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1 institution or institutions at which the principal is receiving health care 2 if the principal: 3 (A) Lacks capacity; 4 (B) Has not appointed an agent or the agent is not 5 reasonably available; 6 (C) Has not designated a surrogate or the surrogate is not 7 reasonably available; and 8 (D) Does not have a guardian with healthcare or medical 9 decision-making authority or the guardian with healthcare or medical 10 decision-making authority is not reasonably available. 11 (2)(A) The principal's surrogate shall be an adult who: 12 (i) Has exhibited special care and concern for the 13 principal; 14 Is familiar with the principal's personal (ii) 15 values; 16 (iii) Is reasonably available; and 17 (iv) Is willing to serve. 18 (B) A person who is the subject of a protective order or 19 other court order that directs that person to avoid contact with the 20 principal is not eligible to serve as the principal's surrogate. 21 (3) In identifying the person best qualified to serve as the 22 surrogate for the principal, the supervising healthcare provider: 23 (A) Shall consider the proposed surrogate's: 24 (i) Ability to make decisions either in accordance 25 with the known wishes of the principal or in accordance with the principal's 26 best interests; 27 Frequency of contact with the principal before (ii) 28 and during the incapacitating illness; and 29 (iii) Demonstrated care and concern; and 30 (B) May consider the proposed surrogate's: 31 (i) Availability to visit the principal during his 32 or her illness; and 33 (ii) Availability to fully participate in the 34 decision-making process. 35 (4) When identifying the person best qualified to serve as the 36 surrogate for the principal, the supervising healthcare provider may proceed

1 in order of descending preference for service as a surrogate to: 2 (A) The principal's spouse, unless legally separated; 3 (B) The principal's adult child; 4 (C) The principal's parent; 5 (D) The principal's adult sibling; 6 Any other adult relative of the principal; or (E) 7 (F) A representative of the Adult Protective Services Unit 8 of the Department of Human Services; or 9 (G) Any other adult person who satisfies the requirements 10 of subdivision (c)(2) of this section. 11 (5) If none of the individuals eligible to act as a surrogate 12 under this subsection are reasonably available and informed consent would 13 typically be sought from the principal, the supervising healthcare provider 14 may make healthcare decisions for the principal after the supervising 15 healthcare provider: 16 (A) Consults with and obtains the recommendations of an 17 institution's ethics officers or ethics committee; or 18 (B) Obtains concurrence from a second physician 19 supervising healthcare provider who is: 20 (i) Not directly involved in the principal's health 21 care; 22 (ii) Does not serve in a capacity of decision 23 making, influence, or responsibility over the designated physician 24 supervising healthcare provider; and 25 (iii) Does not serve in a capacity under the 26 authority of the designated physician's decision making, influence, or 27 responsibility. 28 (6)(A) In the event of a challenge to the identification of the 29 surrogate or the authority of the surrogate to act, it is a rebuttable presumption that the selection of the surrogate was valid. 30 31 (B) A person who challenges the selection of the surrogate 32 has the burden of proving the invalidity of that selection by a preponderance 33 of the evidence. (d)(1) Except as provided in subdivision (d)(2) of this section: 34 35 (A) Neither the treating healthcare provider nor an 36 employee of the treating healthcare provider, nor an operator of a healthcare

1 institution, nor an employee of an operator of a healthcare institution may 2 be designated as a surrogate; and (B) A healthcare provider or employee of a healthcare 3 4 provider may not act as a surrogate if the healthcare provider becomes the 5 principal's treating healthcare provider. 6 (2) An employee of the treating healthcare provider or an 7 employee of an operator of a healthcare institution may be designated as a 8 surrogate if: 9 (A) The employee so designated is a relative of the 10 principal by blood, marriage, or adoption; and 11 (B) The other requirements of this section are satisfied. 12 (e) A healthcare provider may require an individual claiming the right 13 to act as surrogate for a principal to provide a written declaration under 14 penalty of perjury stating facts and circumstances reasonably sufficient to 15 establish the claimed authority. 16 17 20-6-106. Authority of surrogate. 18 (a)(1) A surrogate shall make a healthcare decision in accordance with 19 the principal's individual instructions, if any, and other wishes to the 20 extent known to the surrogate. 21 (2)(A) Otherwise, the surrogate shall make the decision in 22 accordance with the surrogate's determination of the principal's best 23 interest. 24 (B) In determining the principal's best interest, the 25 surrogate shall consider the principal's personal values to the extent known 26 to the surrogate or agent. 27 (b) A surrogate who has not been designated by the principal may make 28 all healthcare decisions for the principal that the principal could make on 29 the principal's own behalf, except that artificial nutrition and hydration may be withheld or withdrawn for a principal upon a healthcare decision of 30 31 the surrogate only if the healthcare decision: 32 (1) The action is authorized by the a living will or other 33 written advance directive; or 34 (2) The supervising healthcare provider and a second independent physician certify in the principal's current clinical records that: 35 36 (Λ) The provision or continuation of artificial nutrition

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1 or hydration is merely prolonging the act of dying; and 2 (B) The principal is highly unlikely to regain capacity to 3 make medical decisions. 4 (1) Is consistent with the principal's advance directive for 5 nutrition and hydration; or 6 (2) Is inconsistent with the principal's advance directive for 7 nutrition and hydration and the individual who is authorized to make 8 healthcare decisions for the principal provides evidence that the supervising 9 healthcare provider or ethics board corroborates that the deviation from the 10 express terms of nutrition and hydration in the advance directive is in the 11 principal's best interest or otherwise avoids prolongation of death. 12 (c) A healthcare decision made by a surrogate or agent for a principal 13 is effective without judicial approval. 14 15 20-6-107. Requirement of guardian to comply with principal's individual instruction. 16 17 (a) Absent a court order to the contrary, a guardian with healthcare 18 or medical decision-making authority, surrogate, healthcare proxy, durable 19 power of attorney for health care, or supervising healthcare provider shall 20 comply with the principal's individual instructions and shall not revoke the 21 principal's advance directive except as provided in § 20-6-106 and § 20-6-22 109. 23 (b) Except as provided in § 28-65-102, a healthcare decision made by a 24 guardian with healthcare or medical decision-making authority for the 25 principal is effective without judicial approval. 26 SECTION 2. Arkansas Code § 20-6-109(a), concerning compliance by a 27 28 healthcare provider or institution under the Arkansas Healthcare Decisions 29 Act, is amended to read as follows: 30 (a) Except as provided in subsections (b)-(d) of this section, a 31 healthcare provider or institution providing care to a principal shall comply 32 with: 33 (1) An individual instruction of the principal and with a 34 reasonable interpretation of that instruction by a person authorized to make 35 healthcare decisions for the principal; and 36 (2) A healthcare decision for the principal made by a person

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1 authorized to make healthcare decisions for the principal to the same extent 2 as if the decision had been made by the principal while having capacity if 3 the healthcare decision is: 4 (A) Consistent with the principal's advance directive; or 5 (B) Inconsistent with the principal's advance directive 6 and the individual authorized to make healthcare decisions for the principal 7 provides evidence that the supervising healthcare provider or ethics board 8 corroborates that the deviation from the express terms of the advance 9 directive is in the principal's best interest. 10 11 SECTION 3. Arkansas Code § 20-6-111(b), concerning liability under the 12 Arkansas Healthcare Decisions Act, is amended to read as follows: 13 (b) An A healthcare provider, an ethics board member, or any 14 individual acting as an agent or surrogate under this subchapter is not 15 subject to civil or criminal liability or to discipline for unprofessional 16 conduct for healthcare decisions made in good faith. 17 SECTION 4. Arkansas Code § 20-6-112 is amended to read as follows: 18 20-6-112. Presumption of capacity. 19 20 (a) This subchapter does not affect the right of an individual to make 21 healthcare decisions while having capacity to do so. 22 (b) An Unless an individual has been determined to lack capacity under 23 § 20-6-108 or other applicable state law, an individual is presumed to have 24 capacity to make a healthcare decision, to give or revoke an advance 25 directive, and to designate or disqualify a surrogate. 26 27 SECTION 5. Arkansas Code § 20-6-115(b), concerning court jurisdiction 28 under the Arkansas Healthcare Decisions Act, is amended to read as follows: 29 (b)(1) A proceeding under this section shall be expedited on the 30 court's civil dockets and shall be addressed by the court within three (3) 31 business days. 32 (2) If the court does not act within three (3) business days, 33 the petition for relief shall be deemed granted. 34 35 36