

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 Health Care Surrogate Act is amended by  
5 changing Sections 10, 20, and 65 as follows:

6 (755 ILCS 40/10) (from Ch. 110 1/2, par. 851-10)

7 Sec. 10. Definitions.

8 "Adult" means a person who is (i) 18 years of age or older  
9 or (ii) an emancipated minor under the Emancipation of Minors  
10 Act.

11 "Artificial nutrition and hydration" means supplying food  
12 and water through a conduit, such as a tube or intravenous  
13 line, where the recipient is not required to chew or swallow  
14 voluntarily, including, but not limited to, nasogastric tubes,  
15 gastrostomies, jejunostomies, and intravenous infusions.  
16 Artificial nutrition and hydration does not include assisted  
17 feeding, such as spoon or bottle feeding.

18 "Available" means that a person is not "unavailable". A  
19 person is unavailable if (i) the person's existence is not  
20 known, (ii) the person has not been able to be contacted by  
21 telephone or mail, or (iii) the person lacks decisional  
22 capacity, refuses to accept the office of surrogate, or is  
23 unwilling to respond in a manner that indicates a choice among

1 the treatment matters at issue.

2 "Attending physician" means the physician selected by or  
3 assigned to the patient who has primary responsibility for  
4 treatment and care of the patient and who is a licensed  
5 physician in Illinois. If more than one physician shares that  
6 responsibility, any of those physicians may act as the  
7 attending physician under this Act.

8 "Close friend" means any person 18 years of age or older  
9 who has exhibited special care and concern for the patient and  
10 who presents an affidavit to the attending physician stating  
11 that he or she (i) is a close friend of the patient, (ii) is  
12 willing and able to become involved in the patient's health  
13 care, and (iii) has maintained such regular contact with the  
14 patient as to be familiar with the patient's activities,  
15 health, and religious and moral beliefs. The affidavit must  
16 also state facts and circumstances that demonstrate that  
17 familiarity.

18 "Death" means when, according to accepted medical  
19 standards, there is (i) an irreversible cessation of  
20 circulatory and respiratory functions or (ii) an irreversible  
21 cessation of all functions of the entire brain, including the  
22 brain stem.

23 "Decisional capacity" means the ability to understand and  
24 appreciate the nature and consequences of a decision regarding  
25 medical treatment or forgoing life-sustaining treatment and  
26 the ability to reach and communicate an informed decision in

1 the matter as determined by the attending physician.

2 "Forgo life-sustaining treatment" means to withhold,  
3 withdraw, or terminate all or any portion of life-sustaining  
4 treatment with knowledge that the patient's death is likely to  
5 result.

6 "Guardian" means a court appointed guardian of the person  
7 who serves as a representative of a minor or as a  
8 representative of a person under legal disability.

9 "Health care facility" means a type of health care  
10 provider commonly known by a wide variety of titles, including  
11 but not limited to, hospitals, medical centers, nursing homes,  
12 rehabilitation centers, long term or tertiary care facilities,  
13 and other facilities established to administer health care and  
14 provide overnight stays in their ordinary course of business  
15 or practice.

16 "Health care provider" means a person that is licensed,  
17 certified, or otherwise authorized or permitted by the law of  
18 this State to administer health care in the ordinary course of  
19 business or practice of a profession, including, but not  
20 limited to, physicians, nurses, health care facilities, and  
21 any employee, officer, director, agent, or person under  
22 contract with such a person.

23 "Imminent" (as in "death is imminent") means a  
24 determination made by the attending physician according to  
25 accepted medical standards that death will occur in a  
26 relatively short period of time, even if life-sustaining

1 treatment is initiated or continued.

2 "Life-sustaining treatment" means any medical treatment,  
3 procedure, or intervention that, in the judgment of the  
4 attending physician, when applied to a patient with a  
5 qualifying condition, would not be effective to remove the  
6 qualifying condition or would serve only to prolong the dying  
7 process. Those procedures can include, but are not limited to,  
8 assisted ventilation, renal dialysis, surgical procedures,  
9 blood transfusions, and the administration of drugs,  
10 antibiotics, and artificial nutrition and hydration.

11 "Minor" means an individual who is not an adult as defined  
12 in this Act.

13 "Parent" means a person who is the natural or adoptive  
14 mother or father of the child and whose parental rights have  
15 not been terminated by a court of law.

16 "Patient" means an adult or minor individual, unless  
17 otherwise specified, under the care or treatment of a licensed  
18 physician or other health care provider.

19 "Person" means an individual, a corporation, a business  
20 trust, a trust, a partnership, an association, a government, a  
21 governmental subdivision or agency, or any other legal entity.

22 "Qualifying condition" means the existence of one or more  
23 of the following conditions in a patient certified in writing  
24 in the patient's medical record by the attending physician and  
25 by at least one other qualified health care practitioner  
26 ~~physician~~:

1           (1) "Terminal condition" means an illness or injury  
2           for which there is no reasonable prospect of cure or  
3           recovery, death is imminent, and the application of  
4           life-sustaining treatment would only prolong the dying  
5           process.

6           (2) "Permanent unconsciousness" means a condition  
7           that, to a high degree of medical certainty, (i) will last  
8           permanently, without improvement, (ii) in which thought,  
9           sensation, purposeful action, social interaction, and  
10          awareness of self and environment are absent, and (iii)  
11          for which initiating or continuing life-sustaining  
12          treatment, in light of the patient's medical condition,  
13          provides only minimal medical benefit.

14          (3) "Incurable or irreversible condition" means an  
15          illness or injury (i) for which there is no reasonable  
16          prospect of cure or recovery, (ii) that ultimately will  
17          cause the patient's death even if life-sustaining  
18          treatment is initiated or continued, (iii) that imposes  
19          severe pain or otherwise imposes an inhumane burden on the  
20          patient, and (iv) for which initiating or continuing  
21          life-sustaining treatment, in light of the patient's  
22          medical condition, provides only minimal medical benefit.

23          The determination that a patient has a qualifying  
24          condition creates no presumption regarding the application or  
25          non-application of life-sustaining treatment. It is only after  
26          a determination by the attending physician that the patient

1 has a qualifying condition that the surrogate decision maker  
2 may consider whether or not to forgo life-sustaining  
3 treatment. In making this decision, the surrogate shall weigh  
4 the burdens on the patient of initiating or continuing  
5 life-sustaining treatment against the benefits of that  
6 treatment.

7 "Qualified health care practitioner" means an individual  
8 who has personally examined the patient and who is an Illinois  
9 licensed physician, advanced practice registered nurse,  
10 physician assistant, or resident with at least one year of  
11 graduate or specialty training in this State who holds an  
12 Illinois temporary license to practice medicine and is  
13 enrolled in a residency program accredited by the Liaison  
14 Committee on Graduate Medical Education or the Bureau of  
15 Professional Education of the American Osteopathic  
16 Association.

17 "Physician" means a physician licensed to practice  
18 medicine in all its branches in this State.

19 ~~"Qualified physician" means a physician licensed to~~  
20 ~~practice medicine in all of its branches in Illinois who has~~  
21 ~~personally examined the patient.~~

22 "Surrogate decision maker" means an adult individual or  
23 individuals who (i) have decisional capacity, (ii) are  
24 available upon reasonable inquiry, (iii) are willing to make  
25 medical treatment decisions on behalf of a patient who lacks  
26 decisional capacity, and (iv) are identified by the attending

1 physician in accordance with the provisions of this Act as the  
2 person or persons who are to make those decisions in  
3 accordance with the provisions of this Act.

4 (Source: P.A. 95-331, eff. 8-21-07.)

5 (755 ILCS 40/20) (from Ch. 110 1/2, par. 851-20)

6 Sec. 20. Private decision making process.

7 (a) Decisions whether to forgo life-sustaining or any  
8 other form of medical treatment involving an adult patient  
9 with decisional capacity may be made by that adult patient.

10 (b) Decisions whether to forgo life-sustaining treatment  
11 on behalf of a patient without decisional capacity are lawful,  
12 without resort to the courts or legal process, if the patient  
13 has a qualifying condition and if the decisions are made in  
14 accordance with one of the following paragraphs in this  
15 subsection and otherwise meet the requirements of this Act:

16 (1) Decisions whether to forgo life-sustaining  
17 treatment on behalf of a minor or an adult patient who  
18 lacks decisional capacity may be made by a surrogate  
19 decision maker or makers in consultation with the  
20 attending physician, in the order or priority provided in  
21 Section 25. A surrogate decision maker shall make  
22 decisions for the adult patient conforming as closely as  
23 possible to what the patient would have done or intended  
24 under the circumstances, taking into account evidence that  
25 includes, but is not limited to, the patient's personal,

1 philosophical, religious and moral beliefs and ethical  
2 values relative to the purpose of life, sickness, medical  
3 procedures, suffering, and death. Where possible, the  
4 surrogate shall determine how the patient would have  
5 weighed the burdens and benefits of initiating or  
6 continuing life-sustaining treatment against the burdens  
7 and benefits of that treatment. In the event an unrevoked  
8 advance directive, such as a living will, a declaration  
9 for mental health treatment, or a power of attorney for  
10 health care, is no longer valid due to a technical  
11 deficiency or is not applicable to the patient's  
12 condition, that document may be used as evidence of a  
13 patient's wishes. The absence of a living will,  
14 declaration for mental health treatment, or power of  
15 attorney for health care shall not give rise to any  
16 presumption as to the patient's preferences regarding the  
17 initiation or continuation of life-sustaining procedures.  
18 If the adult patient's wishes are unknown and remain  
19 unknown after reasonable efforts to discern them or if the  
20 patient is a minor, the decision shall be made on the basis  
21 of the patient's best interests as determined by the  
22 surrogate decision maker. In determining the patient's  
23 best interests, the surrogate shall weigh the burdens on  
24 and benefits to the patient of initiating or continuing  
25 life-sustaining treatment against the burdens and benefits  
26 of that treatment and shall take into account any other

1 information, including the views of family and friends,  
2 that the surrogate decision maker believes the patient  
3 would have considered if able to act for herself or  
4 himself.

5 (2) Decisions whether to forgo life-sustaining  
6 treatment on behalf of a minor or an adult patient who  
7 lacks decisional capacity, but without any surrogate  
8 decision maker or guardian being available determined  
9 after reasonable inquiry by the health care provider, may  
10 be made by a court appointed guardian. A court appointed  
11 guardian shall be treated as a surrogate for the purposes  
12 of this Act.

13 (b-5) Decisions concerning medical treatment on behalf of  
14 a patient without decisional capacity are lawful, without  
15 resort to the courts or legal process, if the patient does not  
16 have a qualifying condition and if decisions are made in  
17 accordance with one of the following paragraphs in this  
18 subsection and otherwise meet the requirements of this Act:

19 (1) Decisions concerning medical treatment on behalf  
20 of a minor or adult patient who lacks decisional capacity  
21 may be made by a surrogate decision maker or makers in  
22 consultation with the attending physician, in the order of  
23 priority provided in Section 25 with the exception that  
24 decisions to forgo life-sustaining treatment may be made  
25 only when a patient has a qualifying condition. A  
26 surrogate decision maker shall make decisions for the

1 patient conforming as closely as possible to what the  
2 patient would have done or intended under the  
3 circumstances, taking into account evidence that includes,  
4 but is not limited to, the patient's personal,  
5 philosophical, religious, and moral beliefs and ethical  
6 values relative to the purpose of life, sickness, medical  
7 procedures, suffering, and death. In the event an  
8 unrevoked advance directive, such as a living will, a  
9 declaration for mental health treatment, or a power of  
10 attorney for health care, is no longer valid due to a  
11 technical deficiency or is not applicable to the patient's  
12 condition, that document may be used as evidence of a  
13 patient's wishes. The absence of a living will,  
14 declaration for mental health treatment, or power of  
15 attorney for health care shall not give rise to any  
16 presumption as to the patient's preferences regarding any  
17 process. If the adult patient's wishes are unknown and  
18 remain unknown after reasonable efforts to discern them or  
19 if the patient is a minor, the decision shall be made on  
20 the basis of the patient's best interests as determined by  
21 the surrogate decision maker. In determining the patient's  
22 best interests, the surrogate shall weigh the burdens on  
23 and benefits to the patient of the treatment against the  
24 burdens and benefits of that treatment and shall take into  
25 account any other information, including the views of  
26 family and friends, that the surrogate decision maker

1 believes the patient would have considered if able to act  
2 for herself or himself.

3 (2) Decisions concerning medical treatment on behalf  
4 of a minor or adult patient who lacks decisional capacity,  
5 but without any surrogate decision maker or guardian being  
6 available as determined after reasonable inquiry by the  
7 health care provider, may be made by a court appointed  
8 guardian. A court appointed guardian shall be treated as a  
9 surrogate for the purposes of this Act.

10 (c) For the purposes of this Act, a patient or surrogate  
11 decision maker is presumed to have decisional capacity in the  
12 absence of actual notice to the contrary without regard to  
13 advanced age. With respect to a patient, a diagnosis of mental  
14 illness or an intellectual disability, of itself, is not a bar  
15 to a determination of decisional capacity. A determination  
16 that an adult patient lacks decisional capacity shall be made  
17 by the attending physician to a reasonable degree of medical  
18 certainty. The determination shall be in writing in the  
19 patient's medical record and shall set forth the attending  
20 physician's opinion regarding the cause, nature, and duration  
21 of the patient's lack of decisional capacity. Before  
22 implementation of a decision by a surrogate decision maker to  
23 forgo life-sustaining treatment, at least one other qualified  
24 health care practitioner ~~physician~~ must concur in the  
25 determination that an adult patient lacks decisional capacity.  
26 The concurring determination shall be made in writing in the

1 patient's medical record after personal examination of the  
2 patient. The attending physician shall inform the patient that  
3 it has been determined that the patient lacks decisional  
4 capacity and that a surrogate decision maker will be making  
5 life-sustaining treatment decisions on behalf of the patient.  
6 Moreover, the patient shall be informed of the identity of the  
7 surrogate decision maker and any decisions made by that  
8 surrogate. If the person identified as the surrogate decision  
9 maker is not a court appointed guardian and the patient  
10 objects to the statutory surrogate decision maker or any  
11 decision made by that surrogate decision maker, then the  
12 provisions of this Act shall not apply.

13 (d) A surrogate decision maker acting on behalf of the  
14 patient shall express decisions to forgo life-sustaining  
15 treatment to the attending physician and one adult witness who  
16 is at least 18 years of age. This decision and the substance of  
17 any known discussion before making the decision shall be  
18 documented by the attending physician in the patient's medical  
19 record and signed by the witness.

20 (e) The existence of a qualifying condition shall be  
21 documented in writing in the patient's medical record by the  
22 attending physician and shall include its cause and nature, if  
23 known. The written concurrence of another qualified health  
24 care practitioner ~~physician~~ is also required.

25 (f) Once the provisions of this Act are complied with, the  
26 attending physician shall thereafter promptly implement the

1 decision to forgo life-sustaining treatment on behalf of the  
2 patient unless he or she believes that the surrogate decision  
3 maker is not acting in accordance with his or her  
4 responsibilities under this Act, or is unable to do so for  
5 reasons of conscience or other personal views or beliefs.

6 (g) In the event of a patient's death as determined by a  
7 physician, all life-sustaining treatment and other medical  
8 care is to be terminated, unless the patient is an organ donor,  
9 in which case appropriate organ donation treatment may be  
10 applied or continued temporarily.

11 (h) A surrogate decision maker may execute a POLST  
12 portable medical orders form to forgo life-sustaining  
13 treatment consistent with this Section.

14 (Source: P.A. 97-227, eff. 1-1-12.)

15 (755 ILCS 40/65)

16 Sec. 65. Department of Public Health Uniform POLST form.

17 (a) An individual of sound mind and having reached the age  
18 of majority or having obtained the status of an emancipated  
19 person pursuant to the Emancipation of Minors Act may execute  
20 a document (consistent with the Department of Public Health  
21 Uniform POLST form described in Section 2310-600 of the  
22 Department of Public Health Powers and Duties Law of the Civil  
23 Administrative Code of Illinois) directing that resuscitating  
24 efforts shall not be implemented. This individual may also  
25 revoke the document at will. Such a document may also be

1 executed by a qualified ~~an attending~~ health care practitioner.  
2 If more than one practitioner shares ~~that~~ responsibility for  
3 the treatment and care of an individual, any of the qualified  
4 ~~attending~~ health care practitioners may act under this  
5 Section. Notwithstanding the existence of a do-not-resuscitate  
6 (DNR) order or Department of Public Health Uniform POLST form,  
7 appropriate organ donation treatment may be applied or  
8 continued temporarily in the event of the patient's death, in  
9 accordance with subsection (g) of Section 20 of this Act, if  
10 the patient is an organ donor.

11 (a-5) Execution of a Department of Public Health Uniform  
12 POLST form is voluntary; no person can be required to execute  
13 the either form. Execution of a POLST form shall not be a  
14 requirement for admission to any facility or a precondition to  
15 the provision of services by any provider of health care  
16 services. A person who has executed a Department of Public  
17 Health Uniform POLST form should review the form annually and  
18 when the person's condition changes.

19 (b) Consent to a Department of Public Health Uniform POLST  
20 form may be obtained from the individual, or from another  
21 person at the individual's direction, or from the individual's  
22 legal guardian, agent under a power of attorney for health  
23 care, or surrogate decision maker, ~~and witnessed by one~~  
24 ~~individual 18 years of age or older, who attests that the~~  
25 ~~individual, other person, guardian, agent, or surrogate (1)~~  
26 ~~has had an opportunity to read the form; and (2) has signed the~~

1 ~~form or acknowledged his or her signature or mark on the form~~  
2 ~~in the witness's presence.~~

3 (b-5) As used in this Section: 7

4 ~~"attending health care practitioner" means an individual~~  
5 ~~who (1) is an Illinois licensed physician, advanced practice~~  
6 ~~registered nurse, physician assistant, or licensed resident~~  
7 ~~after completion of one year in a program; (2) is selected by~~  
8 ~~or assigned to the patient; and (3) has primary responsibility~~  
9 ~~for treatment and care of the patient.~~

10 "POLST" means practitioner orders for life-sustaining  
11 treatments.

12 "POLST portable medical orders form" means a medical  
13 orders form, including, but not limited to, a Medical Orders  
14 for Scope of Treatment (MOST), Medical Orders for Life  
15 Sustaining Treatment (MOLST), Physician Orders for Scope of  
16 Treatment (POST), or Physician Orders for Life Sustaining  
17 Treatment (POLST) form, that is formally authorized by a state  
18 or territory within the United States.

19 (c) Nothing in this Section shall be construed to affect  
20 the ability of an individual to include instructions in an  
21 advance directive, such as a power of attorney for health  
22 care. The uniform form may, but need not, be in the form  
23 adopted by the Department of Public Health pursuant to Section  
24 2310-600 of the Department of Public Health Powers and Duties  
25 Law (20 ILCS 2310/2310-600). Except as otherwise provided by  
26 law, emergency medical service personnel, a health care

1 provider, or a health care facility shall comply with a  
2 Department of Public Health Uniform POLST form, National POLST  
3 form, another state's POLST portable medical orders form, or  
4 an out-of-hospital Do Not Resuscitate (DNR) order sanctioned  
5 by a state in the United States that: (i) has been executed by  
6 an adult; and (ii) is apparent and immediately available.

7 (d) A health care professional or health care provider may  
8 presume, in the absence of knowledge to the contrary, that a  
9 completed Department of Public Health Uniform POLST form,  
10 National POLST form, another state's POLST portable medical  
11 orders form, or an out-of-hospital Do Not Resuscitate (DNR)  
12 order sanctioned by a state in the United States executed by an  
13 adult, or a copy of that form or a previous version of the  
14 uniform form, is valid. A health care professional or health  
15 care provider, or an employee of a health care professional or  
16 health care provider, who in good faith complies with a  
17 cardiopulmonary resuscitation (CPR) or life-sustaining  
18 treatment order, Department of Public Health Uniform POLST  
19 form, or a previous version of the uniform form made in  
20 accordance with this Act is not, as a result of that  
21 compliance, subject to any criminal or civil liability, except  
22 for willful and wanton misconduct, and may not be found to have  
23 committed an act of unprofessional conduct.

24 (d-5) Before voiding or revoking a Department of Public  
25 Health Uniform POLST form, National POLST form, or another  
26 state's POLST portable medical orders form executed by the

1 individual, that individual's legally authorized surrogate  
2 decision maker shall first: (1) engage in consultation with a  
3 qualified health care practitioner; (2) consult the patient's  
4 advance directive, if available; and (3) make a good faith  
5 effort to act consistently, at all times, with the patient's  
6 known wishes, using substituted judgment as the standard. If  
7 the patient's wishes are unknown and remain unknown after  
8 reasonable efforts to discern them, the decision shall be made  
9 on the basis of the patient's best interests as determined by  
10 the surrogate decision maker. A qualified health care  
11 practitioner shall document the reasons for this action in the  
12 patient's medical record. This process does not apply to an  
13 individual wanting to revoke his or her own POLST form.

14 (e) Nothing in this Section or this amendatory Act of the  
15 94th General Assembly or this amendatory Act of the 98th  
16 General Assembly shall be construed to affect the ability of a  
17 physician or other practitioner to make a do-not-resuscitate  
18 order.

19 (Source: P.A. 99-319, eff. 1-1-16; 100-513, eff. 1-1-18.)