
34 includes an electronic signature and an electronic notarial
35 certificate completed by a notary public.

36 **Sec. 21.** As used in this chapter, "treating physician" means a
37 licensed physician who is overseeing, directing, or performing
38 health care to an individual at the pertinent time.

39 **Sec. 22.** As used in this chapter, "written" and "writing" include
40 the use of any method to inscribe information in or on a tangible
41 medium or to store the information in an electronic or other
42 medium that can retrieve, view, and print the information in



1 perceivable form.

2 **Sec. 23. (a) Except when an individual has been determined to**
 3 **be incapacitated under section 31 of this chapter, an individual**
 4 **may consent to the individual's own health care if the individual is:**

5 (1) an adult; or

6 (2) a minor, and:

7 (A) is emancipated;

8 (B) is:

9 (i) at least fourteen (14) years of age;

10 (ii) not dependent on a parent for support;

11 (iii) living apart from the minor's parents or from an
 12 individual in loco parentis; and

13 (iv) managing the minor's own affairs;

14 (C) is or has been married;

15 (D) is in the military service of the United States; or

16 (E) is authorized to consent to health care by another
 17 statute.

18 (b) A person at least seventeen (17) years of age is eligible to
 19 donate blood in a voluntary and noncompensatory blood program
 20 without obtaining parental permission.

21 (c) A person who is sixteen (16) years of age is eligible to donate
 22 blood in a voluntary and noncompensatory blood program if the
 23 person has obtained written permission from the person's parent.

24 (d) An individual who has, could be expected to have exposure
 25 to, or has been exposed to a venereal disease is competent to give
 26 consent for medical or hospital care or treatment, including
 27 preventive treatment, of the individual.

28 (e) If:

29 (1) an individual:

30 (A) has a signed advance directive that is in effect; and

31 (B) has not been determined to be incapacitated under
 32 section 31 of this chapter; and

33 (2) the individual's decisions and the health care
 34 representative's decisions present a material conflict;

35 the health care decisions by that individual take precedence over
 36 decisions made by a health care representative designated in that
 37 individual's advance directive.

38 (f) Nothing in this chapter prohibits or restricts a health care
 39 provider's right to follow or rely on a health care decision or the
 40 designation of a health care representative on a permanent or
 41 temporary basis that is:

42 (1) made by a competent individual described in subsection



- 1 (a);
- 2 (2) communicated orally by the individual to a health care
- 3 provider in the direct physical presence of the individual; and
- 4 (3) reduced to or confirmed in writing by the health care
- 5 provider on a reasonably contemporaneous basis and made a
- 6 part of the health care provider's medical records for the
- 7 individual.
- 8 (g) If:
- 9 (1) an individual later signs an advance directive under
- 10 section 24 of this chapter; and
- 11 (2) the advance directive conflicts with the recorded earlier
- 12 oral instructions of the individual with respect to health care
- 13 decisions or the designation of a health care representative;
- 14 the advance directive controls.
- 15 Sec. 24. (a) An advance directive signed by or for a declarant
- 16 under this section may accomplish or communicate one (1) or more
- 17 of the following:
- 18 (1) Designate one (1) or more competent adult individuals or
- 19 other persons as a health care representative to make health
- 20 care decisions for the declarant or receive health information
- 21 on behalf of the declarant, or both.
- 22 (2) State specific health care decisions by the declarant.
- 23 (3) State the declarant's preferences or desires regarding the
- 24 provision, continuation, termination, or refusal of life
- 25 prolonging procedures, palliative care, comfort care, or
- 26 assistance with activities of daily living.
- 27 (4) Specifically disqualify one (1) or more named individuals
- 28 from:
- 29 (A) being appointed as a health care representative for the
- 30 declarant;
- 31 (B) acting as a proxy for the declarant under section 38 of
- 32 this chapter; or
- 33 (C) receiving and exercising delegated authority from the
- 34 declarant's health care representative.
- 35 (b) An advance directive under this section must be signed by or
- 36 for the declarant using one (1) of the following methods:
- 37 (1) Signed by the declarant in the presence of two (2) adult
- 38 witnesses or in the presence of a notary public.
- 39 (2) Signing of the declarant's name by another adult
- 40 individual at the specific direction of the declarant, in the
- 41 declarant's direct physical presence, and in the presence of
- 42 the two (2) adult witnesses or a notary public. However, an



1 individual who signs the declarant's name on the advance
 2 directive may not be a witness, the notary public, or a health
 3 care representative designated in the advance directive.

4 (c) An advance directive signed under this section must be
 5 witnessed or acknowledged in one (1) of the following ways:

6 (1) Signed in the declarant's direct physical presence by two
 7 (2) adult witnesses, at least one (1) of whom may not be the
 8 spouse or other relative of the declarant.

9 (2) Signed or acknowledged by the declarant in the presence
 10 of a notary public, who completes and signs a notarial
 11 certificate under IC 33-42-9-12 and makes it a part of the
 12 advance directive.

13 If the advance directive complies with either subdivision (1) or (2),
 14 but contains additional witness signatures or a notarial certificate
 15 that is not needed, the advance directive is still validly witnessed
 16 and acknowledged.

17 (d) If a declarant resides in or is located in a jurisdiction other
 18 than Indiana at the time when the declarant signs a writing that
 19 communicates the information described in subsection (a), the
 20 writing must be treated as a validly signed advance directive under
 21 this chapter if the declarant was not incapacitated at the time of
 22 signing and if the writing was:

23 (1) signed and witnessed or acknowledged in a manner that
 24 complies with subsections (b) and (c); or

25 (2) signed in a manner that complies with the applicable law
 26 of the jurisdiction in which the declarant was residing or was
 27 physically located at the time of signing.

28 Sec. 25. An advance directive signed by a declarant under this
 29 section may contain any of the following additional provisions:

30 (1) A provision that delays:

31 (A) the effectiveness of an instruction or decision by the
 32 declarant; or

33 (B) the effectiveness of the authority of a designated health
 34 care representative;

35 until a stated date or the occurrence of a specifically defined
 36 event.

37 (2) If the advance directive explicitly provides that a health
 38 care decision or instruction or the authority of one (1) or
 39 more health care representatives is to be effective upon the
 40 future incapacity, disability, or incompetence of the declarant,
 41 a provision that:

42 (A) specifies the person or persons who are authorized to



- 1 **participate in the determination of incapacity, disability, or**
 2 **incompetence and the evidence or information to be used**
 3 **for the determination;**
 4 **(B) is not more stringent than the procedure described in**
 5 **section 31 of this chapter; and**
 6 **(C) does not allow a medical determination by a physician,**
 7 **psychologist, or other health care professional to be**
 8 **superseded by the subjective judgment or veto of another**
 9 **person or by nonmedical evidence regarding the**
 10 **declarant's capacity or incapacity.**
 11 **(3) A provision that terminates the authority of a designated**
 12 **health care representative on:**
 13 **(A) a stated date; or**
 14 **(B) upon the occurrence of a specifically defined event.**
 15 **(4) A provision that designates two (2) or more health care**
 16 **representatives as having authority to act individually to**
 17 **make health care decisions for the declarant in a specified**
 18 **order of priority.**
 19 **(5) A provision that designates two (2) or more health care**
 20 **representatives and permits them to act individually and**
 21 **independently, or that requires them to act jointly, on a**
 22 **majority vote basis, or under a combination of requirements**
 23 **to make all health care decisions or specified health care**
 24 **decisions for the declarant. The advance directive may include**
 25 **a provision for a successor health care representative to act**
 26 **according to different requirements.**
 27 **(6) A provision that states a fee or presumptive reasonable**
 28 **hourly rate for the compensation that a health care**
 29 **representative may collect for acting on behalf of the**
 30 **declarant or providing caregiving services to the declarant.**
 31 **(7) A provision that prohibits a health care representative**
 32 **from collecting compensation for acting under the advance**
 33 **directive.**
 34 **(8) A provision that prohibits the declarant from orally**
 35 **revoking a designation of one (1) or more health care**
 36 **representatives within an advance directive or that requires**
 37 **a professional adviser or other additional person to witness,**
 38 **ratify, or approve the declarant's oral or written revocation**
 39 **or amendment of designation of one (1) or more health care**
 40 **representatives within the advance directive.**
 41 **(9) A provision that:**
 42 **(A) prohibits a designated health care representative from**



- 1 **consenting to mental health treatment for the declarant; or**
 2 **(B) designates a different health care representative to**
 3 **consent to mental health treatment.**
 4 **(10) A provision that designates an adult individual or**
 5 **another person as an advocate with the authority to:**
 6 **(A) receive:**
 7 **(i) health information about the declarant; and**
 8 **(ii) information and documents from a health care**
 9 **representative about the health care representative's**
 10 **actions on behalf of the declarant;**
 11 **(B) monitor, audit, and evaluate the actions of a health**
 12 **care representative designated by the declarant; and**
 13 **(C) take remedial action in the best interests of the**
 14 **declarant, including revoking or limiting the authority of**
 15 **any health care representative or filing a petition with a**
 16 **court for appropriate relief.**
 17 **(11) Any other provision concerning the:**
 18 **(A) declarant's health care or health information; or**
 19 **(B) implementation of the declarant's advance directive.**
 20 **Sec. 26. (a) The state department of health shall develop a**
 21 **sample form for an advance directive that is consistent with this**
 22 **chapter. The sample form must contain the following provisions:**
 23 **(1) A provision that states a declarant's preferences or desires**
 24 **about providing, continuing, terminating, or refusing life**
 25 **prolonging procedures, palliative care, comfort care, or**
 26 **assistance with activities of daily living.**
 27 **(2) A provision that designates one (1) or more health care**
 28 **representatives to make health care decisions for a declarant**
 29 **or to receive health information on behalf of a declarant, or**
 30 **both.**
 31 **The sample form may include boxes that can be checked, signed, or**
 32 **initialed to select provisions that are optional but permitted under**
 33 **section 25 of this chapter.**
 34 **(b) A declarant is not required to use any official or unofficial**
 35 **form to prepare and sign a valid advance directive.**
 36 **Sec. 27. (a) A complete copy of the signed and witnessed or**
 37 **notarized advance directive must be given to each health care**
 38 **representative who:**
 39 **(1) is specifically designated by name in the advance directive;**
 40 **and**
 41 **(2) has authority to make health care decisions that are**
 42 **immediately effective under the explicit terms of the advance**



1 directive or under section 30(1) of this chapter.
 2 **If the advance directive is signed with electronic signatures, a**
 3 **complete copy that is generated or converted from the original**
 4 **electronic record and that is viewable and printable is valid and**
 5 **may be relied upon as the equivalent to the original.**

6 **(b) If a health care representative determines that a declarant**
 7 **has not provided a copy of the declarant's advance directive to the**
 8 **declarant's health care providers, the health care representative**
 9 **shall provide a copy of the advance directive to the health care**
 10 **providers. Upon receipt of the declarant's advance directive the**
 11 **health care provider shall put a copy of the advance directive in the**
 12 **declarant's medical records.**

13 **Sec. 28. (a) The declarant who signs an advance directive may**
 14 **revoke that advance directive by any of the following:**

15 **(1) Signing, in a manner that complies with section 24(b) and**
 16 **24(c) of this chapter, another advance directive that explicitly**
 17 **revokes or supersedes the previous advance directive or all**
 18 **previous advance directives signed by that declarant.**

19 **(2) Signing, in a manner that complies with section 24(b) and**
 20 **24(c) of this chapter, a document that:**

21 **(A) states in writing that the declarant is revoking the**
 22 **previously signed advance directive; and**

23 **(B) confirms the declarant's compliance with any explicit**
 24 **additional conditions for valid revocation that are stated in**
 25 **the advance directive.**

26 **(3) Unless the advance directive explicitly prohibits oral**
 27 **revocation of a designation of one (1) or more health care**
 28 **representatives within the advance directive, orally expressing**
 29 **the declarant's present intention, in the direct physical**
 30 **presence of a health care provider, to:**

31 **(A) revoke the entire advance directive;**

32 **(B) revoke a designation of one (1) or more health care**
 33 **representatives within the advance directive; or**

34 **(C) revoke one (1) or more specific health care decisions or**
 35 **one (1) or more desires or treatment preferences within the**
 36 **advance directive.**

37 **However, a declarant always has the right to orally revoke a health**
 38 **care decision that is included within an advance directive under**
 39 **section 24(a)(2) of this chapter or a statement of desires or**
 40 **treatment preferences that is included within an advance directive**
 41 **under section 24(a)(3) of this chapter, despite any contrary**
 42 **wording in the advance directive.**



1 **(b) Until a health care representative or health care provider**
 2 **has actual knowledge of a valid revocation of an advance directive:**

3 **(1) actions and health care decisions by a health care**
 4 **representative designated in the advance directive are valid**
 5 **and binding on the declarant; and**

6 **(2) health care providers may continue to rely on health care**
 7 **decisions by the health care representative.**

8 **(c) A declarant who has signed a valid advance directive may**
 9 **amend or restate that advance directive in a writing that is signed**
 10 **in compliance with section 24(b) of this chapter and witnessed or**
 11 **acknowledged in compliance with section 24(c) of this chapter. The**
 12 **amendment or restatement may take any action that could have**
 13 **been included in the former or original advance directive.**

14 **Sec. 29. (a) Except when the terms of the advance directive**
 15 **explicitly prohibit or restrict delegation, a health care**
 16 **representative who is designated by name in an advance directive**
 17 **may make a written delegation of some or all of the health care**
 18 **representative's authority to one (1) or more other competent**
 19 **adults or other persons, on a temporary or open ended basis as**
 20 **stated in the written delegation document.**

21 **(b) A written delegation document under this section must be**
 22 **signed in compliance with section 24(b) of this chapter and**
 23 **witnessed or acknowledged in compliance with section 24(c) of this**
 24 **chapter.**

25 **(c) A written delegation of authority that does not state an**
 26 **expiration date continues until it is revoked, in a manner**
 27 **complying with section 28 of this chapter, by the competent**
 28 **declarant or by the health care representative who signed the**
 29 **written delegation.**

30 **(d) If the advance directive explicitly states a date or event that**
 31 **triggers termination of the advance directive or termination of the**
 32 **authority of a health care representative who makes a written**
 33 **delegation under this section, the delegated authority terminates**
 34 **upon the triggering event or expiration date.**

35 **Sec. 30. An advance directive must be interpreted to carry out**
 36 **the known or demonstrable intent of the declarant. The following**
 37 **presumptions apply to an advance directive unless the terms of the**
 38 **advance directive explicitly prevent a presumption from applying:**

39 **(1) If the advance directive does not state a delayed effective**
 40 **date or a future triggering event for effectiveness, the advance**
 41 **directive is effective immediately upon signing and witnessing**
 42 **or acknowledgment in compliance with section 24 of this**



- 1 chapter. However, if the declarant has capacity to consent to
 2 health care, the declarant has the right to make health care
 3 decisions, give consent, or provide instructions that supersede
 4 or overturn any decision that is made or could be made by the
 5 declarant's health care representative.
- 6 (2) If the advance directive does not explicitly state an
 7 expiration date or a triggering event for termination, the
 8 advance directive and the authority of each designated health
 9 care representative continues until the death of the declarant
 10 or until an earlier valid revocation of the advance directive.
- 11 (3) If an advance directive designates two (2) or more health
 12 care representatives and does not specify that:
- 13 (A) the health care representative's respective authority to
 14 act is subject to an order of priority; or
- 15 (B) the health care representatives must act jointly or on
 16 a majority vote basis;
- 17 each health care representative has concurrent authority to
 18 act individually and independently to make health care
 19 decisions for the declarant. If two (2) or more health care
 20 representatives who are required to act jointly disagree about
 21 a health care decision, or if two (2) or more health care
 22 representatives who are authorized to act independently give
 23 conflicting instructions to a health care provider, the health
 24 care provider may decline to comply with the conflicting
 25 instructions, and in an urgent or emergency situation, the
 26 health care provider may provide treatment consistent with
 27 the instructions of two (2) physicians who examine or evaluate
 28 the declarant.
- 29 (4) If:
- 30 (A) an individual signs more than one (1) advance directive
 31 at different times; and
- 32 (B) the later signed advance directive does not explicitly
 33 state that one (1) or more of the previous advance
 34 directives by the declarant remain in effect;
- 35 each previous advance directive is superseded and revoked by
 36 the last signed advance directive.
- 37 (5) Unless the advance directive explicitly provides otherwise,
 38 each health care representative who is designated in an
 39 advance directive continues to have authority after the death
 40 of the declarant to do the following:
- 41 (A) Make anatomical gifts on the declarant's behalf,
 42 subject to any previous written direction by the declarant.



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- (B) Request or authorize an autopsy.**
- (C) Make plans for the disposition of the declarant's body, including executing a funeral planning declaration on behalf of the declarant under IC 29-2-19.**
- (6) Each health care representative who is designated in an advance directive and who has current authority to act is a personal representative of the declarant for purposes of 45 CFR Parts 160 through 164.**
- (7) If an advance directive explicitly provides that the authority of one (1) or more health care representatives is to be effective upon the future incapacity, disability, or incompetence of the declarant but if the advance directive does not specify a method or procedure for determining the incapacity, disability, or incompetence of the declarant:**
 - (A) the health care representative's authority to act becomes effective upon a determination that the declarant is incapacitated that is stated in a writing or other record by a physician, licensed psychologist, or judge; and**
 - (B) each health care representative who is designated in the advance directive is authorized to act as the declarant's personal representative under 45 CFR 164.502(g) to obtain access to the declarant's information, and to communicate with the declarant's health care providers, for the purpose of gathering information necessary for determinations under this subdivision.**
- (8) Each health care representative who is designated in an advance directive and who has current authority to make health care decisions for the declarant has authority to consent to mental health treatment for the declarant.**
- (9) If the advance directive is silent on the issue of compensation for a health care representative designated in the advance directive, then each health care representative is entitled to receive the following:**
 - (A) Reasonable compensation from the declarant's property for services or acts actually performed by the health care representative and for the declarant.**
 - (B) Reasonable reimbursement from the declarant's property for out-of-pocket expenses actually incurred and paid by the health care representative from the health care representative's own funds in the course of performing services or acts for the declarant under the advance directive.**



1 **Any health care representative may waive part or all of the**
 2 **compensation or expense reimbursements that the health care**
 3 **representative would be entitled to receive under the terms of**
 4 **the advance directive or under this subdivision.**

5 **(10) If an advance directive explicitly provides that the**
 6 **authority of a health care representative is effective only at**
 7 **times when the declarant is incapacitated or unable to consent**
 8 **to health care, then unless the advance directive explicitly**
 9 **states another procedure:**

10 **(A) the health care representative's authority becomes**
 11 **effective when a determination of the declarant's**
 12 **incapacity is noted in the declarant's medical records**
 13 **under section 31(c) of this chapter; and**

14 **(B) the health care representative's authority becomes**
 15 **inactive when the declarant regains capacity.**

16 **(11) If the authority of a health care representative under the**
 17 **advance directive is effective immediately upon signing by the**
 18 **declarant, the health care representative's authority may be**
 19 **rescinded or superseded by the direct decisions of the**
 20 **declarant at all times when the declarant has not been**
 21 **determined to be incapacitated.**

22 **(12) If:**

23 **(A) an advance directive designates one (1) or more health**
 24 **care representatives;**

25 **(B) a health care representative is not reasonably available**
 26 **to act for the declarant; and**

27 **(C) the declarant is incapacitated or not competent to**
 28 **make personal health care decisions;**

29 **then subject to any order of priority explicitly stated in the**
 30 **advance directive, each health care representative designated**
 31 **in the advance directive must be given the opportunity to**
 32 **exercise authority for the declarant.**

33 **(13) If explicitly allowed or required in the advance directive,**
 34 **each person who may act as a proxy for the declarant under**
 35 **sections 38 and 39 of this chapter, if an advance directive had**
 36 **not existed, has the right to make a written demand for and to**
 37 **receive from a health care representative a narrative**
 38 **description or other appropriate accounting of the actions**
 39 **taken and decisions made by a health care representative**
 40 **under the advance directive. Notwithstanding any provision**
 41 **in the advance directive, a health care representative who**
 42 **prepares a narrative description or accounting in response to**



1 a written demand is entitled to reasonable compensation for
2 the time and effort spent in doing so.

3 (14) Notwithstanding any provision in the advance directive,
4 if a declarant is not competent to amend or revoke the
5 declarant's advance directive, then a person who may act as
6 a proxy for the declarant under sections 38 and 39 of this
7 chapter has the right to petition a probate court with
8 jurisdiction over the declarant for any of the following relief:

9 (A) An order modifying or terminating the advance
10 directive.

11 (B) An order removing a health care representative or
12 terminating the authority of a person who holds delegated
13 authority under the advance directive, on the grounds that
14 the health care representative or person is not acting or is
15 declining to act in the best interests of the declarant.

16 (C) An order directing a health care representative to
17 make or carry out a specific health care decision for the
18 declarant.

19 (D) An order appointing a new or additional health care
20 representative, on the grounds that all health care
21 representatives designated in the advance directive are not
22 reasonably available to act.

23 Before issuing an order under this subdivision, the court must
24 hold a hearing after notice to the declarant, to each health
25 care representative, and any other person whose rights or
26 authority could be affected by the order, and to any persons
27 who have the highest priority under sections 38 and 39 of this
28 chapter to serve as a proxy for the declarant if an advance
29 directive had not existed. An order issued under this
30 subdivision must be guided by the declarant's best interests
31 and the declarant's known or demonstrable intent.

32 Sec. 31. (a) A declarant is presumed to be capable of making
33 health care decisions for the declarant unless the declarant is
34 determined to be incapacitated. The declarant's desires are
35 controlling while a declarant has decision making capacity. Each
36 physician or health care provider must clearly communicate to a
37 declarant who has decision making capacity the treatment plan
38 and any change to the treatment plan before implementation of the
39 plan or a change to the plan. Incapacity may not be inferred from
40 a person's voluntary or involuntary hospitalization for mental
41 illness or from the person's intellectual disability.

42 (b) When a declarant is incapacitated, a health care decision



1 made on the declarant's behalf by a health care representative is
2 effective to the same extent as a decision made by the declarant if
3 the declarant were not incapacitated. However, if:

4 (1) a health care representative makes and communicates a
5 health care decision; and

6 (2) a health care provider concludes that carrying out that
7 health care decision would be medically inappropriate or
8 clearly contrary to the declarant's best interests;

9 then the health care provider has the same right to refuse to carry
10 out that decision as if that decision were made and communicated
11 directly by the declarant at a time when the declarant was not
12 incapacitated.

13 (c) If a declarant's capacity to make health care decisions or
14 provide informed consent is in question, the declarant's treating
15 physician shall evaluate the declarant's capacity and, if the treating
16 physician concludes that the declarant lacks capacity, enter that
17 evaluation in the declarant's medical record.

18 (d) If the treating physician is unable to reach a conclusion
19 under subsection (c) about whether the declarant lacks capacity, a
20 treating physician or other health care provider may follow
21 procedures, including consultation with one (1) or more other
22 physicians or ethicists, to evaluate the declarant or assist in
23 determining whether the declarant lacks capacity. However, if the
24 procedures followed under this subsection do not result in a
25 conclusion that the declarant lacks capacity, the treating physician
26 and other health care providers shall treat the declarant as still
27 having capacity to make health care decisions and provide
28 informed consent, until a later evaluation occurs under this section
29 after the passage of time or after a change in the declarant's
30 condition.

31 (e) This chapter does not limit the authority of a probate court
32 under IC 29-3 to make determinations about an individual's
33 incapacity or recovery from a period of incapacity.

34 (f) A determination made under this section that a declarant
35 lacks capacity to make health care decisions may not be construed
36 as a finding that a declarant lacks capacity for any other purpose.

37 Sec. 32. (a) Except when a health care representative's authority
38 has been expressly limited by the declarant in an advance directive,
39 the health care representative, in accordance with the declarant's
40 instructions made while competent, has the following authority and
41 responsibilities:

42 (1) The authority to act for the declarant and to make all



- 1 health care decisions for the declarant at all times when the
 2 health care representative's authority is in effect, subject to
 3 the right of the competent declarant to act directly and
 4 personally.
- 5 (2) The authority and responsibility to be reasonably available
 6 to consult with appropriate health care providers to provide
 7 informed consent.
- 8 (3) The authority and responsibility to act in good faith and
 9 make only health care decisions for the declarant that the
 10 health care representative believes the declarant would have
 11 made under the circumstances if the declarant were capable
 12 of making the decisions, taking into account the express or
 13 implied intentions of the declarant or if the declarant's
 14 express or implied intentions are not known, the declarant's
 15 best interests.
- 16 (4) The authority and responsibility to provide written
 17 consent using an appropriate form when consent is required,
 18 including a physician's order not to resuscitate (IC 16-36-6).
- 19 (5) The authority to be provided access to the appropriate
 20 health information of the declarant.
- 21 (6) The authority to apply for public benefits, including
 22 Medicaid and the community and home options to
 23 institutional care for the elderly and disabled (CHOICE)
 24 program, for the declarant and have access to information
 25 regarding the declarant's income, assets, and banking and
 26 financial records to the extent required to make application.
 27 A health care provider or health care facility may not make
 28 the application a condition of continued care if the declarant,
 29 if capable of deciding, would have refused to apply for the
 30 public benefits.
- 31 (b) The health care representative may authorize the release of
 32 health information to appropriate persons to ensure the continuity
 33 of the declarant's health care and may authorize the admission,
 34 discharge, or transfer of the declarant to or from a health care
 35 facility or other health or residential facility or program licensed or
 36 registered by a state agency.
- 37 (c) If, after a declarant has designated one (1) or more health
 38 care representatives in an advance directive, a court appoints a
 39 guardian of the declarant's person, the authority of each
 40 designated health care representative continues unless the
 41 appointing court modifies or revokes the authority of one (1) or
 42 more health care representatives after a hearing upon notice under



1 section 30(14) of this chapter. The court may order a health care
 2 representative to make appropriate or specified reports to the
 3 guardian of the declarant's person or property.

4 Sec. 33. (a) A health care provider furnished with a copy of a
 5 declarant's advance directive shall make the declarant's advance
 6 directive a part of the declarant's medical records. If a change in
 7 or termination of the advance directive becomes known to the
 8 health care provider, the change or termination must be noted in
 9 the declarant's medical records.

10 (b) If a health care provider believes that an individual may lack
 11 the capacity to give informed consent to health care, then, until the
 12 individual is determined to have capacity under section 31 of this
 13 chapter, the health care provider shall consult with:

14 (1) a health care representative designated by the declarant;
 15 or

16 (2) if a health care representative has not been designated or
 17 if a health care representative is not reasonably available to
 18 act, a proxy under section 38 of this chapter;

19 who has authority and priority to act and who is reasonably
 20 available to act.

21 (c) Subject to the right of a competent declarant to directly
 22 make and communicate health care decisions for the declarant and
 23 to rescind a health care decision by a health care representative
 24 who is designated in an advance directive the following conditions
 25 apply:

26 (1) A health care provider may continue to administer
 27 treatment for the declarant's comfort, care, or the alleviation
 28 of pain in addition to treatment made under the decision of
 29 the health care representative.

30 (2) Subject to subdivision (3), a health care provider shall
 31 comply with a health care decision made by a health care
 32 representative if the decision is communicated to the provider.

33 (3) If a health care provider is unwilling to comply with a
 34 health care decision made by a health care representative, the
 35 provider shall do the following:

36 (A) Notify the health care representative of the health care
 37 provider's unwillingness to comply with the decision.

38 (B) Promptly take all steps necessary to transfer the
 39 responsibility for the declarant's health care to another
 40 health care provider designated by the health care
 41 representative. However, a health care provider who takes
 42 steps for a transfer does not have a duty to look for or



- 1 **identify another health care provider who will accept the**
 2 **declarant.**
- 3 **However, if the declarant's health condition would make**
 4 **transfer of the declarant untenable or unadvisable, this**
 5 **subsection does not prohibit the health care provider from**
 6 **following the health care provider's dispute resolution**
 7 **procedure with the objective of reaching a decision in the best**
 8 **interest of the declarant.**
- 9 **Sec. 34. If a health care representative designated in an advance**
 10 **directive has authority to:**
- 11 **(1) make an anatomical gift on behalf of the declarant;**
 12 **(2) authorize an autopsy of the declarant's remains; or**
 13 **(3) direct the disposition of the declarant's remains;**
- 14 **under either the explicit provisions of the advance directive or**
 15 **section 30(5) of this chapter, the anatomical gift, autopsy, or**
 16 **remains disposition is considered the act of the declarant or of the**
 17 **person who has legal authority to make the necessary decisions.**
- 18 **Sec. 35. (a) A health care provider shall give a health care**
 19 **representative authorized to receive information under an advance**
 20 **directive the same access as the declarant has to examine and copy**
 21 **the declarant's health information and medical records, including**
 22 **records relating to mental health and other medical conditions held**
 23 **by a physician or other health care provider.**
- 24 **(b) The access to records under this section must be given at the**
 25 **declarant's expense and may be subject to reasonable rules of the**
 26 **provider to prevent disruption of the declarant's health care.**
- 27 **(c) A health care representative may release information**
 28 **obtained under this section to any person authorized to receive the**
 29 **information under IC 16-39.**
- 30 **Sec. 36. A health care provider or other person who acts in good**
 31 **faith reliance on an advance directive or on a health care decision**
 32 **made by a health care representative with apparent authority is**
 33 **immune from liability to the declarant and to the declarant's heirs**
 34 **or other successors in interest to the same extent as if the health**
 35 **care provider or other person had dealt directly with the declarant**
 36 **and if the declarant had been competent and not incapacitated.**
- 37 **Sec. 37. (a) A health care representative designated in an**
 38 **advance directive may furnish to a health care provider or other**
 39 **person an affidavit that states, to the best knowledge of the health**
 40 **care representative:**
- 41 **(1) that the document attached to and furnished with the**
 42 **affidavit is a true copy of the named declarant's advance**



- 1 directive that is currently in effect;
 2 (2) that the declarant is alive;
 3 (3) that the advance directive was validly executed;
 4 (4) if the effectiveness of the health care representative's
 5 authority to act under the advance directive begins upon the
 6 occurrence of a certain event, that the event has occurred and
 7 the health care representative has authority to act;
 8 (5) if the health care representative who furnishes the
 9 affidavit does not have the highest priority to act under the
 10 explicit terms of the advance directive, an explanation that all
 11 health care representatives who are identified in the advance
 12 directive as having higher priority are not reasonably
 13 available to act; and
 14 (6) that the relevant powers granted to the health care
 15 representative have not been altered or terminated.

16 An affidavit under this section must be signed, sworn to, and
 17 acknowledged by the health care representative in the presence of
 18 a notary public or if the health care representative swears or
 19 affirms to the accuracy of the affidavit's contents under the
 20 penalties for perjury.

21 (b) A health care provider or other person who:

- 22 (1) relies on an affidavit described in subsection (a); and
 23 (2) acts in good faith;

24 is immune from liability that might otherwise arise from the health
 25 care provider's or other person's actions in reliance on the advance
 26 directive that is the subject of the affidavit.

27 Sec. 38. (a) For purposes of this section, the term "declarant"
 28 includes an individual who has not executed an advance directive.

29 (b) This section applies only if a declarant is not capable of
 30 consenting to health care, and:

- 31 (1) the declarant has not executed an advance directive under
 32 this chapter; or
 33 (2) the declarant has executed an advance directive and the
 34 health care representative designated in the advance directive
 35 is not willing, able, or reasonably available to make health
 36 care decisions for the declarant.

37 (c) Except as provided in section 39 of this chapter, health care
 38 decisions may be made for the declarant by any of the following
 39 individuals to act as a proxy, in the following decreasing order of
 40 priority, if an individual in a prior class is not reasonably available,
 41 willing, and competent to act:

- 42 (1) The judicially appointed guardian of the declarant or a



1 health care representative appointed under IC 16-36-1-8 or
2 section 30(14) of this chapter.

3 (2) A spouse.

4 (3) An adult child.

5 (4) A parent.

6 (5) An adult sibling.

7 (6) A grandparent.

8 (7) An adult grandchild.

9 (8) The nearest other adult relative in the next degree of
10 kinship who is not listed in subdivisions (2) through (7).

11 (9) A friend who:

12 (A) is an adult;

13 (B) has maintained regular contact with the individual;
14 and

15 (C) is familiar with the individual's activities, health, and
16 religious or moral beliefs.

17 (10) The individual's religious superior, if the individual is a
18 member of a religious order.

19 (d) Any health care decision made under subsection (c) must be
20 based on the proxy's informed consent and on the decision the
21 proxy reasonably believes the declarant would have made under
22 the circumstances, taking into account the declarant's express or
23 implied intentions. If there is no reliable indication of what the
24 declarant would have chosen, the proxy shall consider the
25 declarant's best interests in deciding that proposed treatments are
26 to be withheld or that treatments currently in effect are to be
27 withdrawn.

28 (e) Before exercising the incapacitated declarant's rights to
29 select or decline health care, the proxy must attempt to comply in
30 good faith with:

31 (1) the instructions, desires, or preferences, if any, stated by
32 the declarant regarding life prolonging procedures in an
33 advance directive executed under IC 16-36-1, IC 16-36-4, or
34 IC 30-5; and

35 (2) IC 16-36-6, if a valid POST form (as defined by
36 IC 16-36-6-4) executed by the patient is in effect.

37 However, a proxy's decision to withhold or withdraw life
38 prolonging procedures must be supported by evidence that the
39 decision would have been the one the declarant would have chosen
40 had the declarant been competent or, if there is no reliable
41 indication of what the declarant would have chosen, that the
42 decision is in the declarant's best interests.



1 (f) If there are multiple individuals at the same priority level
 2 under this section, those individuals shall make a reasonable effort
 3 to reach a consensus as to the health care decisions on behalf of the
 4 declarant who is unable to provide health care consent. If the
 5 individuals at the same priority level disagree as to the health care
 6 decisions on behalf of the individual who is unable to provide
 7 health care consent, a majority of the available individuals at the
 8 same priority level controls.

9 (g) Nothing in this section shall be construed to preempt the
 10 designation of persons who may consent to the medical care or
 11 treatment of minors established under IC 16-36-1-5(b).

12 **Sec. 39.** The following individuals may not serve as a proxy
 13 under section 38 of this chapter:

14 (1) An individual specifically disqualified in the declarant's
 15 advance directive.

16 (2) A spouse who:

17 (A) is legally separated; or

18 (B) has a petition for dissolution, legal separation, or
 19 annulment of marriage that is pending in a court;
 20 from the individual.

21 (3) An individual who is subject to a protective order or other
 22 court order that directs that individual to avoid contact with
 23 the declarant.

24 (4) An individual who is subject to a pending criminal charge
 25 in which the declarant was the alleged victim.

26 **Sec. 40.** If a declarant has become and remains incapacitated
 27 and has previously executed a valid advance directive under this
 28 chapter and executed:

29 (1) an appointment of a health care representative executed
 30 under IC 16-36-1 before January 1, 2023;

31 (2) a durable power of attorney granting health care powers
 32 and executed under IC 30-5 before January 1, 2023; or

33 (3) a similar advance directive executed by the declarant
 34 under the laws of another state in which the declarant was
 35 physically present at the time of signing; and

36 if a material conflict exists between multiple documents described
 37 in this section or if a material conflict exists between the health
 38 care decisions that different health care representatives or other
 39 authorized agents propose to make under the multiple documents,
 40 or if there is a material difference between the documents, then the
 41 document signed last by the declarant and the authority of the
 42 named representatives or agents in that document controls.



1 SECTION 40. IC 16-39-2-9 IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. (a) For the purposes
 3 of this chapter, the following persons are entitled to exercise the
 4 patient's rights on the patient's behalf:

5 (1) If the patient is a minor, the parent, guardian, or other court
 6 appointed representative of the patient.

7 (2) If the provider determines that the patient is incapable of
 8 giving or withholding consent, the patient's guardian, a court
 9 appointed representative of the patient, a person possessing a
 10 health care power of attorney **under IC 30-5-5-16** for the patient,
 11 or the patient's health care representative **under IC 16-36-1-7 or**
 12 **IC 16-36-7.**

13 (b) A custodial parent and a noncustodial parent of a child have
 14 equal access to the child's mental health records unless:

15 (1) a court has issued an order that limits the noncustodial parent's
 16 access to the child's mental health records; and

17 (2) the provider has received a copy of the court order or has
 18 actual knowledge of the court order.

19 If the provider incurs an additional expense by allowing a parent equal
 20 access to a child's mental health records, the provider may require the
 21 parent requesting the equal access to pay a fee under IC 16-39-9 to
 22 cover the cost of the additional expense.

23 SECTION 41. IC 23-14-31-26, AS AMENDED BY P.L.190-2016,
 24 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2020]: Sec. 26. (a) Except as provided in subsection (c), the
 26 following persons, in the priority listed, have the right to serve as an
 27 authorizing agent:

28 (1) A person:

29 (A) granted the authority to serve in a funeral planning
 30 declaration executed by the decedent under IC 29-2-19; or

31 (B) named in a United States Department of Defense form
 32 "Record of Emergency Data" (DD Form 93) or a successor
 33 form adopted by the United States Department of Defense, if
 34 the decedent died while serving in any branch of the United
 35 States Armed Forces (as defined in 10 U.S.C. 1481) and
 36 completed the form.

37 (2) An individual specifically granted the authority to serve in a
 38 power of attorney or a health care power of attorney executed by
 39 the decedent under IC 30-5-5-16 **or a health care representative**
 40 **under IC 16-36-7.**

41 (3) The individual who was the spouse of the decedent at the time
 42 of the decedent's death, except when:



- 1 (A) a petition to dissolve the marriage or for legal separation
2 of the decedent and spouse is pending with a court at the time
3 of the decedent's death, unless a court finds that the decedent
4 and spouse were reconciled before the decedent's death; or
5 (B) a court determines the decedent and spouse were
6 physically and emotionally separated at the time of death and
7 the separation was for an extended time that clearly
8 demonstrates an absence of due affection, trust, and regard for
9 the decedent.
- 10 (4) The decedent's surviving adult child or, if more than one (1)
11 adult child is surviving, the majority of the adult children.
12 However, less than half of the surviving adult children have the
13 rights under this subdivision if the adult children have used
14 reasonable efforts to notify the other surviving adult children of
15 their intentions and are not aware of any opposition to the final
16 disposition instructions by more than half of the surviving adult
17 children.
- 18 (5) The decedent's surviving parent or parents. If one (1) of the
19 parents is absent, the parent who is present has authority under
20 this subdivision if the parent who is present has used reasonable
21 efforts to notify the absent parent.
- 22 (6) The decedent's surviving sibling or, if more than one (1)
23 sibling is surviving, the majority of the surviving siblings.
24 However, less than half of the surviving siblings have the rights
25 under this subdivision if the siblings have used reasonable efforts
26 to notify the other surviving siblings of their intentions and are
27 not aware of any opposition to the final disposition instructions by
28 more than half of the surviving siblings.
- 29 (7) The individual in the next degree of kinship under IC 29-1-2-1
30 to inherit the estate of the decedent or, if more than one (1)
31 individual of the same degree is surviving, the majority of those
32 who are of the same degree. However, less than half of the
33 individuals who are of the same degree of kinship have the rights
34 under this subdivision if they have used reasonable efforts to
35 notify the other individuals who are of the same degree of kinship
36 of their intentions and are not aware of any opposition to the final
37 disposition instructions by more than half of the individuals who
38 are of the same degree of kinship.
- 39 (8) If none of the persons described in subdivisions (1) through
40 (7) are available, or willing, to act and arrange for the final
41 disposition of the decedent's remains, a stepchild (as defined in
42 IC 6-4.1-1-3(f)) of the decedent. If more than one (1) stepchild



1 survives the decedent, then a majority of the surviving
 2 stepchildren. However, less than half of the surviving stepchildren
 3 have the rights under this subdivision if they have used reasonable
 4 efforts to notify the other stepchildren of their intentions and are
 5 not aware of any opposition to the final disposition instructions by
 6 more than half of the stepchildren.

7 (9) The person appointed to administer the decedent's estate under
 8 IC 29-1.

9 (10) If none of the persons described in subdivisions (1) through
 10 (9) are available, any other person willing to act and arrange for
 11 the final disposition of the decedent's remains, including a funeral
 12 home that:

13 (A) has a valid prepaid funeral plan executed under IC 30-2-13
 14 that makes arrangements for the disposition of the decedent's
 15 remains; and

16 (B) attests in writing that a good faith effort has been made to
 17 contact any living individuals described in subdivisions (1)
 18 through (9).

19 (11) In the case of an indigent or other individual whose final
 20 disposition is the responsibility of the state or township, the
 21 following may serve as the authorizing agent:

22 (A) If none of the persons identified in subdivisions (1)
 23 through (10) are available:

24 (i) a public administrator, including a responsible township
 25 trustee or the trustee's designee; or

26 (ii) the coroner.

27 (B) A state appointed guardian.

28 However, an indigent decedent may not be cremated if a
 29 surviving family member objects to the cremation or if cremation
 30 would be contrary to the religious practices of the deceased
 31 individual as expressed by the individual or the individual's
 32 family.

33 (12) In the absence of any person under subdivisions (1) through
 34 (11), any person willing to assume the responsibility as the
 35 authorizing agent, as specified in this article.

36 (b) When a body part of a nondeceased individual is to be cremated,
 37 a representative of the institution that has arranged with the crematory
 38 authority to cremate the body part may serve as the authorizing agent.

39 (c) If:

40 (1) the death of the decedent appears to have been the result of:

41 (A) murder (IC 35-42-1-1);

42 (B) voluntary manslaughter (IC 35-42-1-3); or



- 1 (C) another criminal act, if the death does not result from the
 2 operation of a vehicle; and
 3 (2) the coroner, in consultation with the law enforcement agency
 4 investigating the death of the decedent, determines that there is a
 5 reasonable suspicion that a person described in subsection (a)
 6 committed the offense;
 7 the person referred to in subdivision (2) may not serve as the
 8 authorizing agent.
 9 (d) The coroner, in consultation with the law enforcement agency
 10 investigating the death of the decedent, shall inform the crematory
 11 authority of the determination referred to in subsection (c)(2).
 12 (e) If a person vested with a right under subsection (a) does not
 13 exercise that right not later than seventy-two (72) hours after the person
 14 receives notification of the death of the decedent, the person forfeits the
 15 person's right to determine the final disposition of the decedent's
 16 remains, and the right to determine final disposition passes to the next
 17 person described in subsection (a).
 18 (f) A crematory authority owner has the right to rely, in good faith,
 19 on the representations of a person listed in subsection (a) that any other
 20 individuals of the same degree of kinship have been notified of the
 21 final disposition instructions.
 22 (g) If there is a dispute concerning the disposition of a decedent's
 23 remains, a crematory authority is not liable for refusing to accept the
 24 remains of the decedent until the crematory authority receives:
 25 (1) a court order; or
 26 (2) a written agreement signed by the disputing parties;
 27 that determines the final disposition of the decedent's remains. If a
 28 crematory authority agrees to shelter the remains of the decedent while
 29 the parties are in dispute, the crematory authority may collect any
 30 applicable fees for storing the remains, including legal fees that are
 31 incurred.
 32 (h) Any cause of action filed under this section must be filed in the
 33 probate court in the county where the decedent resided, unless the
 34 decedent was not a resident of Indiana.
 35 (i) A spouse seeking a judicial determination under subsection
 36 (a)(3)(A) that the decedent and spouse were reconciled before the
 37 decedent's death may petition the court having jurisdiction over the
 38 dissolution or separation proceeding to make this determination by
 39 filing the petition under the same cause number as the dissolution or
 40 separation proceeding. A spouse who files a petition under this
 41 subsection is not required to pay a filing fee.
 42 SECTION 42. IC 23-14-55-2, AS AMENDED BY P.L.190-2016,



1 SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 JULY 1, 2020]: Sec. 2. (a) Except as provided in subsection (c), the
 3 owner of a cemetery is authorized to inter, entomb, or inurn the body
 4 or cremated remains of a deceased human upon the receipt of a written
 5 authorization of an individual who professes either of the following:

6 (1) To be (in the priority listed) one (1) of the following:

7 (A) An individual granted the authority to serve in a funeral
 8 planning declaration executed by the decedent under
 9 IC 29-2-19, or the person named in a United States
 10 Department of Defense form "Record of Emergency Data"
 11 (DD Form 93) or a successor form adopted by the United
 12 States Department of Defense, if the decedent died while
 13 serving in any branch of the United States Armed Forces (as
 14 defined in 10 U.S.C. 1481) and completed the form.

15 (B) An individual specifically granted the authority in a power
 16 of attorney or a health care power of attorney executed by the
 17 decedent under IC 30-5-5-16 **or a health care representative**
 18 **under IC 16-36-7.**

19 (C) The individual who was the spouse of the decedent at the
 20 time of the decedent's death, except when:

21 (i) a petition to dissolve the marriage or for legal separation
 22 of the decedent and spouse is pending with a court at the
 23 time of the decedent's death, unless a court finds that the
 24 decedent and spouse were reconciled before the decedent's
 25 death; or

26 (ii) a court determines the decedent and spouse were
 27 physically and emotionally separated at the time of death
 28 and the separation was for an extended time that clearly
 29 demonstrates an absence of due affection, trust, and regard
 30 for the decedent.

31 (D) The decedent's surviving adult child or, if more than one
 32 (1) adult child is surviving, the majority of the adult children.
 33 However, less than half of the surviving adult children have
 34 the rights under this clause if the adult children have used
 35 reasonable efforts to notify the other surviving adult children
 36 of their intentions and are not aware of any opposition to the
 37 final disposition instructions by more than half of the surviving
 38 adult children.

39 (E) The decedent's surviving parent or parents. If one (1) of the
 40 parents is absent, the parent who is present has authority under
 41 this clause if the parent who is present has used reasonable
 42 efforts to notify the absent parent.



- 1 (F) The decedent's surviving sibling or, if more than one (1)
 2 sibling is surviving, the majority of the surviving siblings.
 3 However, less than half of the surviving siblings have the
 4 rights under this clause if the siblings have used reasonable
 5 efforts to notify the other surviving siblings of their intentions
 6 and are not aware of any opposition to the final disposition
 7 instructions by more than half of the surviving siblings.
- 8 (G) The individual in the next degree of kinship under
 9 IC 29-1-2-1 to inherit the estate of the decedent or, if more
 10 than one (1) individual of the same degree of kinship is
 11 surviving, the majority of those who are of the same degree.
 12 However, less than half of the individuals who are of the same
 13 degree of kinship have the rights under this clause if they have
 14 used reasonable efforts to notify the other individuals who are
 15 of the same degree of kinship of their intentions and are not
 16 aware of any opposition to the final disposition instructions by
 17 more than half of the individuals who are of the same degree
 18 of kinship.
- 19 (H) If none of the persons described in clauses (A) through (G)
 20 are available, or willing, to act and arrange for the final
 21 disposition of the decedent's remains, a stepchild (as defined
 22 in IC 6-4.1-1-3(f)) of the decedent. If more than one (1)
 23 stepchild survives the decedent, then a majority of the
 24 surviving stepchildren. However, less than half of the
 25 surviving stepchildren have the rights under this subdivision
 26 if they have used reasonable efforts to notify the other
 27 stepchildren of their intentions and are not aware of any
 28 opposition to the final disposition instructions by more than
 29 half of the stepchildren.
- 30 (I) The person appointed to administer the decedent's estate
 31 under IC 29-1.
- 32 (J) If none of the persons described in clauses (A) through (I)
 33 are available, any other person willing to act and arrange for
 34 the final disposition of the decedent's remains, including a
 35 funeral home that:
- 36 (i) has a valid prepaid funeral plan executed under
 - 37 IC 30-2-13 that makes arrangements for the disposition of
 - 38 the decedent's remains; and
 - 39 (ii) attests in writing that a good faith effort has been made
 - 40 to contact any living individuals described in clauses (A)
 - 41 through (I).
- 42 (2) To have acquired by court order the right to control the



1 disposition of the deceased human body or cremated remains.
2 The owner of a cemetery may accept the authorization of an individual
3 only if all other individuals of the same priority or a higher priority
4 (according to the priority listing in this subsection) are deceased, are
5 barred from authorizing the disposition of the deceased human body or
6 cremated remains under subsection (c), or are physically or mentally
7 incapacitated from exercising the authorization, and the incapacity is
8 certified to by a qualified medical doctor.

9 (b) An action may not be brought against the owner of a cemetery
10 relating to the remains of a human that have been left in the possession
11 of the cemetery owner without permanent interment, entombment, or
12 inurnment for a period of three (3) years, unless the cemetery owner
13 has entered into a written contract for the care of the remains.

14 (c) If:

15 (1) the death of the decedent appears to have been the result of:

16 (A) murder (IC 35-42-1-1);

17 (B) voluntary manslaughter (IC 35-42-1-3); or

18 (C) another criminal act, if the death does not result from the
19 operation of a vehicle; and

20 (2) the coroner, in consultation with the law enforcement agency
21 investigating the death of the decedent, determines that there is a
22 reasonable suspicion that a person described in subsection (a)
23 committed the offense;

24 the person referred to in subdivision (2) may not authorize the
25 disposition of the decedent's body or cremated remains.

26 (d) The coroner, in consultation with the law enforcement agency
27 investigating the death of the decedent, shall inform the cemetery
28 owner of the determination referred to in subsection (c)(2).

29 (e) If a person vested with a right under subsection (a) does not
30 exercise that right not less than seventy-two (72) hours after the person
31 receives notification of the death of the decedent, the person forfeits the
32 person's right to determine the final disposition of the decedent's
33 remains and the right to determine final disposition passes to the next
34 person described in subsection (a).

35 (f) A cemetery owner has the right to rely, in good faith, on the
36 representations of a person listed in subsection (a) that any other
37 individuals of the same degree of kinship have been notified of the
38 final disposition instructions.

39 (g) If there is a dispute concerning the disposition of a decedent's
40 remains, a cemetery owner is not liable for refusing to accept the
41 remains of the decedent until the cemetery owner receives:

42 (1) a court order; or



1 (2) a written agreement signed by the disputing parties;
 2 that determines the final disposition of the decedent's remains. If a
 3 cemetery agrees to shelter the remains of the decedent while the parties
 4 are in dispute, the cemetery may collect any applicable fees for storing
 5 the remains, including legal fees that are incurred.

6 (h) Any cause of action filed under this section must be filed in the
 7 probate court in the county where the decedent resided, unless the
 8 decedent was not a resident of Indiana.

9 (i) A spouse seeking a judicial determination under subsection
 10 (a)(1)(C)(i) that the decedent and spouse were reconciled before the
 11 decedent's death may petition the court having jurisdiction over the
 12 dissolution or separation proceeding to make this determination by
 13 filing the petition under the same cause number as the dissolution or
 14 separation proceeding. A spouse who files a petition under this
 15 subsection is not required to pay a filing fee.

16 SECTION 43. IC 25-15-9-18, AS AMENDED BY P.L.190-2016,
 17 SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2020]: Sec. 18. (a) Except as provided in subsection (b), the
 19 following persons, in the order of priority indicated, have the authority
 20 to designate the manner, type, and selection of the final disposition of
 21 human remains, to make arrangements for funeral services, and to
 22 make other ceremonial arrangements after an individual's death:

23 (1) A person:

24 (A) granted the authority to serve in a funeral planning
 25 declaration executed by the decedent under IC 29-2-19; or

26 (B) named in a United States Department of Defense form
 27 "Record of Emergency Data" (DD Form 93) or a successor
 28 form adopted by the United States Department of Defense, if
 29 the decedent died while serving in any branch of the United
 30 States Armed Forces (as defined in 10 U.S.C. 1481) and
 31 completed the form.

32 (2) An individual specifically granted the authority in a power of
 33 attorney or a health care power of attorney executed by the
 34 decedent under IC 30-5-5-16 **or a health care representative**
 35 **under IC 16-36-7.**

36 (3) The individual who was the spouse of the decedent at the time
 37 of the decedent's death, except when:

38 (A) a petition to dissolve the marriage or for legal separation
 39 of the decedent and spouse is pending with a court at the time
 40 of the decedent's death, unless a court finds that the decedent
 41 and spouse were reconciled before the decedent's death; or

42 (B) a court determines the decedent and spouse were



- 1 physically and emotionally separated at the time of death and
2 the separation was for an extended time that clearly
3 demonstrates an absence of due affection, trust, and regard for
4 the decedent.
- 5 (4) The decedent's surviving adult child or, if more than one (1)
6 adult child is surviving, the majority of the adult children.
7 However, less than half of the surviving adult children have the
8 rights under this subdivision if the adult children have used
9 reasonable efforts to notify the other surviving adult children of
10 their intentions and are not aware of any opposition to the final
11 disposition instructions by more than half of the surviving adult
12 children.
- 13 (5) The decedent's surviving parent or parents. If one (1) of the
14 parents is absent, the parent who is present has the rights under
15 this subdivision if the parent who is present has used reasonable
16 efforts to notify the absent parent.
- 17 (6) The decedent's surviving sibling or, if more than one (1)
18 sibling is surviving, the majority of the surviving siblings.
19 However, less than half of the surviving siblings have the rights
20 under this subdivision if the siblings have used reasonable efforts
21 to notify the other surviving siblings of their intentions and are
22 not aware of any opposition to the final disposition instructions by
23 more than half of the surviving siblings.
- 24 (7) The individual in the next degree of kinship under IC 29-1-2-1
25 to inherit the estate of the decedent or, if more than one (1)
26 individual of the same degree survives, the majority of those who
27 are of the same degree of kinship. However, less than half of the
28 individuals who are of the same degree of kinship have the rights
29 under this subdivision if they have used reasonable efforts to
30 notify the other individuals who are of the same degree of kinship
31 of their intentions and are not aware of any opposition to the final
32 disposition instructions by more than half of the individuals who
33 are of the same degree of kinship.
- 34 (8) If none of the persons described in subdivisions (1) through
35 (7) are available, or willing, to act and arrange for the final
36 disposition of the decedent's remains, a stepchild (as defined in
37 IC 6-4.1-1-3(f)) of the decedent. If more than one (1) stepchild
38 survives the decedent, then a majority of the surviving
39 stepchildren. However, less than half of the surviving stepchildren
40 have the rights under this subdivision if they have used reasonable
41 efforts to notify the other stepchildren of their intentions and are
42 not aware of any opposition to the final disposition instructions by



- 1 more than half of the stepchildren.
 2 (9) The person appointed to administer the decedent's estate under
 3 IC 29-1.
 4 (10) If none of the persons identified in subdivisions (1) through
 5 (9) are available, any other person willing to act and arrange for
 6 the final disposition of the decedent's remains, including a funeral
 7 home that:
 8 (A) has a valid prepaid funeral plan executed under IC 30-2-13
 9 that makes arrangements for the disposition of the decedent's
 10 remains; and
 11 (B) attests in writing that a good faith effort has been made to
 12 contact any living individuals described in subdivisions (1)
 13 through (9).
 14 (11) In the case of an indigent or other individual whose final
 15 disposition is the responsibility of the state or township, the
 16 following:
 17 (A) If none of the persons identified in subdivisions (1)
 18 through (10) is available:
 19 (i) a public administrator, including a responsible township
 20 trustee or the trustee's designee; or
 21 (ii) the coroner.
 22 (B) A state appointed guardian.
 23 (b) If:
 24 (1) the death of the decedent appears to have been the result of:
 25 (A) murder (IC 35-42-1-1);
 26 (B) voluntary manslaughter (IC 35-42-1-3); or
 27 (C) another criminal act, if the death does not result from the
 28 operation of a vehicle; and
 29 (2) the coroner, in consultation with the law enforcement agency
 30 investigating the death of the decedent, determines that there is a
 31 reasonable suspicion that a person described in subsection (a)
 32 committed the offense;
 33 the person referred to in subdivision (2) may not authorize or designate
 34 the manner, type, or selection of the final disposition of human
 35 remains.
 36 (c) The coroner, in consultation with the law enforcement agency
 37 investigating the death of the decedent, shall inform the cemetery
 38 owner or crematory authority of the determination under subsection
 39 (b)(2).
 40 (d) If the decedent had filed a protection order against a person
 41 described in subsection (a) and the protection order is currently in
 42 effect, the person described in subsection (a) may not authorize or



1 designate the manner, type, or selection of the final disposition of
2 human remains.

3 (e) A law enforcement agency shall determine if the protection order
4 is in effect. If the law enforcement agency cannot determine the
5 existence of a protection order that is in effect, the law enforcement
6 agency shall consult the protective order registry established under
7 IC 5-2-9-5.5.

8 (f) If a person vested with a right under subsection (a) does not
9 exercise that right not later than seventy-two (72) hours after the person
10 receives notification of the death of the decedent, the person forfeits the
11 person's right to determine the final disposition of the decedent's
12 remains and the right to determine final disposition passes to the next
13 person described in subsection (a).

14 (g) A funeral home has the right to rely, in good faith, on the
15 representations of a person listed in subsection (a) that any other
16 individuals of the same degree of kinship have been notified of the
17 final disposition instructions.

18 (h) If there is a dispute concerning the disposition of a decedent's
19 remains, a funeral home is not liable for refusing to accept the remains
20 of the decedent until the funeral home receives:

21 (1) a court order; or

22 (2) a written agreement signed by the disputing parties;

23 that determines the final disposition of the decedent's remains. If a
24 funeral home agrees to shelter the remains of the decedent while the
25 parties are in dispute, the funeral home may collect any applicable fees
26 for storing the remains, including legal fees that are incurred.

27 (i) Any cause of action filed under this section must be filed in the
28 probate court in the county where the decedent resided, unless the
29 decedent was not a resident of Indiana.

30 (j) A spouse seeking a judicial determination under subsection
31 (a)(3)(A) that the decedent and spouse were reconciled before the
32 decedent's death may petition the court having jurisdiction over the
33 dissolution or separation proceeding to make this determination by
34 filing the petition under the same cause number as the dissolution or
35 separation proceeding. A spouse who files a petition under this
36 subsection is not required to pay a filing fee.

37 SECTION 44. IC 29-2-16.1-1, AS AMENDED BY P.L.198-2016,
38 SECTION 659, IS AMENDED TO READ AS FOLLOWS
39 [EFFECTIVE JULY 1, 2020]: Sec. 1. The following definitions apply
40 throughout this chapter:

41 (1) "Adult" means an individual at least eighteen (18) years of
42 age.



- 1 (2) "Agent" means an individual who is:
 2 (A) authorized to make health care decisions on behalf of
 3 another person by a health care power of attorney **under**
 4 **IC 30-5-5-16 or a health care representative under**
 5 **IC 16-36-7; or**
 6 (B) expressly authorized to make an anatomical gift on behalf
 7 of another person by a document signed by the person.
 8 (3) "Anatomical gift" means a donation of all or part of a human
 9 body to take effect after the donor's death for the purpose of
 10 transplantation, therapy, research, or education.
 11 (4) "Bank" or "storage facility" means a facility licensed,
 12 accredited, or approved under the laws of any state for storage of
 13 human bodies or parts of human bodies.
 14 (5) "Decedent":
 15 (A) means a deceased individual whose body or body part is
 16 or may be the source of an anatomical gift; and
 17 (B) includes:
 18 (i) a stillborn infant; and
 19 (ii) except as restricted by any other law, a fetus.
 20 (6) "Disinterested witness" means an individual other than a
 21 spouse, child, sibling, grandchild, grandparent, or guardian of the
 22 individual who makes, amends, revokes, or refuses to make an
 23 anatomical gift or another adult who exhibited special care and
 24 concern for the individual. This term does not include a person to
 25 whom an anatomical gift could pass under section 10 of this
 26 chapter.
 27 (7) "Document of gift" means a donor card or other record used
 28 to make an anatomical gift, including a statement or symbol on a
 29 driver's license, identification, or donor registry.
 30 (8) "Donor" means an individual whose body or body part is the
 31 subject of an anatomical gift.
 32 (9) "Donor registry" means:
 33 (A) a data base maintained by:
 34 (i) the bureau of motor vehicles; or
 35 (ii) the equivalent agency in another state;
 36 (B) the Donate Life Indiana Registry maintained by the
 37 Indiana Donation Alliance Foundation; or
 38 (C) a donor registry maintained in another state;
 39 that contains records of anatomical gifts and amendments to or
 40 revocations of anatomical gifts.
 41 (10) "Driver's license" means a license or permit issued by the
 42 bureau of motor vehicles to operate a vehicle.



- 1 (11) "Eye bank" means a person that is licensed, accredited, or
2 regulated under federal or state law to engage in the recovery,
3 screening, testing, processing, storage, or distribution of human
4 eyes or portions of human eyes.
- 5 (12) "Guardian" means an individual appointed by a court to
6 make decisions regarding the support, care, education, health, or
7 welfare of an individual. The term does not include a guardian ad
8 litem.
- 9 (13) "Hospital" means a facility licensed as a hospital under the
10 laws of any state or a facility operated as a hospital by the United
11 States, a state, or a subdivision of a state.
- 12 (14) "Identification card" means an identification card issued by
13 the bureau of motor vehicles.
- 14 (15) "Minor" means an individual under eighteen (18) years of
15 age.
- 16 (16) "Organ procurement organization" means a person
17 designated by the Secretary of the United States Department of
18 Health and Human Services as an organ procurement
19 organization.
- 20 (17) "Parent" means an individual whose parental rights have not
21 been terminated.
- 22 (18) "Part" means an organ, an eye, or tissue of a human being.
23 The term does not mean a whole body.
- 24 (19) "Pathologist" means a physician:
25 (A) certified by the American Board of Pathology; or
26 (B) holding an unlimited license to practice medicine in
27 Indiana and acting under the direction of a physician certified
28 by the American Board of Pathology.
- 29 (20) "Person" means an individual, corporation, business trust,
30 estate, trust, partnership, limited liability company, association,
31 joint venture, public corporation, government or governmental
32 subdivision, agency, instrumentality, or any other legal or
33 commercial entity.
- 34 (21) "Physician" or "surgeon" means an individual authorized to
35 practice medicine or osteopathy under the laws of any state.
- 36 (22) "Procurement organization" means an eye bank, organ
37 procurement organization, or tissue bank.
- 38 (23) "Prospective donor" means an individual who is dead or near
39 death and has been determined by a procurement organization to
40 have a part that could be medically suitable for transplantation,
41 therapy, research, or education. The term does not include an
42 individual who has made an appropriate refusal.



- 1 (24) "Reasonably available" means:
 2 (A) able to be contacted by a procurement organization
 3 without undue effort; and
 4 (B) willing and able to act in a timely manner consistent with
 5 existing medical criteria necessary for the making of an
 6 anatomical gift.
- 7 (25) "Recipient" means an individual into whose body a
 8 decedent's part has been or is intended to be transplanted.
- 9 (26) "Record" means information that is inscribed on a tangible
 10 medium or that is stored in an electronic or other medium and is
 11 retrievable in perceivable form.
- 12 (27) "Refusal" means a record created under section 6 of this
 13 chapter that expressly states the intent to bar another person from
 14 making an anatomical gift of an individual's body or part.
- 15 (28) "Sign" means, with the present intent to authenticate or adopt
 16 a record:
 17 (A) to execute or adopt a tangible symbol; or
 18 (B) to attach to or logically associate with the record an
 19 electronic symbol, sound, or process.
- 20 (29) "State" means a state of the United States, the District of
 21 Columbia, Puerto Rico, the United States Virgin Islands, or any
 22 territory or insular possession subject to the jurisdiction of the
 23 United States.
- 24 (30) "Technician" means an individual determined to be qualified
 25 to remove or process parts by an appropriate organization that is
 26 licensed, accredited, or regulated under federal or state law. The
 27 term includes an eye enucleator.
- 28 (31) "Tissue" means a part of the human body other than an organ
 29 or an eye. The term does not include blood or other bodily fluids
 30 unless the blood or bodily fluids are donated for the purpose of
 31 research or education.
- 32 (32) "Tissue bank" means a person that is licensed, accredited, or
 33 regulated under federal or state law to engage in the recovery,
 34 screening, testing, processing, storage, or distribution of tissue.
- 35 (33) "Transplant hospital" means a hospital that furnishes organ
 36 transplants and other medical and surgical specialty services
 37 required for the care of organ transplant patients.
- 38 SECTION 45. IC 29-2-16.1-3, AS ADDED BY P.L.147-2007,
 39 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2020]: Sec. 3. Subject to section 7 of this chapter, an
 41 anatomical gift of a donor's body or part may be made during the life
 42 of the donor for the purpose of transplantation, therapy, research, or



1 education in the manner provided in section 4 of this chapter by:

2 (1) the donor, if the donor is an adult or if the donor is a minor
3 and is:

4 (A) emancipated; or

5 (B) authorized under state law to apply for a driver's license
6 because the donor is at least sixteen (16) years of age;

7 (2) an agent, **a health care representative, or a proxy (as**
8 **defined by IC 16-36-7-17)** of the donor, unless the health care
9 power of attorney, **advance directive**, or other record prohibits
10 the agent from making an anatomical gift;

11 (3) a parent of the donor, if the donor is not emancipated; or

12 (4) the donor's guardian.

13 SECTION 46. IC 29-2-19-10, AS ADDED BY P.L.143-2009,
14 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15 JULY 1, 2020]: Sec. 10. The provisions of a declarant's most recent
16 declaration prevail over any other document executed by the declarant
17 concerning any preferences described in section 9 of this chapter.
18 However, this section may not be construed to invalidate a power of
19 attorney executed under IC 30-5-5 or an appointment of a health care
20 representative under IC 16-36-1 **or IC 16-36-7** with respect to any
21 power or duty belonging to the attorney in fact or health care
22 representative that is not related to a preference described in section 9
23 of this chapter.

24 SECTION 47. IC 29-2-19-17, AS AMENDED BY P.L.190-2016,
25 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2020]: Sec. 17. The right to control the disposition of a
27 decedent's body, to make arrangements for funeral services, and to
28 make other ceremonial arrangements after an individual's death
29 devolves on the following, in the priority listed:

30 (1) A person:

31 (A) granted the authority to serve in a funeral planning
32 declaration executed by the decedent under this chapter; or

33 (B) named in a United States Department of Defense form
34 "Record of Emergency Data" (DD Form 93) or a successor
35 form adopted by the United States Department of Defense, if
36 the decedent died while serving in any branch of the United
37 States Armed Forces (as defined in 10 U.S.C. 1481) and
38 completed the form.

39 (2) An individual specifically granted the authority in a power of
40 attorney or a health care power of attorney executed by the
41 decedent under IC 30-5-5-16 **or a health care representative**
42 **under IC 16-36-7.**



- 1 (3) The decedent's surviving spouse.
- 2 (4) A surviving adult child of the decedent or, if more than one
- 3 (1) adult child is surviving, the majority of the other adult
- 4 children. However, less than half of the surviving adult children
- 5 have the rights under this subdivision if the adult children have
- 6 used reasonable efforts to notify the other surviving adult children
- 7 of their intentions and are not aware of any opposition to the final
- 8 disposition instructions by more than half of the surviving adult
- 9 children.
- 10 (5) The surviving parent or parents of the decedent. If one (1) of
- 11 the parents is absent, the parent who is present has the rights
- 12 under this subdivision if the parent who is present has used
- 13 reasonable efforts to notify the absent parent.
- 14 (6) The decedent's surviving sibling or, if more than one (1)
- 15 sibling is surviving, the majority of the surviving siblings.
- 16 However, less than half of the surviving siblings have the rights
- 17 under this subdivision if the siblings have used reasonable efforts
- 18 to notify the other surviving siblings of their intentions and are
- 19 not aware of any opposition to the final disposition instructions by
- 20 more than half of the surviving siblings.
- 21 (7) An individual in the next degree of kinship under IC 29-1-2-1
- 22 to inherit the estate of the decedent or, if more than one (1)
- 23 individual of the same degree survives, the majority of those who
- 24 are of the same degree of kinship. However, less than half of the
- 25 individuals who are of the same degree of kinship have the rights
- 26 under this subdivision if they have used reasonable efforts to
- 27 notify the other individuals who are of the same degree of kinship
- 28 of their intentions and are not aware of any opposition to the final
- 29 disposition instructions by more than half of the individuals who
- 30 are of the same degree of kinship.
- 31 (8) If none of the persons described in subdivisions (1) through
- 32 (7) are available, or willing, to act and arrange for the final
- 33 disposition of the decedent's remains, a stepchild (as defined in
- 34 IC 6-4.1-1-3(f)) of the decedent. If more than one (1) stepchild
- 35 survives the decedent, then a majority of the surviving
- 36 stepchildren. However, less than half of the surviving stepchildren
- 37 have the rights under this subdivision if they have used reasonable
- 38 efforts to notify the other stepchildren of their intentions and are
- 39 not aware of any opposition to the final disposition instructions by
- 40 more than half of the stepchildren.
- 41 (9) The person appointed to administer the decedent's estate under
- 42 IC 29-1.



1 (10) If none of the persons described in subdivisions (1) through
 2 (9) are available, any other person willing to act and arrange for
 3 the final disposition of the decedent's remains, including a funeral
 4 home that:

5 (A) has a valid prepaid funeral plan executed under IC 30-2-13
 6 that makes arrangements for the disposition of the decedent's
 7 remains; and

8 (B) attests in writing that a good faith effort has been made to
 9 contact any living individuals described in subdivisions (1)
 10 through (9).

11 SECTION 48. IC 29-3-8.5-9, AS AMENDED BY P.L.72-2010,
 12 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2020]: Sec. 9. A volunteer advocates for seniors program or
 14 a volunteer advocates for incapacitated adults program under this
 15 chapter is not authorized to consent to or refuse health care (as defined
 16 in ~~IC 16-36-1-1~~ **IC 16-36-7-9**) for an individual if:

17 (1) a spouse, a parent, an adult child, or an adult sibling of the
 18 individual or the individual's religious superior, if the individual
 19 is a member of a religious order, is available, capable, and
 20 suitable to consent to or refuse the health care on behalf of the
 21 individual; or

22 (2) the individual has previously:

23 (A) appointed a health care representative under ~~IC 16-36-1-1~~
 24 **IC 16-36-1-7 or IC 16-36-7;**

25 (B) authorized health care under IC 16-36-1.5, IC 16-36-4, or
 26 IC 16-36-5;

27 (C) executed a power of attorney under IC 30-5-4; or

28 (D) had a guardian appointed by the court under IC 29-3.

29 SECTION 49. IC 29-3-9-1, AS AMENDED BY P.L.74-2016,
 30 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 31 JULY 1, 2020]: Sec. 1. (a) As used in this section, "department" means
 32 the department of child services established by IC 31-25-1-1.

33 (b) As used in this section and except as otherwise provided in this
 34 section, "foster care" has the meaning set forth in IC 31-9-2-46.7.

35 (c) Except as provided in subsections (d) and (h), by a properly
 36 executed power of attorney, a parent of a minor or a guardian (other
 37 than a temporary guardian) of a protected person may delegate to
 38 another person for:

39 (1) any period during which the care and custody of the minor or
 40 protected person is entrusted to an institution furnishing care,
 41 custody, education, or training; or

42 (2) a period not exceeding twelve (12) months;



1 any powers regarding health care, support, custody, or property of the
 2 minor or protected person. A delegation described in this subsection is
 3 effective immediately unless otherwise stated in the power of attorney.

4 (d) A parent of a minor or a guardian of a protected person may not
 5 delegate under subsection (c) the power to:

6 (1) consent to the marriage or adoption of a protected person who
 7 is a minor; or

8 (2) petition the court to request the authority to petition for
 9 dissolution of marriage, legal separation, or annulment of
 10 marriage on behalf of a protected person as provided under
 11 section 12.2 of this chapter.

12 (e) **Subject to IC 30-5-5-16**, a person having a power of attorney
 13 executed under subsection (c) has and shall exercise, for the period
 14 during which the power is effective, all other authority of the parent or
 15 guardian respecting the health care, support, custody, or property of the
 16 minor or protected person except any authority expressly excluded in
 17 the written instrument delegating the power. The parent or guardian
 18 remains responsible for any act or omission of the person having the
 19 power of attorney with respect to the affairs, property, and person of the
 20 minor or protected person as though the power of attorney had never
 21 been executed.

22 (f) A delegation of powers executed under subsection (c) does not,
 23 as a result of the execution of the power of attorney, subject any of the
 24 parties to any laws, rules, or regulations concerning the licensing or
 25 regulation of foster family homes, child placing agencies, or child
 26 caring institutions under IC 31-27.

27 (g) Any child who is the subject of a power of attorney executed
 28 under subsection (c) is not considered to be placed in foster care. The
 29 parties to a power of attorney executed under subsection (c), including
 30 a child, a protected person, a parent or guardian of a child or protected
 31 person, or an attorney-in-fact, are not, as a result of the execution of the
 32 power of attorney, subject to any foster care requirements or foster care
 33 licensing regulations.

34 (h) A foster family home licensed under IC 31-27-4 may not provide
 35 overnight or regular and continuous care and supervision to a child
 36 who is the subject of a power of attorney executed under subsection (c)
 37 while providing care to a child placed in the home by the department
 38 or under a juvenile court order under a foster family home license.
 39 Upon request, the department may grant an exception to this
 40 subsection.

41 (i) A parent who:

42 (1) is a member in the:



- 1 (A) active or reserve component of the armed forces of the
 2 United States, including the Army, Navy, Air Force, Marine
 3 Corps, National Guard, or Coast Guard; or
 4 (B) commissioned corps of the:
 5 (i) National Oceanic and Atmospheric Administration; or
 6 (ii) Public Health Service of the United States Department
 7 of Health and Human Services;
 8 detailed by proper authority for duty with the Army or Navy of
 9 the United States; or
 10 (2) is required to:
 11 (A) enter or serve in the active military service of the United
 12 States under a call or order of the President of the United
 13 States; or
 14 (B) serve on state active duty;
 15 may delegate the powers designated in subsection (c) for a period
 16 longer than twelve (12) months if the parent is on active duty service.
 17 However, the term of delegation may not exceed the term of active duty
 18 service plus thirty (30) days. The power of attorney must indicate that
 19 the parent is required to enter or serve in the active military service of
 20 the United States and include the estimated beginning and ending dates
 21 of the active duty service.
 22 (j) Except as otherwise stated in the power of attorney delegating
 23 powers under this section, a delegation of powers under this section
 24 may be revoked at any time by a written instrument of revocation that:
 25 (1) identifies the power of attorney revoked; and
 26 (2) is signed by the:
 27 (A) parent of a minor; or
 28 (B) guardian of a protected person;
 29 who executed the power of attorney.
 30 SECTION 50. IC 29-3-9-4.5, AS ADDED BY P.L.6-2010,
 31 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2020]: Sec. 4.5. (a) After notice to interested persons and
 33 upon authorization of the court, a guardian may, if the protected person
 34 has been found by the court to lack testamentary capacity, do any of the
 35 following:
 36 (1) Make gifts.
 37 (2) Exercise any power with respect to transfer on death or
 38 payable on death transfers that is described in IC 30-5-5-7.5.
 39 (3) Convey, release, or disclaim contingent and expectant
 40 interests in property, including marital property rights and any
 41 right of survivorship incident to joint tenancy or tenancy by the
 42 entireties.



- 1 (4) Exercise or release a power of appointment.
 2 (5) Create a revocable or irrevocable trust of all or part of the
 3 property of the estate, including a trust that extends beyond the
 4 duration of the guardianship.
 5 (6) Revoke or amend a trust that is revocable by the protected
 6 person.
 7 (7) Exercise rights to elect options and change beneficiaries under
 8 insurance policies, retirement plans, and annuities.
 9 (8) Surrender an insurance policy or annuity for its cash value.
 10 (9) Exercise any right to an elective share in the estate of the
 11 protected person's deceased spouse.
 12 (10) Renounce or disclaim any interest by testate or intestate
 13 succession or by transfer inter vivos.
 14 (b) Before approving a guardian's exercise of a power listed in
 15 subsection (a), the court shall consider primarily the decision that the
 16 protected person would have made, to the extent that the decision of
 17 the protected person can be ascertained. If the protected person has a
 18 will, the protected person's distribution of assets under the will is prima
 19 facie evidence of the protected person's intent. The court shall also
 20 consider:
 21 (1) the financial needs of the protected person and the needs of
 22 individuals who are dependent on the protected person for
 23 support;
 24 (2) the interests of creditors;
 25 (3) the possible reduction of income taxes, estate taxes,
 26 inheritance taxes, or other federal, state, or local tax liabilities;
 27 (4) the eligibility of the protected person for governmental
 28 assistance;
 29 (5) the protected person's previous pattern of giving or level of
 30 support;
 31 (6) the protected person's existing estate plan, if any;
 32 (7) the protected person's life expectancy and the probability that
 33 the guardianship will terminate before the protected person's
 34 death; and
 35 (8) any other factor the court considers relevant.
 36 (c) A guardian may examine and receive, at the expense of the
 37 guardian, copies of the following documents of the protected person:
 38 (1) A will.
 39 (2) A trust.
 40 (3) A power of attorney.
 41 (4) A health care appointment.
 42 (5) **An advance directive.**



1 ~~(5)~~ **(6)** Any other estate planning document.

2 SECTION 51. IC 30-5-5-16, AS AMENDED BY P.L.81-2015,
3 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2020]: Sec. 16. (a) This section does not prohibit an individual
5 capable of consenting to the individual's own health care or to the
6 health care of another from consenting to health care administered in
7 good faith under the religious tenets and practices of the individual
8 requiring health care.

9 (b) Language conferring general authority with respect to health
10 care powers means the principal authorizes the attorney in fact to do
11 the following:

12 (1) Employ or contract with servants, companions, or health care
13 providers to care for the principal.

14 (2) Consent to or refuse health care for the principal who is an
15 individual in accordance with IC 16-36-4 and IC 16-36-1 by
16 properly executing and attaching to the power of attorney a
17 declaration or appointment, or both.

18 (3) Admit or release the principal from a hospital or health care
19 facility.

20 (4) Have access to records, including medical records, concerning
21 the principal's condition.

22 (5) Make anatomical gifts on the principal's behalf.

23 (6) Request an autopsy.

24 (7) Make plans for the disposition of the principal's body,
25 including executing a funeral planning declaration on behalf of
26 the principal in accordance with IC 29-2-19.

27 **(c) Notwithstanding any other law, a document granting health
28 care powers to an attorney in fact for health care may not be
29 executed under this chapter after December 31, 2022. However, if
30 a power of attorney that is executed after December 31, 2022, is
31 written to grant both:**

32 **(1) health care powers; and**

33 **(2) nonhealth care powers under this chapter;**

34 **to an attorney in fact, the health care powers are void, but all other
35 powers granted by the power of attorney will remain effective and
36 enforceable under this article.**

37 SECTION 52. IC 30-5-5-17 IS AMENDED TO READ AS
38 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 17. (a) If the attorney
39 in fact has the authority to consent to or refuse health care under
40 section ~~16(2)~~ **16(b)(2)** of this chapter, the attorney in fact may be
41 empowered to ask in the name of the principal for health care to be
42 withdrawn or withheld when it is not beneficial or when any benefit is



1 outweighed by the demands of the treatment and death may result. To
 2 empower the attorney in fact to act under this section, the following
 3 language must be included in an appointment under IC 16-36-1 **or**
 4 **IC 16-36-7** in substantially the same form set forth below:

5 I authorize my health care representative to make decisions in my
 6 best interest concerning withdrawal or withholding of health care.
 7 If at any time based on my previously expressed preferences and
 8 the diagnosis and prognosis my health care representative is
 9 satisfied that certain health care is not or would not be beneficial
 10 or that such health care is or would be excessively burdensome,
 11 then my health care representative may express my will that such
 12 health care be withheld or withdrawn and may consent on my
 13 behalf that any or all health care be discontinued or not instituted,
 14 even if death may result.

15 My health care representative must try to discuss this decision
 16 with me. However, if I am unable to communicate, my health care
 17 representative may make such a decision for me, after
 18 consultation with my physician or physicians and other relevant
 19 health care givers. To the extent appropriate, my health care
 20 representative may also discuss this decision with my family and
 21 others to the extent they are available.

22 (b) Nothing in this section may be construed to authorize
 23 euthanasia.

24 SECTION 53. IC 30-5-7-2 IS AMENDED TO READ AS
 25 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) A health care
 26 provider furnished with a copy of a declaration under IC 16-36-4 or an
 27 appointment under IC 16-36-1 **or IC 16-36-7** shall make the
 28 documents a part of the principal's medical records.

29 (b) If a change in or termination of a power of attorney becomes
 30 known to the health care provider, the change or termination shall be
 31 noted in the principal's medical records.

32 SECTION 54. IC 30-5-7-3 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. Whenever a health
 34 care provider believes a patient may lack the capacity to give informed
 35 consent to health care the provider considers necessary, the provider
 36 shall consult with the attorney in fact who has power to act for the
 37 patient under IC 16-36-4, IC 16-36-1, **IC 16-36-7**, or this article.

38 SECTION 55. IC 30-5-8-6 IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. **Subject to**
 40 **IC 16-36-7**, appointments made under this article, IC 16-36-4, **and**
 41 IC 16-36-1, **and IC 16-36-7** can be made concurrently and will be
 42 given full effect under the law. However, the appointments may be



1 executed independently and remain valid in their own right.

2 SECTION 56. IC 34-30-2-75.6 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2020]: **Sec. 75.6. IC 16-36-7-36 (Concerning**
5 **a health care provider's or other person's reliance on an advance**
6 **directive).**

7 SECTION 57. IC 34-30-2-75.7 IS ADDED TO THE INDIANA
8 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
9 [EFFECTIVE JULY 1, 2020]: **Sec. 75.7. IC 16-36-7-37 (Concerning**
10 **a health care provider's or other person's reliance on an affidavit**
11 **regarding an advance directive or decision of a health care**
12 **representative).**

13 SECTION 58. IC 35-42-1-2.5, AS AMENDED BY P.L.158-2013,
14 SECTION 412, IS AMENDED TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2020]: Sec. 2.5. (a) This section does not apply
16 to the following:

17 (1) A licensed health care provider who administers, prescribes,
18 or dispenses medications or procedures to relieve a person's pain
19 or discomfort, even if the medication or procedure may hasten or
20 increase the risk of death, unless such medications or procedures
21 are intended to cause death.

22 (2) The withholding or withdrawing of medical treatment or
23 life-prolonging procedures by a licensed health care provider,
24 including pursuant to IC 16-36-4 (living wills and life-prolonging
25 procedures), IC 16-36-1 (health care consent), **IC 16-36-7**
26 **(advance directive)**, or IC 30-5 (~~power~~ **(health care power** of
27 attorney).

28 (b) A person who has knowledge that another person intends to
29 commit or attempt to commit suicide and who intentionally does either
30 of the following commits assisting suicide, a Level 5 felony:

31 (1) Provides the physical means by which the other person
32 attempts or commits suicide.

33 (2) Participates in a physical act by which the other person
34 attempts or commits suicide.

