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H.B. No. 995

A BILL TO BE ENTITLED

AN ACT

relating to the form and revocation of medical powers of attorney.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The heading to Section 166.155, Health and Safety Code, is amended to read as follows:

Sec. 166.155. REVOCATION; EFFECT OF TERMINATION OF MARRIAGE.

SECTION 2. Section 166.155, Health and Safety Code, is amended by amending Subsection (a) and adding Subsection (a-1) to read as follows:

(a) A medical power of attorney is revoked by:

(1) oral or written notification at any time by the principal to the agent or a licensed or certified health or residential care provider or by any other act evidencing a specific intent to revoke the power, without regard to whether the principal is competent or the principal's mental state; or

(2) execution by the principal of a subsequent medical power of attorney. [~~or~~]

(a-1) An agent's authority under a medical power of attorney is revoked if the agent's marriage to [(3) the divorce of] the principal is dissolved, annulled, or declared void [and spouse, if the spouse is the principal's agent,] unless the medical power of attorney provides otherwise.

SECTION 3. Section 166.164, Health and Safety Code, is

1 amended to read as follows:

2           Sec. 166.164. FORM OF MEDICAL POWER OF ATTORNEY. The  
3 medical power of attorney must be in substantially the following  
4 form:

5           MEDICAL POWER OF ATTORNEY DESIGNATION OF HEALTH CARE AGENT.

6 I, \_\_\_\_\_ (insert your name) appoint:

7 Name:\_\_\_\_\_

8 Address:\_\_\_\_\_

9 Phone\_\_\_\_\_

10           as my agent to make any and all health care decisions for me,  
11 except to the extent I state otherwise in this document. This  
12 medical power of attorney takes effect if I become unable to make my  
13 own health care decisions and this fact is certified in writing by  
14 my physician.

15           LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE  
16 AS FOLLOWS:\_\_\_\_\_

17 \_\_\_\_\_

18           DESIGNATION OF ALTERNATE AGENT.

19           (You are not required to designate an alternate agent but you  
20 may do so. An alternate agent may make the same health care  
21 decisions as the designated agent if the designated agent is unable  
22 or unwilling to act as your agent. If the agent designated is your  
23 spouse, the designation is automatically revoked by law if your  
24 marriage is dissolved, annulled, or declared void unless this  
25 document provides otherwise.)

26           If the person designated as my agent is unable or unwilling to  
27 make health care decisions for me, I designate the following

1 persons to serve as my agent to make health care decisions for me as  
2 authorized by this document, who serve in the following order:

3 A. First Alternate Agent

4 Name: \_\_\_\_\_

5 Address: \_\_\_\_\_

6 Phone \_\_\_\_\_

7 B. Second Alternate Agent

8 Name: \_\_\_\_\_

9 Address: \_\_\_\_\_

10 Phone \_\_\_\_\_

11 The original of this document is kept at:

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 The following individuals or institutions have signed  
16 copies:

17 Name: \_\_\_\_\_

18 Address: \_\_\_\_\_

19 \_\_\_\_\_

20 Name: \_\_\_\_\_

21 Address: \_\_\_\_\_

22 \_\_\_\_\_

23 DURATION.

24 I understand that this power of attorney exists indefinitely  
25 from the date I execute this document unless I establish a shorter  
26 time or revoke the power of attorney. If I am unable to make health  
27 care decisions for myself when this power of attorney expires, the

1 authority I have granted my agent continues to exist until the time  
2 I become able to make health care decisions for myself.

3 (IF APPLICABLE) This power of attorney ends on the following  
4 date: \_\_\_\_\_

5 PRIOR DESIGNATIONS REVOKED.

6 I revoke any prior medical power of attorney.

7 ~~[ACKNOWLEDGMENT OF]~~ DISCLOSURE STATEMENT.

8 THIS MEDICAL POWER OF ATTORNEY IS AN IMPORTANT LEGAL  
9 DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE  
10 IMPORTANT FACTS:

11 Except to the extent you state otherwise, this document gives  
12 the person you name as your agent the authority to make any and all  
13 health care decisions for you in accordance with your wishes,  
14 including your religious and moral beliefs, when you are unable to  
15 make the decisions for yourself. Because "health care" means any  
16 treatment, service, or procedure to maintain, diagnose, or treat  
17 your physical or mental condition, your agent has the power to make  
18 a broad range of health care decisions for you. Your agent may  
19 consent, refuse to consent, or withdraw consent to medical  
20 treatment and may make decisions about withdrawing or withholding  
21 life-sustaining treatment. Your agent may not consent to voluntary  
22 inpatient mental health services, convulsive treatment,  
23 psychosurgery, or abortion. A physician must comply with your  
24 agent's instructions or allow you to be transferred to another  
25 physician.

26 Your agent's authority is effective when your doctor  
27 certifies that you lack the competence to make health care

1 decisions.

2 Your agent is obligated to follow your instructions when  
3 making decisions on your behalf. Unless you state otherwise, your  
4 agent has the same authority to make decisions about your health  
5 care as you would have if you were able to make health care  
6 decisions for yourself.

7 It is important that you discuss this document with your  
8 physician or other health care provider before you sign the  
9 document to ensure that you understand the nature and range of  
10 decisions that may be made on your behalf. If you do not have a  
11 physician, you should talk with someone else who is knowledgeable  
12 about these issues and can answer your questions. You do not need a  
13 lawyer's assistance to complete this document, but if there is  
14 anything in this document that you do not understand, you should ask  
15 a lawyer to explain it to you.

16 The person you appoint as agent should be someone you know and  
17 trust. The person must be 18 years of age or older or a person under  
18 18 years of age who has had the disabilities of minority removed.  
19 If you appoint your health or residential care provider (e.g., your  
20 physician or an employee of a home health agency, hospital, nursing  
21 facility, or residential care facility, other than a relative),  
22 that person has to choose between acting as your agent or as your  
23 health or residential care provider; the law does not allow a person  
24 to serve as both at the same time.

25 You should inform the person you appoint that you want the  
26 person to be your health care agent. You should discuss this  
27 document with your agent and your physician and give each a signed

1 copy. You should indicate on the document itself the people and  
2 institutions that you intend to have signed copies. Your agent is  
3 not liable for health care decisions made in good faith on your  
4 behalf.

5 Once you have signed this document, you have the right to make  
6 health care decisions for yourself as long as you are able to make  
7 those decisions, and treatment cannot be given to you or stopped  
8 over your objection. You have the right to revoke the authority  
9 granted to your agent by informing your agent or your health or  
10 residential care provider orally or in writing or by your execution  
11 of a subsequent medical power of attorney. Unless you state  
12 otherwise in this document, your appointment of a spouse is revoked  
13 if your marriage is dissolved, annulled, or declared void.

14 This document may not be changed or modified. If you want to  
15 make changes in this document, you must execute a new medical power  
16 of attorney.

17 You may wish to designate an alternate agent in the event that  
18 your agent is unwilling, unable, or ineligible to act as your agent.  
19 If you designate an alternate agent, the alternate agent has the  
20 same authority as the agent to make health care decisions for you.

21 THIS POWER OF ATTORNEY IS NOT VALID UNLESS:

22 (1) YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED  
23 BEFORE A NOTARY PUBLIC; OR

24 (2) YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT  
25 WITNESSES.

26 THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

27 (1) the person you have designated as your agent;



(Signature)

\_\_\_\_\_

(Print Name)

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_

NOTARY PUBLIC, State of Texas

Notary's printed name:

\_\_\_\_\_

My commission expires:

\_\_\_\_\_

OR

SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES

I sign my name to this medical power of attorney on \_\_\_\_\_  
day of \_\_\_\_\_ (month, year) at

\_\_\_\_\_

(City and State)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Print Name)

STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am  
not related to the principal by blood or marriage. I would not be  
entitled to any portion of the principal's estate on the principal's



1 death. I am not the attending physician of the principal or an  
2 employee of the attending physician. I have no claim against any  
3 portion of the principal's estate on the principal's  
4 death. Furthermore, if I am an employee of a health care facility  
5 in which the principal is a patient, I am not involved in providing  
6 direct patient care to the principal and am not an officer,  
7 director, partner, or business office employee of the health care  
8 facility or of any parent organization of the health care facility.

9 Signature:\_\_\_\_\_

10 Print Name:\_\_\_\_\_ Date:\_\_\_\_\_

11 Address:\_\_\_\_\_

12 SIGNATURE OF SECOND WITNESS.

13 Signature:\_\_\_\_\_

14 Print Name:\_\_\_\_\_ Date:\_\_\_\_\_

15 Address:\_\_\_\_\_

16 SECTION 4. Sections [166.162](#) and [166.163](#), Health and Safety  
17 Code, are repealed.

18 SECTION 5. Not later than December 1, 2017, the executive  
19 commissioner of the Health and Human Services Commission shall  
20 adopt all rules necessary to implement this Act, including the form  
21 necessary to comply with the changes in law made by this Act to  
22 Section [166.164](#), Health and Safety Code.

23 SECTION 6. The change in law made by this Act to Section  
24 [166.164](#), Health and Safety Code, does not affect the validity of a  
25 document executed under that section before January 1, 2018. A  
26 document executed before the effective date of this section is  
27 governed by the law in effect immediately before the effective date

1 of this Act, and the former law continues in effect for that  
2 purpose.

3 SECTION 7. (a) Except as provided by Subsection (b) of this  
4 section, this Act takes effect September 1, 2017.

5 (b) Sections 1, 2, 3, 4, and 6 of this Act take effect  
6 January 1, 2018.