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<tr>
<td>1. ALABAMA</td>
<td>ALA. CODE. § 22-8A-1 to -14 (West, 2019) (“Natural Death Act”) Combined AD. Single statutory form. See also Durable Power of Attorney (DPOA) Act, § 26-1-2</td>
<td>YES Must be substantially followed, but also separately recognizes health powers under DPOA Act 26-1-2 Effective only upon incapacity 22-8A-4(d)</td>
<td>Terminology: Health care proxy, §22-8A-3(7) Limitations: • Nutrition and hydration* • Alabama Durable Power of Attorney Act, 26-1-2: no psychosurgery, sterilization, abortion when not necessary to preserve the life of the principal, or involuntary mental health hospitalization or treatment • Pregnancy limitation, 22-8A-4(e) * Permissible if expressly authorized</td>
<td>• Indiv. Provider * * Exception for relatives employed by the provider</td>
<td>• 2 or more witnesses age 19 or older • Appointed proxy must attach written acceptance to designation</td>
<td>None Specified</td>
<td>None Specified</td>
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<tr>
<td>2. ALASKA</td>
<td>ALASKA STAT. ANN. § 13.52.010 to .395 (West, 2019 (“Health Care Decisions Act”) Combined AD</td>
<td>YES Optional Immediately effective permitted, 13.52.010</td>
<td>Terminology: Agent, §13.52.010(b) Limitations: • No abortion, sterilization, psychosurgery, or removal of bodily organs except where the above procedures are necessary to preserve the life of the patient or to prevent serious impairment to the patient’s health • Pregnancy limitation Permits oral designation of a surrogate, §13.52.010(a) and 13.52.030(c)</td>
<td>• Facility provider* * Exception for relatives</td>
<td>• 2 witnesses or notarized</td>
<td>None Specified</td>
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### STATE HEALTH CARE POWER OF ATTORNEY STATUTES
#### Selected Characteristics
#### September 2019

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<td>3. ARIZONA</td>
<td>YES Optional Effective only upon incapacity §36-3223A</td>
<td>Terminology: Agent, §36-3201 Limitations: None specified</td>
<td>Person whose license as fiduciary has been revoked/suspended and not reinstated, unless relative</td>
<td>1 witness or notarized</td>
<td>Provider If only one witness, that person shall not be: Relative/Spouse/Adoptee Heir/Beneficiary</td>
<td>None Specified</td>
<td>None Specified</td>
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<td>Separate Living Will Statute: § 36-3261</td>
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<td>4. ARKANSAS</td>
<td>NO Immediately effective permitted § 20-6-105(b)(1)</td>
<td>Terminology: Agent, 20-6-102(2) Limitations: None specified</td>
<td>None specified</td>
<td>2 witnesses or notary, 20-17-202</td>
<td>At least one witness shall not be: Relative/Spouse/Adoptee Heir/Beneficiary § 20-6-103</td>
<td>None Specified</td>
<td>None Specified</td>
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<td>Separate Living Will Statute: &quot;Rights of the Terminally Ill and Permanently Unconscious Act&quot; § 20-17-201 to -218.</td>
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| 5. CALIFORNIA | YES Optional  
Combined AD  
Limitations:  
Civil commitment  
Electro-convulsive therapy  
Psycho-surgery  
Sterilization  
Abortion  
• Supervising Indiv. Provider*  
• Facility Provider*  
• Conservator – if conditions are met.  
* Exception for relatives who are employees of or for a conservator who has satisfied the Lanterman-Petris Short Act  | 2 witnesses or notarized  
Provides for orally designated surrogate, § 4711  | Indiv. Provider  
Facility Provider  
At least one witness shall not be:  
Relative/Spouse/Adoptee  
Heir/Beneficiary  | • Declaration, in substance, from each witness*  
• Declaration, in substance, from non-relative/spouse/heir witness*  
*Except notary  | If HCPA executed in facility, ombudsman must sign/declare as witness. § 4675  |

6. COLORADO | NO  
Special DPA for Health Care  
Separate Living Will Statute:  
Limitations: None specified  | None specified  | None specified  | None specified  | None Specified  | None Specified  |

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**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
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| 7. CONNECTICUT  
[CONN. GEN. STAT. §§ 19a-570 to -580g (West, 2019)]("Removal of Life-Systems")  
Combined AD, but separate LW and Appointment of a HC Representative forms)  
See also [CONN. GEN. STAT. § 1-56r ("Designation of person for decision-making")](#)  
Combining AD, but separate LW and Appointment of a HC Representative forms)  
See also [CONN. GEN. STAT. § 1-56r ("Designation of person for decision-making")](#)  
| YES Optional  
Effective only upon incapacity § 19a-579 | Terminology:  
• Health care representative (§ 19a-570)  
• Person designated (§ 1-56r)  
Limitations: None specified  
• Sections § 19a-571 to §19a-573, inclusive, § 19a-575 and § 19a-575a are not applicable to pregnant patients  
* Exception for relatives | • Facility Provider*  
• Attending physician  
• Administrator or employee of gov’t agency financially responsible for care*  
• 2 witnesses  
Notary also needed only if making a designation of person for decision-making under § 1-56r  
* Exception for relatives | None specified |  
| 8. DELAWARE  
[DEL. CODE ANN. tit. 16, § 2501 - 2518 (West, 2019)]("Health Care Decisions" chapter)  
Combining AD  
Combining AD  
| YES Optional  
Effective only upon incapacity § 2503 | Terminology: Agent § 2501 (b)  
Limitations:  
• Pregnancy limitation  
• Decisions about life-sustaining treatment require a finding of permanent unconsciousness, terminal condition, or serious illness or frailty, § 2503  
| • Residential LTC Facility Provider*  
• 2 witnesses  
Witnesses state in writing that they’re not prohibited witnesses  
Provides for orally designated surrogate, § 2507  
* Exception for relatives | • Facility provider  
• Relative/Spouse  
• Heir/Beneficiary  
• Creditor  
• Person responsible for care costs | None specified |  

If in mental health or DD facility, at least one witness must be a physician or a licensed clinical psychologist w/ specialized training, and at least one witness must not be affiliated with facility. § 19a-576

If in sanatorium, rest home, nursing home, boarding home or related institution, one witnesses must be designated as a patient advocate or ombudsman by either state agency. § 2511

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*Denotes a restriction on witnesses.*
**State Health Care Power of Attorney Statutes**

Selected Characteristics

September 2019

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<td><strong>9. District of Columbia</strong></td>
<td>YES Optional  Effective only upon incapacity § 21-2202(3)</td>
<td>Terminology: Attorney in Fact § 21-2202 (1)  Limitations:  • Abortion*  • Sterilization*  • Psycho-surgery*  • Convulsive therapy or other behavior modification programs*  *Unless authorized by court</td>
<td>• Indiv. Provider  • Facility Provider</td>
<td>• 2 witnesses</td>
<td></td>
<td></td>
<td>None specified</td>
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<td><strong>Special DPA</strong></td>
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<td><strong>Separate Living Will Statute:</strong> D.C. CODE § 7-621 – 830  (West, 2019) (“Natural Death Act”)</td>
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<td><strong>10. Florida</strong></td>
<td>YES Optional  Immediately effective permitted to make health decisions, or just to access health information 765.101 (21) &amp; 765.202(6) &amp; 765.204(3)</td>
<td>Terminology: Surrogate § 765.101(21)  Limitations:  • Mental health facility admission*  • Electro-convulsive therapy*  • Psycho-surgery*  • Sterilization*  • Abortion*  • Experimental treatments not approved by IRB*  • Withdrawing or withholding life-prolonging procedures from a pregnant patient prior to viability*  • Pregnancy limitation*  • Consent/refusal permissible if expressly authorized</td>
<td>None specified</td>
<td>• 2 witnesses</td>
<td>Oral designation of a surrogate is permissible, §765.101</td>
<td></td>
<td>None specified</td>
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<td><strong>FLA. STAT. ANN. § 765.101 - .547 (West, 2019)</strong></td>
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| 11. Georgia | YES Optional  
IMMEDIATELY EFFECTIVE PERMITTED § 31-32-4 (statutory form)  
Combined AD | Terminology: Health Care Agent §31-32-2 (6)  
Limitations:  
- Psycho-surgery  
- Sterilization  
- Involuntary hospitalization or treatment  
- Pregnancy limitation  
- Authority to delegate | • Indiv. Provider directly involved  
• 2 witnesses | • Heir/Beneficiary  
• Indiv. Provider  
No more than one witness shall be:  
- Facility provider | None specified | None specified |
| 12. Hawaii | YES Optional  
IMMEDIATELY EFFECTIVE PERMITTED § 327E-3  
Combined AD | Terminology: Agent § 327E-2  
Limitations:  
- Mental Health Facility Admission*  
*Unless expressly authorized by DPA | • Facility Provider or Owner*  
• 2 witnesses or notarized  
Permits oral designation of a surrogate. § 327E-5 | • Indiv. provider  
• Facility provider  
At least one witness shall not be:  
- Relative/Spouse  
- Heir/Beneficiary | None specified | None specified |
| 13. Idaho | YES Optional  
IMMEDIATELY EFFECTIVE PERMITTED § 39-4512  
Combined AD | Terminology: Surrogate Decision Maker § 39-4502 (16)  
Limitations:  
- Pregnancy limitation (included in statutory form)  
*Exception for relatives who are employees of. | • Indiv. Provider  
• Community Care Facility Provider*  
• None specified | • None specified  
• None specified | None specified | None specified |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
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| 14. ILLINOIS | YES Optional  
Immediate effective permitted.  
§ 4-10(b), in statutory form | Terminology: Agent § 45/4-4 (c)  
Limitations: None specified | • Indiv. Provider | • One Witness | • Facility provider  
• Indiv. provider  
• Relative/Spouse  
• Agent, or relative/spouse of agent or successor agent | None specified | None specified |
|            | Special DPA  
Separate LW Statute: 755 ILL. COMP. STAT. ANN. 35/1 to /10 (“Living Will Act”) | | | | | |
| 15. INDIANA | NO  
Immediately effective permitted, 30-5-4-2 | Terminology: Attorney in Fact under § 30-5-2-2  
Limitations:  
• Agent’s authority to delegate*  
• Life-sustaining procedures* (see mandatory language)  
* Permissible if expressly authorized | None specified. | • Notarized § 30-5-4-1 | None specified | Mandatory language for authority re life-sustaining treatment (§ 30-5-5-17). | None specified |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
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<td><strong>IND. CODE ANN. § 16-36-1-1 to -14 (West, 2019), (&quot;Health Care Consent&quot; chapter creating a health care representative)</strong></td>
<td>No Effective only upon incapacity §16-36-1-7(e)</td>
<td>Health Care Representative § 16-36-1-2</td>
<td>None specified</td>
<td>• One witness</td>
<td>None specified</td>
<td>Same mandatory language as above. It is incorporated into §16-36-1-14</td>
<td></td>
</tr>
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| Separate LW Statute: IND. CODE ANN. § 16-36-4-1 to -21. ("Living Wills and Life Prolonging Procedures" chapter) | | Limitations:  
• Life-sustaining procedures* (see mandatory language)  
* Permissible if expressly authorized | | | | |
| **16. IOWA** | **YES Optional** Effective only upon incapacity § 144B.1 | **Terminology: Attorney in Fact § 144B.1 (1)**  
**Limitations: None specified** | **• Indiv. Provider** *  
• Employee of provider*  
* Exception for relatives** | **• 2 witnesses or notarized** | **• Indiv. Provider or employee**  
At least one witness shall not be:  
• Relative/Spouse/Adoptee** | None specified | None specified |
| IOWA CODE ANN. § 144B.1 to .12 (West, 2019) ("Durable Power of Attorney for Health Care" chapter) | | | | | | |
| Special DPA | Separate LW Statute: IOWA CODE ANN. § 144A.1 - .12 ("Life-sustaining Procedures Act") | | | | | |
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| **17. KANSAS**  
Special DPA  
**YES** Must be substantially followed  
Immediately effective permitted § 58-629(b)  
Terminology: Attorney in Fact § 58-651 (a)  
Limitations:  
- Cannot revoke previous living will  
- Indiv. Provider*  
- Facility Provider*  
  * Exception for relatives & religious community members who actually and regularly engage in religious ministrations or performance of health care services  
- 2 witnesses or notarized  
- Relative/Spouse  
- Heir/Beneficiary  
- Person responsible for health care costs  |
| **18. KENTUCKY**  
Combined AD (but called “Living Will Directive”)  
**YES** Must be substantially followed. But non-statutory advance directives are recognized, § 311.637(6)  
Effective only upon incapacity (in statutory form) § 311.625  
Terminology: Surrogate § 311.621(16)  
Limitations:  
- Pregnancy Limitation, § 311.629(4)  
- Facility provider*  
  * Exception for relatives within fourth degree of consanguinity & members of same religious or fraternal order. § 311.625  
- 2 witnesses or notarized  
- Relative/Spouse  
- Facility Provider unless he/she serves as notary public  
- Attg. physician  
- Heir/Beneficiary  
- Person responsible for health care costs  |
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**Selected Characteristics**

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| **19. LOUISIANA**  
General DPA statute (called a “mandate”), | NO  
Immediately effective permitted Art. 3026. | Terminology: Mandatory | None specified | None specified | N/A | None specified | None specified | None specified |
| Separate Living Will Statute:  
| **20. MAINE**  
Combined AD | YES Optional  
Immediately effective permitted §5-802 | Terminology: Agent § 5-801 (b)  
Limitations:  
• Mental health facility admission, consent permissible if expressly authorized  
* Exception for relatives | • LTC Facility provider*  
• In writing  
• 2 witnesses | None specified | None specified | None specified | None specified |
### STATE HEALTH CARE POWER OF ATTORNEY STATUTES
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| 21. MARYLAND  
Combined AD | YES Optional  
Immediately effective permitted § 5-602 | Terminology: Agent § 5-601 (c)  
Limitations: None specified | • Facility provider and providers’ relatives*  
• Individuals subject to a protective order shielding the declarant  
• Spouse when separation agreement or divorce filed.  
• Exception for principal’s relatives, qualified surrogates, and previously appointed agents | • 2 witnesses  
• Permits unwitnessed electronic advance directives if declarant’s identity authenticated in accord with guidelines specified by the Nat’l Inst. of Standards & Technology.  
• Permits oral advance directive § 5-602. | At least one witness must not be:  
• Heir, or have any other financial interest in person’s death | None specified | None specified |
| 22. MASSACHUSETTS  
Special DPA | NO  
But § 201D § 4 prescribes required elements of the proxy  
Effective only upon incapacity § 201D § 4 | Terminology: Health Care Agent, or Agent § 1  
Limitations: None specified | • Facility provider*  
• Exception for relatives | • 2 witnesses | None specified | None specified | None specified |
STATE HEALTH CARE POWER OF ATTORNEY STATUTES  
Selected Characteristics  
September 2019

**Explanation:** The descriptors in the chart are generalizations of statutory language and not quotations, so the statutes must be consulted for precise meaning.

**Abbreviations:**  
AD = Advance Directive  
LW = Living Will  
DPA = Durable Power of Attorney  
UHCDA = Uniform Health Care Decisions Act.

**WITNESSES:** The principal’s agent and anyone signing the directive on behalf of the principal are presumed to be always prohibited as witnesses. Where “provider “is prohibited, the providers employees are included.

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<tr>
<th>STATE</th>
<th>A. FORM PROVIDED? &amp; START OF AGENCY AUTHORITY</th>
<th>B. AGENT TERMINOLOGY &amp; LIMITS ON AGENT’S POWERS</th>
<th>C. PROHIBITED AGENTS Note: Includes employees of those listed</th>
<th>D. FORMALITIES OF EXECUTION</th>
<th>E. PROHIBITED WITNESSES (See Explanation)</th>
<th>F. OTHER MANDATORY LANGUAGE?</th>
<th>G. SPECIAL INSTITUTIONAL PROTOCOL</th>
</tr>
</thead>
</table>
| 23. MICHIGAN | Only for agent’s acceptance  
Effective only upon incapacity § 700.5508 | Terminology:  
Patient Advocate § 5506  
Limitations:  
Pregnancy limitation  
Life-sustaining procedures*  
Mental health facility admission or forced medication, consent permissible if expressly authorized  
Agent’s authority to delegate*  
* Permissible if expressly authorized and acknowledges that such a decision could or would allow the patient's death | None specified | 2 witnesses  
Must be part of medical record before implementation  
Agent must accept in writing before acting as patient advocate § 700.5507 |  
Relative/Spouse  
Heir/Beneficiary  
Indiv. Provider  
Facility Provider (including where the patient resides)  
Employee of life/health insurance provider for patient |  
Agent’s acceptance form | None specified |
| 24. MINNESOTA | YES Optional  
Immediately effective permitted § 145C.05 | Terminology:  
Health Care Agent §145C.01 (2), Proxy § 145B.03 (1)  
Limitations:  
Pregnancy Limitations*  
*Unless expressly overridden in directive |  
Indiv. Provider*  
Facility Provider*  
Individual determining capacity  
* Exception for relatives (including registered domestic partnerships) or “unless otherwise specified” in directive | 2 witnesses or notarized | At least one shall not be:  
Health care provider (but provider may notarize) | None specified | None specified |
### A. Form Provided? & Start of Agency Authority

<table>
<thead>
<tr>
<th>State</th>
<th>Form Provided? &amp; Start of Agency Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. MISSISSIPPI</td>
<td>YES Optional, immediately effective permitted § 41-41-205(5)</td>
</tr>
<tr>
<td>Special DPA</td>
<td>Combined AD</td>
</tr>
</tbody>
</table>

### B. Agent Terminology & Limits on Agent’s Powers

<table>
<thead>
<tr>
<th>State</th>
<th>Terminology: Agent § 41-41-203 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>§ 41-41-205(5)</td>
</tr>
</tbody>
</table>

#### Limitations:
- Mental health facility admission, consent permissible if expressly authorized
- Exception for relatives

### C. Prohibited Agents

<table>
<thead>
<tr>
<th>State</th>
<th>Prohibited Agents Note: Includes employees of those listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>§ 41-41-205(5)</td>
</tr>
</tbody>
</table>

### D. Formalities of Execution

<table>
<thead>
<tr>
<th>State</th>
<th>Formalities of Execution</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>2 witnesses or notarized</td>
</tr>
</tbody>
</table>

### E. Prohibited Witnesses (See Explanation)

<table>
<thead>
<tr>
<th>State</th>
<th>Prohibited Witnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>Indiv. Provider, Facility Provider, At least one witness shall not be: Relative/Spouse/Adoptee, Heir/Beneficiary</td>
</tr>
</tbody>
</table>

### F. Other Mandatory Language?

<table>
<thead>
<tr>
<th>State</th>
<th>Other Mandatory Language?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>Declarations required by witnesses, or declarations by notary</td>
</tr>
</tbody>
</table>

### G. Special Institutional Protocol

<table>
<thead>
<tr>
<th>State</th>
<th>Special Institutional Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSISSIPPI</td>
<td>None specified</td>
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</tbody>
</table>

26. MISSOURI

<table>
<thead>
<tr>
<th>State</th>
<th>Form Provided? &amp; Start of Agency Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO</td>
<td>NO</td>
</tr>
<tr>
<td>Special DPA</td>
<td>Immediately effective permitted § 404.825</td>
</tr>
</tbody>
</table>

### B. Agent Terminology & Limits on Agent’s Powers

<table>
<thead>
<tr>
<th>State</th>
<th>Terminology: Attorney in Fact § 404.815</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSOURI</td>
<td>§ 404.815</td>
</tr>
</tbody>
</table>

#### Limitations:
- Nutrition & hydration
- Agent’s authority to delegate
- Refusal permissible if expressly authorized
- Permissible if expressly authorized

### C. Prohibited Agents

<table>
<thead>
<tr>
<th>State</th>
<th>Prohibited Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSOURI</td>
<td>Att. Physician, Facility Provider</td>
</tr>
</tbody>
</table>

#### Limitations:
- § 404.810 incorporates § 404.705 requiring acknowledgement in the manner prescribed for conveyances of real estate (i.e., notarization), but the Missouri Bar advises that it must also be witnessed if instructions are also included in the document. [http://www.mobar.org/pdf/2014-dpa/laws-instructions.pdf](http://www.mobar.org/pdf/2014-dpa/laws-instructions.pdf)
### STATE HEALTH CARE POWER OF ATTORNEY STATUTES

**Selected Characteristics**

September 2019

**Explanation:** The descriptors in the chart are generalizations of statutory language and not quotations, so the statutes must be consulted for precise meaning.

**Abbreviations:** AD = Advance Directive  LW = Living Will  DPA = Durable Power of Attorney  UHCDA = Uniform Health Care Decisions Act.

**WITNESSES:** The principal’s agent and anyone signing the directive on behalf of the principal are presumed to be always prohibited as witnesses. Where “provider “is prohibited, the providers employees are included.

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<th>E. PROHIBITED WITNESSES</th>
<th>F. OTHER MANDATORY LANGUAGE?</th>
<th>G. SPECIAL INSTITUTIONAL PROTOCOL</th>
</tr>
</thead>
</table>
| **27. MONTANA**  
Immediately effective permitted § 72-5-501 | Terminology: Attorney in Fact or Agent § 72-5-501  
Limitations:  
• Pregnancy limitation | None specified | DPA statute: none, although customarily notarized  
• 2 witnesses under LW statute | None specified | None specified | None specified |
| **28. NEBRASKA**  
Special DPA  
Optional  
Effective only upon incapacity §30-3411. | Terminology: Attorney in Fact § 30-3402 (3)  
Limitations:  
• Life-sustaining procedures*  
• Nutrition & hydration* (both the usual and typical provision of and those artificially administered)  
• Pregnancy limitation  
* Refusal permissible if expressly authorized | • Att. Physician or employee of attending physician  
• Facility*  
• Any agent presently serving 10 or more principals*  
* Exception for relatives | • At least 2 witnesses (must substantially follow the form in § 30-3408) or notarized | • Relative/Spouse  
• Heir/Beneficiary  
• Att. Physician  
• Insurer  
At least one witness shall not be:  
• Facility provider | Witness declarations | None specified |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**

**Selected Characteristics**

September 2019

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<th>E. PROHIBITED WITNESSES (See Explanation)</th>
<th>F. OTHER MANDATORY LANGUAGE?</th>
<th>G. SPECIAL INSTITUTIONAL PROTOCOL</th>
</tr>
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</table>
| 29. NEVADA | YES Optional Immediately effective permitted. § 162A.810 | Terminology: Agent § 162A.790 (1)  
Limitations:  
- Mental health facility admission  
- Electro-convulsive therapy  
- Aversive intervention  
- Psycho-surgery  
- Sterilization  
- Abortion  
- Experimental research/treatment  
- * Exception for spouse, legal guardian or next of kin to the principal  
- Indiv. Provider*  
- Facility Provider*  
- 2 witnesses who know the principal personally or notarized |  |  |  | None specified | Certification of competency must be attached if in a hospital, asst’d living facility, residential facility for groups, skilled nursing facility, or home for individual residential care § 162A.790 |
| 30. NEW HAMPSHIRE | YES Form and disclosure statement must be substantially followed. Effective only upon incapacity § 137-J:5 | Terminology: Agent § 137 – J:5  
Limitations:  
- Voluntary admission to any state institution  
- Sterilization  
- Pregnancy limitation  
- Psychosurgery  
- Electro-convulsive shock therapy  
- Sterilization  
- Experimental treatment  
- Nutrition & hydration*  
- Life-sustaining treatment*  
- * Refusal permissible if expressly authorized See § 137-J10, J5  
- Facility Provider*  
- Indiv. Provider*  
- * Exception for relatives  
- 2 witnesses or notarized  
- Principal must acknowledge receipt of disclosure statement  
- Spouse  
- Heir/Beneficiary  
- Att. Physician or person acting under direction/control of attending physician  
- No more than one witness shall be:  
  - Health or residential care provider or such provider’s employee  
 |  |  |  | None specified | None specified |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
Selected Characteristics  
September 2019

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**Abbreviations:**  
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</table>
| 31. NEW JERSEY  
Combined AD | NO  
Effective only upon incapacity §26:2H-59 | Terminology: Health Care Representative § 26:2H-55  
Limitations: None specified | • Att. Physician  
• Facility Provider*  
* Exception for relatives/domestic partners | • 2 witnesses or notarized | None specified | None specified | None specified |
| 32. NEW MEXICO  
N.M. STAT. ANN. § 24-7A-1 to –18 (West, 2019) (“Uniform Health-Care Decisions Act”)  
Combined AD | YES Optional  
Immediately effective permitted § 24-7A-2 | Terminology: Agent § 24 -7A-1 (B)  
Limitations:  
• Mental health facility admission unless expressly authorized  
• Facility Provider*  
* Exception for relatives | • 2 witnesses recommended, but not required  
Permits orally designated surrogate. § 24 7A-5 | None specified | None specified | None specified | None specified |
| 33. NEW YORK  
N.Y. PUB. HEALTH LAW §§ 2980-2994 (West, 2019) (“Health Care Agents and Proxies” article)  
Special DPA | YES Optional  
Effective only upon incapacity § 2981(4) | Terminology: Health Care Agent, or Agent § 2980 (5)  
Limitations:  
• Nutrition & hydration*  
* Principal must make his/her wishes “reasonably known”  
• Att. Physician*  
• Facility Provider*  
• Any agent currently serving 10 or more principals*  
* Exception for relatives | • 2 witnesses | None specified | None specified | If facility operated by Office of Mental Health & Retardation, one witness must NOT be affiliated w/ facility and one witness must be psychologist § 2981 |
### STATE HEALTH CARE POWER OF ATTORNEY STATUTES

**Selected Characteristics**  
September 2019

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</tr>
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</table>
| **34. NORTH CAROLINA**  
Special DPA  
Separate LW Statute:  
N.C. GEN. STAT. ANN. § 90-320 to –323 (West, 2019) ("Right to Natural Death; Brain Death" article) | YES  
Optional  
Effective only upon incapacity § 32A-20. | Terminology: Health Care Agent, or Health Care Attorney in Fact § 32A-15 (2)  
Limitations: None specified | • Indiv. Provider  
• Facility Provider | • 2 witnesses and notarized | • Relative related within the third degree of consanguinity to the principal/Spouse  
• Heir/Beneficiary  
• Indiv. Provider  
• Facility Provider  
• Creditor | None specified | None specified |
| **35. NORTH DAKOTA**  
N.D. CENT. CODE ANN. § 23-06.5-01 to -19 (West, 2019) ("Health Care Directives")  
Combined AD | YES  
Optional  
Effective only upon incapacity §23-06.5-03(4) | Terminology: Agent §23-06.5-02 (1)  
Limitations:  
• Mental health facility admission > 45 days*  
• Psycho-surgery*  
• Abortion*  
• Sterilization*  
*Unless approved by court order  
• Pregnancy Limitation**  
• Nutrition & Hydration**  
** Unless expressly provided for in AD | • Indiv. Provider*  
• Facility Provider*  
* Exception for relatives | • 2 witnesses or notarized  
• Agent must accept in writing §23-06.5-06 | • Relative/Spouse *  
• Heir/Beneficiary *  
• Creditor *  
• Att. Physician*  
• Person responsible for care costs*  
At least one witness shall not be:  
• Indiv. Provider  
• Facility Provider  
* Also disqualifies notary | None specified | None specified |
### State Health Care Power of Attorney Statutes

**Selected Characteristics**  
**September 2019**

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DPA = Durable Power of Attorney  
UHCDA = Uniform Health Care Decisions Act.

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<th>D. Formalities of Execution</th>
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</table>
| **36. Ohio**  
Ohio Rev. Code Ann. § 1337.11 to .17 (West, 2019) (“Durable Power of Attorney for Health Care” chapter)  
Special DPA  
Separate LW Statute: Ohio Rev. Code Ann. § 2133.01 to .26 (West, 2019) (“Modified Uniform Rights of the Terminally Ill Act”) | NO  
But does include mandatory disclosure statement  
Immediatly effective permitted § 1337.12 | Terminology: Attorney in Fact § 1337.12 (A)(2)  
Limitations:  
- Life-sustaining procedures*  
- Nutrition & hydration*  
- Pregnancy limitation  
- Comfort care  
- Withdraw health care to which principal previously consented*  
* Refusal permissible if specified conditions are met, including initialing and conspicuous type. § 1337.13(E) | • Att. Physician  
• Employee/agent of Att. Physician*  
• Nursing home administrator  
• Employee/agent of Facility Provider*  
* Exception for relatives & members of religious orders | • 2 witnesses or notarized | • Relative/Spouse/Adoptee  
• Att. Physician  
• Nursing home administrator where principal is receiving care | None specified | None specified |
| **37. Oklahoma**  
Combined AD | YES Optional  
Effective only upon incapacity § 3101.5 | Terminology: Health Care Proxy § 3101.3 (6)  
Limitations:  
- Pregnancy limitation*  
- Nutrition & hydration**  
* Refusal permissible if expressly authorized during the course of pregnancy  
** Refusal permissible if expressly authorized in principal’s own words or by a separate section that deals only with nutrition/hydration and is separately marked by declarant | None specified | • 2 witnesses  
Heir/Beneficiary  
Relative | None specified | None specified |
<table>
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<tr>
<th>State</th>
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<th>F. Other Mandatory Language?</th>
<th>G. Special Institutional Protocol</th>
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</thead>
</table>
| **38. OREGON**  
Combined AD | YES  
Must be followed  
But any other form "constitutes evidence of the patient’s desires and interests" § 127.535(6)  
Effective only upon incapacity § 127.510 | Terminology: Health Care representative § 127.505(13)  
Limitations:  
- Electro-convulsive therapy  
- Psycho-surgery  
- Sterilization  
- Abortion  
- Life-sustaining procedures*  
- Nutrition & hydration*  
  * Refusal permissible if expressly authorized or if specified conditions are met (ex: principal has been medically confirmed to be in a terminal condition or permanently unconscious) | • Attending physician  
• Facility provider*  
• Parent or former guardian where specified protective actions were imposed, § 126.520  
  * Exception for relatives | • 2 witnesses or notarized  
Agent must accept in writing § 127.525 | • Att. health care provider §127.515 | None specified | • If in LTC facility, one witness must be designated by facility and meet qualifications specified by DHS §127.515 |
| **39. PENNSYLVANIA**  
Separate subchapters and forms for "Health Care Agents and Representatives" and "Living Wills" | YES  
Optional  
Immediately effective permitted § 5454 | Terminology: Health Care Agent § 5453 (a)(1)  
Limitations:  
- Pregnancy limitation*  
- Nutrition & Hydration*  
  *Unless expressly authorized in HCPA | • Attending physician*  
• Indiv. Provider*  
• Facility Provider*  
  * Exception for relatives | • 2 witnesses | • Provider  
• Facility Provider | None specified | None specified |
# State Health Care Power of Attorney Statutes

## Selected Characteristics

**September 2019**

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**WITNESSES:** The principal’s agent and anyone signing the directive on behalf of the principal are presumed to be always prohibited as witnesses. Where “provider” is prohibited, the providers' employees are included.

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<th>G. Special Institutional Protocol</th>
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</thead>
<tbody>
<tr>
<td><strong>40. RHODE ISLAND</strong></td>
<td>YES Optional</td>
<td>Terminology: Agent, or Attorney in Fact § 23 - 4.10 - 2  Health Care Decision Maker § 23 - 4.11 - 2 (7)  Limitations: Pregnancy limitation</td>
<td>• Indiv. Provider*  • Facility Provider*  * Exception for relatives</td>
<td>• 2 witnesses or notarized</td>
<td>• Indiv. Provider  • Facility Provider  • One witness shall not be Relative/Spouse or Heir/Beneficiary</td>
<td>None specified</td>
<td>None specified</td>
</tr>
<tr>
<td><strong>Special DPA</strong></td>
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<tr>
<td><strong>Separate LW Statute:</strong></td>
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<tr>
<td>R.I. GEN. LAWS ANN. § 23-4.10-1 to -12 (West, 2019) (“Health Care Power of Attorney” chapter)</td>
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<tr>
<td><strong>41. SOUTH CAROLINA</strong></td>
<td>YES Optional</td>
<td>Terminology: Agent or attorney – in Fact §62-5-501  Limitations (applicable to statutory form only): Nutrition &amp; hydration*  Pregnancy limitation  * Refusal permissible if expressly authorized</td>
<td>• Indiv. Provider*  • Facility Provider*  Spouse of a Provider*  * Exception for relatives</td>
<td>• 2 witnesses and notarized</td>
<td>• Relative/Spouse  • Heir/Beneficiary  • Attending physician  • Creditor  • Life insurance beneficiary  • Person financially responsible for medical care costs  No more than one witness shall be:  • Facility provider</td>
<td>None specified</td>
<td>None specified</td>
</tr>
<tr>
<td><strong>Special DPA for HC within a power of attorney act.</strong></td>
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<tr>
<td><strong>Separate LW Statute (also provides for appointment of an agent):</strong></td>
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<tr>
<td>S. C. CODE ANN. § 44-77-10 to –160 (West, 2019) (“Death with Dignity Act”)</td>
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**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**

Selected Characteristics

September 2019

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</table>
| 42. SOUTH DAKOTA       | NO                                             | Terminology: Agent or Attorney-in-Fact, or § 59-7-2.5 | None specified                                                | • 2 witnesses or notarization  
§ 59-7-2.1                      | None specified                                      | None specified                                               | None specified               |
|                        | Effective only upon incapacity § 59-7-2.6       | Limitations:  
• Pregnancy limitation § 59-7-2.8  
• Nutrition & hydration*  
• Agent’s authority to delegate**  
* Refusal permissible if expressly authorized or other conditions are met  
** Permissible if expressly authorized |                                               |                                                            |                                            |                                |                                |
|                        | Separate LW Statute:  
S.D. CODIFIED LAWS § 34-12D-1 to –22 (West, 2019)  
("Living Wills" chapter) |                                                  |                                                              |                                                            |                                            |                                |                                |
|                        | General DPA that permits health decisions authority per § 59-7-2.1 to § 59-7-11.  
See especially § 59-7-2.1 and 2.5 |                                                  |                                                              |                                                            |                                            |                                |                                |
|                        | Combined AD                                       |                                                  |                                                              |                                                            |                                            |                                |                                |
| 43. TENNESSEE          | NO                                             | Terminology: Agent § 68-11-1802 (a)(2)  
Limitations: None specified | • Indiv. Provider*  
• Facility Provider*  
* Exception for relatives  
Permits orally designated surrogate.  
§ 68-11-1806 | • 2 witnesses or notarized  
At least one witness shall not be:  
• Relative/Spouse  
• Heir/Beneficiary | None specified                                      | None specified                                               | None specified               |
|                        | Immediately effective permitted § 68-11-1803     |                                                  |                                                              |                                                            |                                            |                                |                                |
|                        | Combined AD                                       |                                                  |                                                              |                                                            |                                            |                                |                                |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
Selected Characteristics  
September 2019

**Explanation:** The descriptors in the chart are generalizations of statutory language and not quotations, so the statutes must be consulted for precise meaning.

**Abbreviations:** AD = Advance Directive  
LW = Living Will  
DPA = Durable Power of Attorney  
UHCDA = Uniform Health Care Decisions Act.

**WITNESSES:** The principal’s agent and anyone signing the directive on behalf of the principal are presumed to be **always prohibited** as witnesses. Where “provider” is prohibited, the providers employees are included.

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<th>State</th>
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</table>
| 44. TEXAS  
Combined AD, but separate provisions and forms for “medical power of attorney” and medical directives (living will). Agent may be appointed under both.  
YES, Must be substantially followed and include a mandatory disclosure statement.  
Effective only on incapacity §166.152 | Terminology: Agent § 166.002 (11)  
Limitations:  
• Pregnancy limitation  
• Mental health facility admission  
• Electro-convulsive therapy  
• Psycho-surgery  
• Abortion  
• Comfort care | • Indiv. Provider*  
• Facility Provider*  
* Exception for relatives | • 2 witnesses or notarized  
Permits orally designated surrogate. § 166.034. | At least one witness shall not be:  
• Att. Physician  
• Relative/Spouse  
• Facility Provider  
• Heir/Beneficiary  
• Creditor  
• Or employee of any above | None specified | None specified |
| 45. UTAH  
Combined AD | YES  
Optional  
Immediately effective permitted § 75-2a-109 | Terminology: Agent or surrogate § 75-2a-103  
Limitations:  
• Pregnancy limitation  
• Long-term custodial placement in licensed facility other than for assessment, rehabilitative, or respite care over principal’s objection § 75-2A-110 | • Indiv. Provider*  
• Facility Provider*  
* Exception for relatives | • One witness  
§ 75-2a-107  
Permits orally designated surrogate. § 75-2a-103 | • Relative/Spouse  
• Indiv. Provider  
• Facility Provider  
• Heir  
• Beneficiary under any instrument/plan/account/transfer  
• Person responsible for medical care costs  
• Principal’s signatory | None specified | None specified |
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**  
**Selected Characteristics**  
**September 2019**

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</table>
| 46. VERMONT | NO  
VT: STAT. ANN. tit. 18, §§ 9700 - 9720 (West, 2018)  
(“Advance Directives for Health Care and Disposition of Remains” chapter)  
Combined AD | Terminology: Agent § 9702 (2)  
Limitations:  
Sterilization § 9711(f) | • Indiv. Provider  
• Facility Provider including correctional facility  
• Funeral/crematory/cemetery/organ procurement representative (when authorized to dispose of remains or donate organs)  
* Exception for relatives | • 2 witnesses | • Spouse or reciprocal beneficiary  
• Relative | None specified | Detailed requirements for explaining the document and signing affirmation of compliance if the principal is in or entering a nursing home or hospital § 9703 |

| 47. VIRGINIA | YES Optional  
VA: CODE ANN. § 54.1-2981 to –2993 (West, 2019)  
Healthcare Decisions Act  
Combined AD  
2017 amendment provides for “qualified advance directive facilitators” § 54.1–2982, § 54.1–2988.1 & § 54.1–2993.1 | Terminology: Agent § 54.1-2982  
Limitations:  
Psycho-surgery  
Non-therapeutic sterilization  
Abortion  
Decisions about “visitation” unless expressly authorized and other conditions met. | None specified | • 2 witnesses  
Permits orally designated surrogate after diagnosis of terminal condition. § 54.1-2982 & -2983. | None specified | None specified | None specified |
### State Health Care Power of Attorney Statutes

**Selected Characteristics**

*September 2019*

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<tr>
<td><strong>48. Washington</strong></td>
<td>NO</td>
<td>Terminology: Agent § 11.125.020</td>
<td>Indiv. Provider*</td>
<td>2 witnesses or notarized</td>
<td>Relative</td>
<td>Prescribed durability language required</td>
<td>None specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limitations: Cross reference to guardianship law (RCWA 11.92.043(5)):</td>
<td>Facility Provider*</td>
<td></td>
<td>Home care or adult family home provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Electro-convulsive therapy</td>
<td>* Exception for</td>
<td></td>
<td>LTC facility provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psycho-surgery</td>
<td>certain relatives.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Other psychiatric treatment that restricts physical movement</td>
<td></td>
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<td></td>
<td></td>
<td>• Agent’s authority to delegate*</td>
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<td></td>
<td></td>
<td>* Permissible if expressly authorized</td>
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<tr>
<td><strong>49. West Virginia</strong></td>
<td>YES Optional</td>
<td>Terminology: Medical Power of Attorney Representative or Representative § 16-30-3 (q)</td>
<td>Indiv. Provider*</td>
<td>2 witnesses and notarized</td>
<td>Att. Physician</td>
<td>None specified</td>
<td>None specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit on agent’s authority to revoke a pre-need funeral contract</td>
<td>Facility Provider*</td>
<td></td>
<td>Principal’s signatory</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>* Exception for</td>
<td></td>
<td>Relative/Spouse</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>relatives</td>
<td></td>
<td>Heir/Beneficiary</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Person responsible for medical care costs</td>
<td></td>
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</table>

Separate LW Statute: WASH. REV. CODE ANN. § 70.122.010 to -.925 (West, 2019) ("Natural Death Act")
**STATE HEALTH CARE POWER OF ATTORNEY STATUTES**
*Selected Characteristics*
*September 2019*

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| 50. WISCONSIN          | YES Optional, but disclosure statement is mandatory § 155.30 | Terminology: Health Care Agent § 155.01 (4)  
Limitations: • Admission to facility for mental health or other listed conditions  
• Electro-convulsive therapy  
• Psychosurgery  
• Experimental mental health research  
• Drastic mental health treatment  
• Admission to nursing home or residential facility – very limited unless expressly authorized in the document  
• Nutrition & hydration*  
• Pregnancy limitation  
• Refusal permissible only if specified conditions are met | • Indiv. Provider or his/her spouse*  
• Facility Provider or his/her spouse*  
* Exception for relatives | • 2 witnesses | • Indiv. Provider  
• Facility provider*  
• Relative/Spouse/Adoptee/Domestic partner  
• Heir/Beneficiary  
• Person responsible for health care costs  
* Exception for chaplains & social workers | None specified | None specified |
| Special DPA            |  |  |  |  |  |  |  |
| 51. WYOMING            | NO Immediately effective permitted § 35-22-403(d) | Terminology: Agent § 35-22-402  
Limitations: None specified  
* Exception for relatives | • Facility Provider*  
* Exception for relatives | • 2 witnesses or notarized | • Indiv. Provider  
• Facility Provider | None specified | None specified |
| Combined AD            |  |  |  |  |  |  |  |
STATE HEALTH CARE POWER OF ATTORNEY STATUTES
Selected Characteristics
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<tbody>
<tr>
<td>Uniform Health-Care Decisions Act</td>
<td>YES Optional Immediately effective permitted</td>
<td>• Mental health facility admission* * Only if expressly authorized</td>
<td>• LTC Facility Provider</td>
<td>• 2 witnesses recommended, but not required</td>
<td>• None specified</td>
<td>None specified</td>
<td>None specified</td>
</tr>
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Combined Advance Directive

https://www.uniformlaws.org/committees/community-home?CommunityKey=63ac0471-5975-49b0-8a36-6a4d790a4edf

CAUTION: The descriptions and limitations listed in this chart are broad characterizations for comparison purposes and are not precise quotations from legislative language.

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