



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB5047

Introduced 1/27/2022, by Rep. Jennifer Gong-Gershowitz

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-434 new

755 ILCS 45/4-4.1

755 ILCS 45/4-7

755 ILCS 45/4-10

from Ch. 110 1/2, par. 804-7

from Ch. 110 1/2, par. 804-10

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to post on its website information regarding the physical or electronic possession of a statutory short form power of attorney for health care. Requires the Department to create an information campaign regarding the changes made by the amendatory Act. Amends the Powers Of Attorney For Health Care Article of the Illinois Power of Attorney Act. Changes the statutory short form power of attorney for health care to include the option to present the form electronically as proof of agency. Provides that, if the principal has authorized the agent to present the statutory short form electronically, an attending physician, emergency medical services personnel, or health care provider shall not refuse to give effect to a health care agency if the agent presents an electronic device displaying an electronic copy of an executed form as proof of the health care agency. Requires any person or entity that provides a statutory short form to the public to post information on its website regarding the changes made by the amendatory Act for a period of 2 years. Makes conforming changes.

LRB102 23511 LNS 32691 b

1 AN ACT concerning civil law.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-434 as follows:

7 (20 ILCS 2310/2310-434 new)

8 Sec. 2310-434. Power of attorney requirements.

9 (a) The Department shall post on its website information
10 regarding the physical or electronic possession of a statutory
11 short form power of attorney for health care under the
12 Illinois Power of Attorney Act.

13 (b) The Department shall create and implement an
14 information campaign to inform the public of the changes made
15 by this amendatory Act of the 102nd General Assembly to the
16 statutory short form power of attorney for health care under
17 the Illinois Power of Attorney Act.

18 Section 10. The Illinois Power of Attorney Act is amended
19 by changing Sections 4-4.1, 4-7, and 4-10 as follows:

20 (755 ILCS 45/4-4.1)

21 Sec. 4-4.1. Format. Documents, writings, forms, and copies

1 referred to in this Article may be in hard copy or electronic
2 format. Nothing in this Article is intended to prevent the
3 population of a written instrument of a health care agency,
4 document, writing, or form with electronic data. An agent may
5 present an electronic device displaying an electronic copy of
6 an executed form as proof of the health care agency.

7 (Source: P.A. 101-163, eff. 1-1-20.)

8 (755 ILCS 45/4-7) (from Ch. 110 1/2, par. 804-7)

9 Sec. 4-7. Duties of health care providers and others in
10 relation to health care agencies. Each health care provider
11 and each other person with whom an agent deals under a health
12 care agency shall be subject to the following duties and
13 responsibilities:

14 (a) It is the responsibility of the agent or patient to
15 notify the health care provider of the existence of the health
16 care agency and any amendment or revocation thereof. An agent
17 may present an electronic device displaying an electronic copy
18 of an executed form as proof of the health care agency. A
19 health care provider furnished with a copy of a health care
20 agency shall make it a part of the patient's medical records
21 and shall enter in the records any change in or termination of
22 the health care agency by the principal that becomes known to
23 the provider. Whenever a provider believes a patient may lack
24 capacity to give informed consent to health care which the
25 provider deems necessary, the provider shall consult with any

1 available health care agent known to the provider who then has
2 power to act for the patient under a health care agency.

3 (b) A health care decision made by an agent in accordance
4 with the terms of a health care agency shall be complied with
5 by every health care provider to whom the decision is
6 communicated, subject to the provider's right to administer
7 treatment for the patient's comfort care or alleviation of
8 pain; but if the provider is unwilling to comply with the
9 agent's decision, the provider shall promptly inform the agent
10 who shall then be responsible to make the necessary
11 arrangements for the transfer of the patient to another
12 provider. It is understood that a provider who is unwilling to
13 comply with the agent's decision will continue to afford
14 reasonably necessary consultation and care in connection with
15 the transfer.

16 (c) At the patient's expense and subject to reasonable
17 rules of the health care provider to prevent disruption of the
18 patient's health care, each health care provider shall give an
19 agent authorized to receive such information under a health
20 care agency the same right the principal has to examine and
21 copy any part or all of the patient's medical records that the
22 agent deems relevant to the exercise of the agent's powers,
23 whether the records relate to mental health or any other
24 medical condition and whether they are in the possession of or
25 maintained by any physician, psychiatrist, psychologist,
26 therapist, hospital, nursing home or other health care

1 provider.

2 (d) If and to the extent a health care agency empowers the
3 agent to (1) make an anatomical gift on behalf of the principal
4 under the Illinois Anatomical Gift Act, as now or hereafter
5 amended, or (2) authorize an autopsy of the principal's body
6 pursuant to Section 2 of "An Act in relation to autopsy of dead
7 bodies", approved August 13, 1965, as now or hereafter
8 amended, or (3) direct the disposition of the principal's
9 remains, the decision by an authorized agent as to anatomical
10 gift, autopsy approval or remains disposition shall be deemed
11 the act of the principal and shall control over the decision of
12 other persons who might otherwise have priority; and each
13 person to whom a direction by the agent in accordance with the
14 terms of the agency is communicated shall comply with such
15 direction.

16 (Source: P.A. 93-794, eff. 7-22-04.)

17 (755 ILCS 45/4-10) (from Ch. 110 1/2, par. 804-10)

18 Sec. 4-10. Statutory short form power of attorney for
19 health care.

20 (a) The form prescribed in this Section (sometimes also
21 referred to in this Act as the "statutory health care power")
22 may be used to grant an agent powers with respect to the
23 principal's own health care; but the statutory health care
24 power is not intended to be exclusive nor to cover delegation
25 of a parent's power to control the health care of a minor

1 child, and no provision of this Article shall be construed to
2 invalidate or bar use by the principal of any other or
3 different form of power of attorney for health care.
4 Nonstatutory health care powers must be executed by the
5 principal, designate the agent and the agent's powers, and
6 comply with the limitations in Section 4-5 of this Article,
7 but they need not be witnessed or conform in any other respect
8 to the statutory health care power.

9 No specific format is required for the statutory health
10 care power of attorney other than the notice must precede the
11 form. The statutory health care power may be included in or
12 combined with any other form of power of attorney governing
13 property or other matters.

14 The signature and execution requirements set forth in this
15 Article are satisfied by: (i) written signatures or initials;
16 or (ii) electronic signatures or computer-generated signature
17 codes. Electronic documents under this Act may be created,
18 signed, or revoked electronically using a generic,
19 technology-neutral system in which each user is assigned a
20 unique identifier that is securely maintained and in a manner
21 that meets the regulatory requirements for a digital or
22 electronic signature. Compliance with the standards defined in
23 the Uniform Electronic Transactions Act or the implementing
24 rules of the Hospital Licensing Act for medical record entry
25 authentication for author validation of the documentation,
26 content accuracy, and completeness meets this standard.

1 (b) The Illinois Statutory Short Form Power of Attorney
2 for Health Care shall be substantially as follows:

3 NOTICE TO THE INDIVIDUAL SIGNING

4 THE POWER OF ATTORNEY FOR HEALTH CARE

5 No one can predict when a serious illness or accident
6 might occur. When it does, you may need someone else to speak
7 or make health care decisions for you. If you plan now, you can
8 increase the chances that the medical treatment you get will
9 be the treatment you want.

10 In Illinois, you can choose someone to be your "health
11 care agent". Your agent is the person you trust to make health
12 care decisions for you if you are unable or do not want to make
13 them yourself. These decisions should be based on your
14 personal values and wishes.

15 It is important to put your choice of agent in writing. The
16 written form is often called an "advance directive". You may
17 use this form or another form, as long as it meets the legal
18 requirements of Illinois. There are many written and online
19 ~~on-line~~ resources to guide you and your loved ones in having a
20 conversation about these issues. You may find it helpful to
21 look at these resources while thinking about and discussing
22 your advance directive.

23 WHAT ARE THE THINGS I WANT MY

24 HEALTH CARE AGENT TO KNOW?

1 The selection of your agent should be considered
2 carefully, as your agent will have the ultimate
3 decision-making authority once this document goes into effect,
4 in most instances after you are no longer able to make your own
5 decisions. While the goal is for your agent to make decisions
6 in keeping with your preferences and in the majority of
7 circumstances that is what happens, please know that the law
8 does allow your agent to make decisions to direct or refuse
9 health care interventions or withdraw treatment. Your agent
10 will need to think about conversations you have had, your
11 personality, and how you handled important health care issues
12 in the past. Therefore, it is important to talk with your agent
13 and your family about such things as:

14 (i) What is most important to you in your life?

15 (ii) How important is it to you to avoid pain and
16 suffering?

17 (iii) If you had to choose, is it more important to you
18 to live as long as possible, or to avoid prolonged
19 suffering or disability?

20 (iv) Would you rather be at home or in a hospital for
21 the last days or weeks of your life?

22 (v) Do you have religious, spiritual, or cultural
23 beliefs that you want your agent and others to consider?

24 (vi) Do you wish to make a significant contribution to
25 medical science after your death through organ or whole
26 body donation?

1 (vii) Do you have an existing advance directive, such
2 as a living will, that contains your specific wishes about
3 health care that is only delaying your death? If you have
4 another advance directive, make sure to discuss with your
5 agent the directive and the treatment decisions contained
6 within that outline your preferences. Make sure that your
7 agent agrees to honor the wishes expressed in your advance
8 directive.

9 WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

10 If there is ever a period of time when your physician
11 determines that you cannot make your own health care
12 decisions, or if you do not want to make your own decisions,
13 some of the decisions your agent could make are to:

14 (i) talk with physicians and other health care
15 providers about your condition.

16 (ii) see medical records and approve who else can see
17 them.

18 (iii) give permission for medical tests, medicines,
19 surgery, or other treatments.

20 (iv) choose where you receive care and which
21 physicians and others provide it.

22 (v) decide to accept, withdraw, or decline treatments
23 designed to keep you alive if you are near death or not
24 likely to recover. You may choose to include guidelines
25 and/or restrictions to your agent's authority.

1 (vi) agree or decline to donate your organs or your
2 whole body if you have not already made this decision
3 yourself. This could include donation for transplant,
4 research, and/or education. You should let your agent know
5 whether you are registered as a donor in the First Person
6 Consent registry maintained by the Illinois Secretary of
7 State or whether you have agreed to donate your whole body
8 for medical research and/or education.

9 (vii) decide what to do with your remains after you
10 have died, if you have not already made plans.

11 (viii) talk with your other loved ones to help come to
12 a decision (but your designated agent will have the final
13 say over your other loved ones).

14 Your agent is not automatically responsible for your
15 health care expenses.

16 WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

17 You can pick a family member, but you do not have to. Your
18 agent will have the responsibility to make medical treatment
19 decisions, even if other people close to you might urge a
20 different decision. The selection of your agent should be done
21 carefully, as he or she will have ultimate decision-making
22 authority for your treatment decisions once you are no longer
23 able to voice your preferences. Choose a family member,
24 friend, or other person who:

25 (i) is at least 18 years old;

1 (ii) knows you well;

2 (iii) you trust to do what is best for you and is
3 willing to carry out your wishes, even if he or she may not
4 agree with your wishes;

5 (iv) would be comfortable talking with and questioning
6 your physicians and other health care providers;

7 (v) would not be too upset to carry out your wishes if
8 you became very sick; and

9 (vi) can be there for you when you need it and is
10 willing to accept this important role.

11 WHAT IF MY AGENT IS NOT AVAILABLE OR IS

12 UNWILLING TO MAKE DECISIONS FOR ME?

13 If the person who is your first choice is unable to carry
14 out this role, then the second agent you chose will make the
15 decisions; if your second agent is not available, then the
16 third agent you chose will make the decisions. The second and
17 third agents are called your successor agents and they
18 function as back-up agents to your first choice agent and may
19 act only one at a time and in the order you list them.

20 WHAT WILL HAPPEN IF I DO NOT

21 CHOOSE A HEALTH CARE AGENT?

22 If you become unable to make your own health care
23 decisions and have not named an agent in writing, your
24 physician and other health care providers will ask a family

1 member, friend, or guardian to make decisions for you. In
2 Illinois, a law directs which of these individuals will be
3 consulted. In that law, each of these individuals is called a
4 "surrogate".

5 There are reasons why you may want to name an agent rather
6 than rely on a surrogate:

7 (i) The person or people listed by this law may not be
8 who you would want to make decisions for you.

9 (ii) Some family members or friends might not be able
10 or willing to make decisions as you would want them to.

11 (iii) Family members and friends may disagree with one
12 another about the best decisions.

13 (iv) Under some circumstances, a surrogate may not be
14 able to make the same kinds of decisions that an agent can
15 make.

16 WHAT IF THERE IS NO ONE AVAILABLE

17 WHOM I TRUST TO BE MY AGENT?

18 In this situation, it is especially important to talk to
19 your physician and other health care providers and create
20 written guidance about what you want or do not want, in case
21 you are ever critically ill and cannot express your own
22 wishes. You can complete a living will. You can also write your
23 wishes down and/or discuss them with your physician or other
24 health care provider and ask him or her to write it down in
25 your chart. You might also want to use written or online

1 ~~on-line~~ resources to guide you through this process.

2 WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

3 Follow these instructions after you have completed the
4 form:

5 (i) Sign the form in front of a witness. See the form
6 for a list of who can and cannot witness it.

7 (ii) Ask the witness to sign it, too.

8 (iii) There is no need to have the form notarized.

9 (iv) Give a copy to your agent and to each of your
10 successor agents.

11 (v) Give another copy to your physician.

12 (vi) Take a copy with you when you go to the hospital.

13 (vii) Show it to your family and friends and others
14 who care for you.

15 WHAT IF I CHANGE MY MIND?

16 You may change your mind at any time. If you do, tell
17 someone who is at least 18 years old that you have changed your
18 mind, and/or destroy your document and any copies. If you
19 wish, fill out a new form and make sure everyone you gave the
20 old form to has a copy of the new one, including, but not
21 limited to, your agents and your physicians. If you are
22 concerned you may revoke your power of attorney at a time when
23 you may need it the most, you may initial the box at the end of
24 the form to indicate that you would like a 30-day waiting

1 period after you voice your intent to revoke your power of
 2 attorney. This means if your agent is making decisions for you
 3 during that time, your agent can continue to make decisions on
 4 your behalf. This election is purely optional, and you do not
 5 have to choose it. If you do not choose this option, you can
 6 change your mind and revoke the power of attorney at any time.

7 WHAT IF I DO NOT WANT TO USE THIS FORM?

8 In the event you do not want to use the Illinois statutory
 9 form provided here, any document you complete must be executed
 10 by you, designate an agent who is over 18 years of age and not
 11 prohibited from serving as your agent, and state the agent's
 12 powers, but it need not be witnessed or conform in any other
 13 respect to the statutory health care power.

14 If you have questions about the use of any form, you may
 15 want to consult your physician, other health care provider,
 16 and/or an attorney.

17 MY POWER OF ATTORNEY FOR HEALTH CARE

18 THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY
 19 FOR HEALTH CARE. (You must sign this form and a witness must
 20 also sign it before it is valid)

21 My name (Print your full name):

22 My address:

1 I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT
 2 (an agent is your personal representative under state and
 3 federal law):

4 (Agent name)

5 (Agent address)

6 (Agent phone number)

7 (Please check box if applicable) If a guardian of my
 8 person is to be appointed, I nominate the agent acting under
 9 this power of attorney as guardian.

10 SUCCESSOR HEALTH CARE AGENT(S) (optional):

11 If the agent I selected is unable or does not want to make
 12 health care decisions for me, then I request the person(s) I
 13 name below to be my successor health care agent(s). Only one
 14 person at a time can serve as my agent (add another page if you
 15 want to add more successor agent names):

16

17 (Successor agent #1 name, address and phone number)

18

19 (Successor agent #2 name, address and phone number)

20 (Please check box if applicable) If presentation of this
 21 form is required to carry out health care decisions set forth
 22 in this form, I authorize the use of an electronic device to

1 display a copy of this form as proof of the health care agency.

2 MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

3 (i) Deciding to accept, withdraw, or decline treatment
4 for any physical or mental condition of mine, including
5 life-and-death decisions.

6 (ii) Agreeing to admit me to or discharge me from any
7 hospital, home, or other institution, including a mental
8 health facility.

9 (iii) Having complete access to my medical and mental
10 health records, and sharing them with others as needed,
11 including after I die.

12 (iv) Carrying out the plans I have already made, or,
13 if I have not done so, making decisions about my body or
14 remains, including organ, tissue or whole body donation,
15 autopsy, cremation, and burial.

16 The above grant of power is intended to be as broad as
17 possible so that my agent will have the authority to make any
18 decision I could make to obtain or terminate any type of health
19 care, including withdrawal of nutrition and hydration and
20 other life-sustaining measures.

21 I AUTHORIZE MY AGENT TO (please check any one box):

22 Make decisions for me only when I cannot make them for
23 myself. The physician(s) taking care of me will determine
24 when I lack this ability.

1 (If no box is checked, then the box above shall be
2 implemented.) OR

3 Make decisions for me only when I cannot make them for
4 myself. The physician(s) taking care of me will determine
5 when I lack this ability. Starting now, for the purpose of
6 assisting me with my health care plans and decisions, my
7 agent shall have complete access to my medical and mental
8 health records, the authority to share them with others as
9 needed, and the complete ability to communicate with my
10 personal physician(s) and other health care providers,
11 including the ability to require an opinion of my
12 physician as to whether I lack the ability to make
13 decisions for myself. OR

14 Make decisions for me starting now and continuing
15 after I am no longer able to make them for myself. While I
16 am still able to make my own decisions, I can still do so
17 if I want to.

18 The subject of life-sustaining treatment is of particular
19 importance. Life-sustaining treatments may include tube
20 feedings or fluids through a tube, breathing machines, and
21 CPR. In general, in making decisions concerning
22 life-sustaining treatment, your agent is instructed to
23 consider the relief of suffering, the quality as well as the
24 possible extension of your life, and your previously expressed
25 wishes. Your agent will weigh the burdens versus benefits of

1 proposed treatments in making decisions on your behalf.

2 Additional statements concerning the withholding or
3 removal of life-sustaining treatment are described below.
4 These can serve as a guide for your agent when making decisions
5 for you. Ask your physician or health care provider if you have
6 any questions about these statements.

7 SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR
8 WISHES (optional):

9 The quality of my life is more important than the
10 length of my life. If I am unconscious and my attending
11 physician believes, in accordance with reasonable medical
12 standards, that I will not wake up or recover my ability to
13 think, communicate with my family and friends, and
14 experience my surroundings, I do not want treatments to
15 prolong my life or delay my death, but I do want treatment
16 or care to make me comfortable and to relieve me of pain.

17 Staying alive is more important to me, no matter how
18 sick I am, how much I am suffering, the cost of the
19 procedures, or how unlikely my chances for recovery are. I
20 want my life to be prolonged to the greatest extent
21 possible in accordance with reasonable medical standards.

22 SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:

23 The above grant of power is intended to be as broad as
24 possible so that your agent will have the authority to make any

1 decision you could make to obtain or terminate any type of
 2 health care. If you wish to limit the scope of your agent's
 3 powers or prescribe special rules or limit the power to
 4 authorize autopsy or dispose of remains, you may do so
 5 specifically in this form.

6
 7

8 My signature:.....

9 Today's date:.....

10 DELAYED REVOCATION

11 I elect to delay revocation of this power of attorney
 12 for 30 days after I communicate my intent to revoke it.

13 I elect for the revocation of this power of attorney
 14 to take effect immediately if I communicate my intent to
 15 revoke it.

16 HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN
 17 COMPLETE THE SIGNATURE PORTION:

18 I am at least 18 years old. (check one of the options
 19 below):

20 I saw the principal sign this document, or
 21 the principal told me that the signature or mark on
 22 the principal signature line is his or hers.

23 I am not the agent or successor agent(s) named in this

1 document. I am not related to the principal, the agent, or the
 2 successor agent(s) by blood, marriage, or adoption. I am not
 3 the principal's physician, advanced practice registered nurse,
 4 dentist, podiatric physician, optometrist, psychologist, or a
 5 relative of one of those individuals. I am not an owner or
 6 operator (or the relative of an owner or operator) of the
 7 health care facility where the principal is a patient or
 8 resident.

9 Witness printed name:

10 Witness address:

11 Witness signature:

12 Today's date:

13 (c) The statutory short form power of attorney for health
 14 care (the "statutory health care power") authorizes the agent
 15 to make any and all health care decisions on behalf of the
 16 principal which the principal could make if present and under
 17 no disability, subject to any limitations on the granted
 18 powers that appear on the face of the form, to be exercised in
 19 such manner as the agent deems consistent with the intent and
 20 desires of the principal. The agent will be under no duty to
 21 exercise granted powers or to assume control of or
 22 responsibility for the principal's health care; but when
 23 granted powers are exercised, the agent will be required to
 24 use due care to act for the benefit of the principal in
 25 accordance with the terms of the statutory health care power

1 and will be liable for negligent exercise. The agent may act in
2 person or through others reasonably employed by the agent for
3 that purpose but may not delegate authority to make health
4 care decisions. The agent may sign and deliver all
5 instruments, negotiate and enter into all agreements, and do
6 all other acts reasonably necessary to implement the exercise
7 of the powers granted to the agent. Without limiting the
8 generality of the foregoing, the statutory health care power
9 shall include the following powers, subject to any limitations
10 appearing on the face of the form:

11 (1) The agent is authorized to give consent to and
12 authorize or refuse, or to withhold or withdraw consent
13 to, any and all types of medical care, treatment, or
14 procedures relating to the physical or mental health of
15 the principal, including any medication program, surgical
16 procedures, life-sustaining treatment, or provision of
17 food and fluids for the principal.

18 (2) The agent is authorized to admit the principal to
19 or discharge the principal from any and all types of
20 hospitals, institutions, homes, residential or nursing
21 facilities, treatment centers, and other health care
22 institutions providing personal care or treatment for any
23 type of physical or mental condition. The agent shall have
24 the same right to visit the principal in the hospital or
25 other institution as is granted to a spouse or adult child
26 of the principal, any rule of the institution to the

1 contrary notwithstanding.

2 (3) The agent is authorized to contract for any and
3 all types of health care services and facilities in the
4 name of and on behalf of the principal and to bind the
5 principal to pay for all such services and facilities, and
6 to have and exercise those powers over the principal's
7 property as are authorized under the statutory property
8 power, to the extent the agent deems necessary to pay
9 health care costs; and the agent shall not be personally
10 liable for any services or care contracted for on behalf
11 of the principal.

12 (4) At the principal's expense and subject to
13 reasonable rules of the health care provider to prevent
14 disruption of the principal's health care, the agent shall
15 have the same right the principal has to examine and copy
16 and consent to disclosure of all the principal's medical
17 records that the agent deems relevant to the exercise of
18 the agent's powers, whether the records relate to mental
19 health or any other medical condition and whether they are
20 in the possession of or maintained by any physician,
21 psychiatrist, psychologist, therapist, hospital, nursing
22 home, or other health care provider. The authority under
23 this paragraph (4) applies to any information governed by
24 the Health Insurance Portability and Accountability Act of
25 1996 ("HIPAA") and regulations thereunder. The agent
26 serves as the principal's personal representative, as that

1 term is defined under HIPAA and regulations thereunder.

2 (5) The agent is authorized: to direct that an autopsy
3 be made pursuant to Section 2 of the Autopsy Act; to make a
4 disposition of any part or all of the principal's body
5 pursuant to the Illinois Anatomical Gift Act, as now or
6 hereafter amended; and to direct the disposition of the
7 principal's remains.

8 (6) At any time during which there is no executor or
9 administrator appointed for the principal's estate, the
10 agent is authorized to continue to pursue an application
11 or appeal for government benefits if those benefits were
12 applied for during the life of the principal.

13 (d) A physician may determine that the principal is unable
14 to make health care decisions for himself or herself only if
15 the principal lacks decisional capacity, as that term is
16 defined in Section 10 of the Health Care Surrogate Act.

17 (e) If the principal names the agent as a guardian on the
18 statutory short form, and if a court decides that the
19 appointment of a guardian will serve the principal's best
20 interests and welfare, the court shall appoint the agent to
21 serve without bond or security.

22 (f) If the principal has authorized the agent to present
23 the statutory short form electronically, an attending
24 physician, emergency medical services personnel as defined by
25 Section 3.5 of the Emergency Medical Services (EMS) Systems
26 Act, or health care provider shall not refuse to give effect to

1 a health care agency if the agent presents an electronic
2 device displaying an electronic copy of an executed form as
3 proof of the health care agency. Any person or entity that
4 provides a statutory short form to the public shall post for a
5 period of 2 years information on its website regarding the
6 changes made by this amendatory Act of the 102nd General
7 Assembly.

8 (Source: P.A. 101-81, eff. 7-12-19; 101-163, eff. 1-1-20;
9 102-38, eff. 6-25-21; 102-181, eff. 7-30-21; revised 9-22-21.)