

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
115TH LEGISLATURE  
FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 77, L.D. 105, Bill, "An Act to Include the Testator's Birth Date in Statutory Living Wills"

Amend the bill in the 2nd paragraph after the title in the first line (page 1, line 5 in L.D.) by inserting after the word "birth" the following: 'or social security number'

Further amend the bill by striking out everything after the enacting clause and before the emergency clause and inserting in its place the following:

'18-A MRSA §5-702, as enacted by PL 1989, c. 830, §1, is amended to read:

**§5-702. Declaration relating to use of life-sustaining treatment**

(a) An individual of sound mind and 18 or more years of age may execute at any time a declaration governing the withholding or withdrawal of life-sustaining treatment. The declarant may designate another individual of sound mind and 18 or more years of age to make decisions governing the withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the declarant, or another at the declarant's direction, and witnessed by 2 individuals.

(b) A declaration directing a physician to withhold or withdraw life-sustaining treatment may, but need not, be in the following form:

**DECLARATION**

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician,

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cause my death within a relatively short time, and I am no longer able to make or communicate decisions regarding my medical treatment, I direct my attending physician, pursuant to the Uniform Rights of the Terminally Ill Act of this State, to withhold or withdraw such treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Optional: I direct my attending physician to withhold or withdraw artificially administered nutrition and hydration which that only prolongs the process of dying.

Signature .....

NOTE: This optional provision must be signed to be effective.

Signed this ..... day of ....., .....

Signature .....

Address .....

Date of birth or social security number .....

The declarant voluntarily signed this writing in my presence.

Witness .....

Address .....

Witness .....

Address .....

NOTE: Maine law provides that artificially administered nutrition and hydration does not constitute a life-sustaining treatment that may be withheld or withdrawn pursuant to a living will declaration unless the declarant elects otherwise in the declaration itself.

(c) A declaration that designates another individual to make decisions governing the withholding or withdrawal of life-sustaining treatment may, but need not be in the following form:

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician,

cause my death within a relatively short time, and I am no longer able to make or communicate decisions regarding my medical treatment, I appoint ..... or, if he-or she my appointee is not reasonably available or is unwilling to serve, ....., to make decisions on my behalf regarding withholding or withdrawal of such treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to the Uniform Rights of the Terminally Ill Act of this State.

Optional: If the individual(s) I have so appointed is not reasonably available or is unwilling to serve, I direct my attending physician, pursuant to the Uniform Rights of the Terminally Ill Act of this State, to withhold or withdraw such treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Signature .....

NOTE: This optional provision must be signed to be effective.

Optional: I direct my attending physician to withhold or withdraw artificially administered nutrition and hydration which that only prolongs the process of dying.

Signature .....

NOTE: This optional provision must be signed to be effective.

Signed this ..... day of ....., .....

Signature .....

Address .....

Date of birth or social security number .....

The declarant voluntarily signed this writing in my presence.

Witness .....

Address .....

Witness .....

Address .....

COMMITTEE AMENDMENT "A" to H.P. 77, L.D. 105

Name and address of designees.

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Name .....

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Address .....

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NOTE: Maine law provides that artificially administered nutrition and hydration does not constitute a life-sustaining treatment that may be withheld or withdrawn pursuant to a living will declaration unless the declarant elects otherwise in the declaration itself.

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(d) The designation of a judicially appointed guardian or an attorney-in-fact appointed under a medical power of attorney pursuant to Part 5, constitutes for purposes of this Part a declaration designating another pursuant to subsection (a).

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(e) A physician or other health-care provider who is furnished a copy of the declaration shall make it a part of the declarant's medical record and, if unwilling to comply with the declaration, promptly so advise the declarant and any individual designated to act for the declarant. This subsection does not affect the duty of a physician or other health-care health-care provider under section 5-708.'

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STATEMENT OF FACT

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This amendment permits a living will testator to provide a social security number or a birth date for purposes of identification.

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Reported by the Committee on Judiciary.  
Reproduced and distributed under the direction of the Clerk of  
the House.

4/26/91

(Filing No. H-186)