

By: Senator(s) Bryan, Browning, Dawkins,
Jackson (11th), Nunnelee, Gollott, King,
Frazier, Butler

To: Public Health and
Welfare

COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 2420

1 AN ACT TO AMEND SECTIONS 41-39-15, 41-61-59 AND 41-61-65,
2 MISSISSIPPI CODE OF 1972, TO REVISE THE PROCEDURES FOR
3 FACILITATING ORGAN, TISSUE AND EYE DONATION FROM INDIVIDUALS WHOSE
4 DEATH IS UNDER THE JURISDICTION OF THE MEDICAL EXAMINER; TO
5 PROVIDE THAT AN ORGAN DONATION MADE BY WILL, BY A DURABLE POWER OF
6 ATTORNEY, BY A LIVING WILL OR PURSUANT TO THE UNIFORM ANATOMICAL
7 GIFT ACT SUPERSEDES ANY DECISION BY THE FAMILY OF THE ORGAN DONOR;
8 TO AMEND SECTION 41-41-209, MISSISSIPPI CODE OF 1972, TO PROVIDE
9 THE FORM FOR A DECLARATION BY AN ORGAN DONOR; TO REPEAL SECTION
10 41-61-71, MISSISSIPPI CODE OF 1972, WHICH PROVIDES A PROCEDURE FOR
11 THE MEDICAL EXAMINER TO REQUEST PERMISSION FOR REMOVAL OF EYE OR
12 OTHER TISSUES IN DEATH CASES; AND FOR RELATED PURPOSES.

13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

14 **SECTION 1.** Section 41-39-15, Mississippi Code of 1972, is
15 amended as follows:

16 41-39-15. (1) For the purposes of this section:

17 (a) "Potential organ donor" means a patient with a
18 severe neurological insult who exhibits loss of cranial nerve
19 response or who has a Glasgow Coma Scale score of five (5) or
20 less.

21 (b) "Potential tissue donor" means any patient who dies
22 due to cardiac arrest.

23 (c) "Organ procurement organization" means the
24 federally designated agency charged with coordinating the
25 procurement of human organs in the State of Mississippi for the
26 purpose of transplantation and research.

27 (d) "Tissue bank" or "tissue procurement organization"
28 means a not-for-profit agency certified by the Mississippi State
29 Department of Health to procure tissues, other than solid organs,
30 in the State of Mississippi.

31 (2) Before November 1, 1998, each licensed acute care
32 hospital in the state shall develop, with the concurrence of the

33 hospital medical staff and the organ procurement organization, a
34 protocol for identifying all potential organ and tissue donors.
35 The protocol shall include a procedure for family consultation.
36 This protocol shall not be applicable in cases where a declaration
37 by the organ donor (a) by will, (b) under a Durable Power of
38 Attorney for Health Care declaration pursuant to Section
39 41-41-209, (c) under a Withdrawal of Life-Saving Mechanism (Living
40 Will) declaration pursuant to former Section 41-41-107 (now
41 repealed), or (d) under the Uniform Anatomical Gift Law pursuant
42 to Section 41-39-39, has been provided to the attending physician.

43 (3) The protocol shall require each hospital to contact the
44 organ procurement organization by telephone when a patient in the
45 hospital becomes either a potential organ donor or potential
46 tissue donor as defined in this section. The organ procurement
47 organization shall determine the suitability of the patient for
48 organ or tissue donation after a review of the patient's medical
49 history and present condition. The organ procurement organization
50 representative shall notify the attending physician or designee of
51 its assessment. The hospital shall note in the patient's chart
52 the organ procurement organization's assessment of suitability for
53 donation. The organ procurement organization representative shall
54 provide information about donation options to the family or
55 persons specified in Section 41-39-35 when consent for donation is
56 requested.

57 (4) If the patient becomes brain dead and is still suitable
58 as a potential donor, the organ procurement organization
59 representative shall approach the deceased patient's legal next of
60 kin or persons specified in Section 41-39-35 for consent to donate
61 the patient's organs. The organ procurement organization
62 representative shall initiate the consent process with reasonable
63 discretion and sensitivity to the family's circumstances, values
64 and beliefs.

65 To discourage multiple requests for donation consent, the
66 organ procurement organization representative shall make a request
67 for tissue donation during the organ donation consent process.
68 When the possibility of tissue donation alone exists, a tissue
69 bank representative or their designee may request the donation.

70 (5) The option of organ and/or tissue donation shall be made
71 to the deceased patient's family upon the occurrence of brain
72 death and while mechanical ventilation of the patient is in
73 progress.

74 The protocol shall require that the decision to donate be
75 noted in the patient's medical record. The organ procurement
76 organization shall provide a form to the hospital for the
77 documentation. The form shall be signed by the patient's family
78 pursuant to Sections 41-39-31 through 41-39-51. The form shall be
79 placed in each deceased patient's chart documenting the family's
80 decision regarding donation of organs or tissues from the patient.

81 (6) (a) If the deceased patient is medically suitable to be
82 an organ and/or tissue donor, as determined by the protocol in
83 this section, and the donor and/or family have authorized such
84 donation and transplantation, the donor's organs and/or tissues
85 shall be removed for the purpose of donation and transplantation
86 by the organ procurement organization, in accordance with
87 paragraph (b) of this subsection.

88 (b) The organ procurement organization shall
89 immediately notify the appropriate medical examiner that the
90 deceased patient is medically suitable to be an organ and/or
91 tissue donor. In the event that the medical examiner determines
92 that examination, analysis or autopsy of the organs and/or tissue
93 is necessary for the medical examiner's investigation, the medical
94 examiner may be present while the organs and/or tissues are
95 removed for the purpose of transplantation. The physician,
96 surgeon or technician removing such organs and/or tissues shall
97 file with the medical examiner a report detailing the donation,

98 which shall become part of the medical examiner's report. When
99 requested by the medical examiner, such report shall include a
100 biopsy or medically approved sample, as specified by the medical
101 examiner, from the donated organs and/or tissues.

102 (7) Performance improvement record reviews of deceased
103 patients' medical records shall be conducted by the organ
104 procurement organization for each hospital having more than
105 ninety-five (95) licensed acute care beds and general surgical
106 capability. These reviews must be performed in the first four (4)
107 months of a calendar year for the previous calendar year. If the
108 organ procurement organization and hospital mutually agree, the
109 performance improvement record reviews may be performed more
110 frequently. Aggregate data concerning these reviews shall be
111 submitted by the organ procurement organization to the State
112 Department of Health by July 1 of each year for the preceding
113 year.

114 (8) No organ or tissue recovered in the State of Mississippi
115 may be shipped out of the state except through an approved organ
116 sharing network or, at the family's request, to an approved organ
117 transplant program.

118 (9) Any hospital, administrator, physician, surgeon, nurse,
119 technician, organ procurement organization, tissue procurement
120 organization or donee who acts in good faith to comply with this
121 section shall not be liable in any civil action to a claimant who
122 alleges that his consent for the donation was required.

123 (10) Nothing in this section shall be construed to supersede
124 or revoke, by implication or otherwise, any valid gift of the
125 entire body to a medical school.

126 (11) A gift of all or part of the body made (a) by will, (b)
127 under a Durable Power of Attorney for Health Care declaration
128 pursuant to Section 41-41-209, (c) under a Withdrawal of
129 Life-Saving Mechanism (Living Will) declaration pursuant to former
130 Section 41-41-107 (now repealed), or (d) under a Uniform

131 Anatomical Gift Act declaration pursuant to Section 41-39-39, will
132 supersede and have precedence over any decision by the family of
133 the individual making the organ donation.

134 **SECTION 2.** Section 41-61-59, Mississippi Code of 1972, is
135 amended as follows:

136 41-61-59. (1) A person's death which affects the public
137 interest as specified in subsection (2) of this section shall be
138 promptly reported to the medical examiner by the physician in
139 attendance, any hospital employee, any law enforcement officer
140 having knowledge of the death, the embalmer or other funeral home
141 employee, any emergency medical technician, any relative or any
142 other person present. The appropriate medical examiner shall
143 notify the municipal or state law enforcement agency or sheriff
144 and take charge of the body. The appropriate medical examiner
145 shall notify the Mississippi Bureau of Narcotics within
146 twenty-four (24) hours of receipt of the body in cases of death as
147 described in subsection (2)(m) or (n) of this section. When the
148 medical examiner has received notification under Section
149 41-39-15(6) that the deceased is medically suitable to be an organ
150 and/or tissue donor, the medical examiner's authority over the
151 body shall be subject to the provisions of Section 41-39-15(6).

152 (2) A death affecting the public interest includes, but is
153 not limited to, any of the following:

154 (a) Violent death, including homicidal, suicidal or
155 accidental death.

156 (b) Death caused by thermal, chemical, electrical or
157 radiation injury.

158 (c) Death caused by criminal abortion, including
159 self-induced abortion, or abortion related to or by sexual abuse.

160 (d) Death related to disease thought to be virulent or
161 contagious which may constitute a public hazard.

162 (e) Death that has occurred unexpectedly or from an
163 unexplained cause.

164 (f) Death of a person confined in a prison, jail or
165 correctional institution.

166 (g) Death of a person where a physician was not in
167 attendance within thirty-six (36) hours preceding death, or in
168 prediagnosed terminal or bedfast cases, within thirty (30) days
169 preceding death.

170 (h) Death of a person where the body is not claimed by
171 a relative or a friend.

172 (i) Death of a person where the identity of the
173 deceased is unknown.

174 (j) Death of a child under the age of two (2) years
175 where death results from an unknown cause or where the
176 circumstances surrounding the death indicate that sudden infant
177 death syndrome may be the cause of death.

178 (k) Where a body is brought into this state for
179 disposal and there is reason to believe either that the death was
180 not investigated properly or that there is not an adequate
181 certificate of death.

182 (l) Where a person is presented to a hospital emergency
183 room unconscious and/or unresponsive, with cardiopulmonary
184 resuscitative measures being performed, and dies within
185 twenty-four (24) hours of admission without regaining
186 consciousness or responsiveness, unless a physician was in
187 attendance within thirty-six (36) hours preceding presentation to
188 the hospital, or in cases in which the decedent had a prediagnosed
189 terminal or bedfast condition, unless a physician was in
190 attendance within thirty (30) days preceding presentation to the
191 hospital.

192 (m) Death which is caused by drug overdose or which is
193 believed to be caused by drug overdose.

194 (n) When a stillborn fetus is delivered and the cause
195 of the demise is medically believed to be from the use by the

196 mother of any controlled substance as defined in Section
197 41-29-105.

198 (3) The State Medical Examiner is empowered to investigate
199 deaths, under the authority hereinafter conferred, in any and all
200 political subdivisions of the state. The county medical examiners
201 and county medical examiner investigators, while appointed for a
202 specific county, may serve other counties on a regular basis with
203 written authorization by the State Medical Examiner, or may serve
204 other counties on an as-needed basis upon the request of the
205 ranking officer of the investigating law enforcement agency. The
206 county medical examiner or county medical examiner investigator of
207 any county which has established a regional medical examiner
208 district under subsection (4) of Section 41-61-77 may serve other
209 counties which are parties to the agreement establishing the
210 district, in accordance with the terms of the agreement, and may
211 contract with counties which are not part of the district to
212 provide medical examiner services for such counties. If a death
213 affecting the public interest takes place in a county other than
214 the one where injuries or other substantial causal factors leading
215 to the death have occurred, jurisdiction for investigation of the
216 death may be transferred, by mutual agreement of the respective
217 medical examiners of the counties involved, to the county where
218 such injuries or other substantial causal factors occurred, and
219 the costs of autopsy or other studies necessary to the further
220 investigation of the death shall be borne by the county assuming
221 jurisdiction.

222 (4) The chief county medical examiner or chief county
223 medical examiner investigator may receive from the county in which
224 he serves a salary of Nine Hundred Dollars (\$900.00) per month, in
225 addition to the fees specified in Sections 41-61-69 and 41-61-75,
226 provided that no county shall pay the chief county medical
227 examiner or chief county medical examiner investigator less than
228 One Hundred Dollars (\$100.00) per month as a salary, in addition

229 to other compensation provided by law. In any county having one
230 or more deputy medical examiners or deputy medical examiner
231 investigators, each deputy may receive from the county in which he
232 serves, in the discretion of the board of supervisors, a salary of
233 not more than Nine Hundred Dollars (\$900.00) per month, in
234 addition to the fees specified in Sections 41-61-69 and 41-61-75.
235 For this salary the chief shall assure twenty-four-hour daily and
236 readily available death investigators for the county, and shall
237 maintain copies of all medical examiner death investigations for
238 the county for at least the previous five (5) years. He shall
239 coordinate his office and duties and cooperate with the State
240 Medical Examiner, and the State Medical Examiner shall cooperate
241 with him.

242 (5) A body composed of the State Medical Examiner, whether
243 appointed on a permanent or interim basis, the Director of the
244 State Board of Health or his designee, the Attorney General or his
245 designee, the President of the Mississippi Coroners' Association
246 (or successor organization) or his designee, and a certified
247 pathologist appointed by the Mississippi State Medical Association
248 shall adopt, promulgate, amend and repeal rules and regulations as
249 may be deemed necessary by them from time to time for the proper
250 enforcement, interpretation and administration of Sections
251 41-61-51 through 41-61-79, in accordance with the provisions of
252 the Mississippi Administrative Procedures Law, being Section
253 25-43-1 et seq.

254 **SECTION 3.** Section 41-61-65, Mississippi Code of 1972, is
255 amended as follows:

256 41-61-65. (1) If, in the opinion of the medical examiner
257 investigating the case, it is advisable and in the public interest
258 that an autopsy or other study be made for the purpose of
259 determining the primary and/or contributing cause of death, an
260 autopsy or other study shall be made by the State Medical Examiner
261 or by a competent pathologist designated by the State Medical

262 Examiner. The State Medical Examiner or designated pathologist
263 may retain any tissues as needed for further postmortem studies or
264 documentation. A complete autopsy report of findings and
265 interpretations, prepared on forms designated for this purpose,
266 shall be submitted promptly to the State Medical Examiner. Copies
267 of the report shall be furnished to the authorizing medical
268 examiner, district attorney and court clerk. A copy of the report
269 shall be furnished to one (1) adult member of the immediate family
270 of the deceased or the legal representative or legal guardian of
271 members of the immediate family of the deceased upon request. In
272 determining the need for an autopsy, the medical examiner may
273 consider the request from the district attorney or county
274 prosecuting attorney, law enforcement or other public officials or
275 private persons. However, if the death occurred in the manner
276 specified in subsection (2)(j) of Section 41-61-59, an autopsy
277 shall be performed by the State Medical Examiner or his designated
278 pathologist, and the report of findings shall be forwarded
279 promptly to the State Medical Examiner, investigating medical
280 examiner, the State Department of Health, the infant's attending
281 physician and the local sudden infant death syndrome coordinator.
282 When the medical examiner has received notification under Section
283 41-39-15(6) that the deceased is medically suitable to be an organ
284 and/or tissue donor, the State Medical Examiner or designated
285 pathologist, may retain any biopsy or medically approved sample of
286 such tissue in accordance with the provisions of Section
287 41-39-15(6).

288 (2) Any medical examiner or duly licensed physician
289 performing authorized investigations and/or autopsies as provided
290 in Sections 41-61-51 through 41-61-79 who, in good faith, complies
291 with the provisions of Sections 41-61-51 through 41-61-79 in the
292 determination of the cause and/or manner of death for the purpose
293 of certification of that death, shall not be liable for damages on

294 account thereof, and shall be immune from any civil liability that
295 might otherwise be incurred or imposed.

296 (3) Family members or others who disagree with the medical
297 examiner's determination shall be able to petition and present
298 written argument to the State Medical Examiner for further review.
299 If the petitioner still disagrees, he may petition the circuit
300 court, which may, in its discretion, hold a formal hearing. In
301 all those proceedings, the State Medical Examiner and the county
302 medical examiner or county medical examiner investigator who
303 certified the information shall be made defendants. All costs of
304 the petitioning and hearing shall be borne by the petitioner.

305 **SECTION 4.** Section 41-41-209, Mississippi Code of 1972, is
306 amended as follows:

307 41-41-209. The following form may be used to create an
308 advance health care directive. Sections 41-41-201 through
309 41-41-207 and 41-41-211 through 41-41-229 govern the effect of
310 this or any other writing used to create an advanced health care
311 directive. An individual may complete or modify all or any part
312 of the following form:

313 ADVANCE HEALTH CARE DIRECTIVE

314 **Explanation**

315 You have the right to give instructions about your own health
316 care. You also have the right to name someone else to make health
317 care decisions for you. This form lets you do either or both of
318 these things. It also lets you express your wishes regarding the
319 designation of your primary physician. If you use this form, you
320 may complete or modify all or any part of it. You are free to use
321 a different form.

322 Part 1 of this form is a power of attorney for health care.
323 Part 1 lets you name another individual as agent to make health
324 care decisions for you if you become incapable of making your own
325 decisions or if you want someone else to make those decisions for
326 you now even though you are still capable. You may name an

327 alternate agent to act for you if your first choice is not
328 willing, able or reasonably available to make decisions for you.
329 Unless related to you, your agent may not be an owner, operator,
330 or employee of a residential long-term health care institution at
331 which you are receiving care.

332 Unless the form you sign limits the authority of your agent,
333 your agent may make all health care decisions for you. This form
334 has a place for you to limit the authority of your agent. You
335 need not limit the authority of your agent if you wish to rely on
336 your agent for all health care decisions that may have to be made.
337 If you choose not to limit the authority of your agent, your agent
338 will have the right to:

339 (a) Consent or refuse consent to any care, treatment,
340 service, or procedure to maintain, diagnose, or otherwise affect a
341 physical or mental condition;

342 (b) Select or discharge health care providers and
343 institutions;

344 (c) Approve or disapprove diagnostic tests, surgical
345 procedures, programs of medication, and orders not to resuscitate;
346 and

347 (d) Direct the provision, withholding, or withdrawal of
348 artificial nutrition and hydration and all other forms of health
349 care.

350 Part 2 of this form lets you give specific instructions about
351 any aspect of your health care. Choices are provided for you to
352 express your wishes regarding the provision, withholding, or
353 withdrawal of treatment to keep you alive, including the provision
354 of artificial nutrition and hydration, as well as the provision of
355 pain relief. Space is provided for you to add to the choices you
356 have made or for you to write out any additional wishes.

357 Part 3 of this form lets you designate a physician to have
358 primary responsibility for your health care.

359 Part 4 of this form lets you authorize the donation of your
360 organs at your death, and declares that this decision will
361 supersede any decision by a member of your family.

362 After completing this form, sign and date the form at the end
363 and have the form witnessed by one of the two alternative methods
364 listed below. Give a copy of the signed and completed form to
365 your physician, to any other health care providers you may have,
366 to any health care institution at which you are receiving care,
367 and to any health care agents you have named. You should talk to
368 the person you have named as agent to make sure that he or she
369 understands your wishes and is willing to take the responsibility.

370 You have the right to revoke this advance health care
371 directive or replace this form at any time.

372 PART 1

373 POWER OF ATTORNEY FOR HEALTH CARE

374 (1) DESIGNATION OF AGENT: I designate the following
375 individual as my agent to make health care decisions for me:

376 _____

377 (name of individual you choose as agent)

378 _____

379 (address) (city) (state) (zip code)

380 _____

381 (home phone) (work phone)

382 OPTIONAL: If I revoke my agent's authority or if my agent is
383 not willing, able, or reasonably available to make a health care
384 decision for me, I designate as my first alternate agent:

385 _____

386 (name of individual you choose as first alternate agent)

387 _____

388 (address) (city) (state) (zip code)

389 _____

390 (home phone) (work phone)

391 OPTIONAL: If I revoke the authority of my agent and first
392 alternate agent or if neither is willing, able, or reasonably
393 available to make a health care decision for me, I designate as my
394 second alternate agent:

395 _____

396 (name of individual you choose as second alternate agent)

397 _____

398 (address) (city) (state) (zip code)

399 _____

400 (home phone) (work phone)

401 (2) AGENT'S AUTHORITY: My agent is authorized to make all
402 health care decisions for me, including decisions to provide,
403 withhold, or withdraw artificial nutrition and hydration, and all
404 other forms of health care to keep me alive, except as I state
405 here:

406 _____

407 _____

408 _____

409 (Add additional sheets if needed.)

410 (3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's
411 authority becomes effective when my primary physician determines
412 that I am unable to make my own health care decisions unless I
413 mark the following box. If I mark this box [], my agent's
414 authority to make health care decisions for me takes effect
415 immediately.

416 (4) AGENT'S OBLIGATION: My agent shall make health care
417 decisions for me in accordance with this power of attorney for
418 health care, any instructions I give in Part 2 of this form, and
419 my other wishes to the extent known to my agent. To the extent my
420 wishes are unknown, my agent shall make health care decisions for
421 me in accordance with what my agent determines to be in my best
422 interest. In determining my best interest, my agent shall
423 consider my personal values to the extent known to my agent.

424 (5) NOMINATION OF GUARDIAN: If a guardian of my person
425 needs to be appointed for me by a court, I nominate the agent
426 designated in this form. If that agent is not willing, able, or
427 reasonably available to act as guardian, I nominate the alternate
428 agents whom I have named, in the order designated.

429 PART 2

430 INSTRUCTIONS FOR HEALTH CARE

431 If you are satisfied to allow your agent to determine what is
432 best for you in making end-of-life decisions, you need not fill
433 out this part of the form. If you do fill out this part of the
434 form, you may strike any wording you do not want.

435 (6) END-OF-LIFE DECISIONS: I direct that my health care
436 providers and others involved in my care provide, withhold or
437 withdraw treatment in accordance with the choice I have marked
438 below:

439 (a) Choice Not To Prolong Life

440 I do not want my life to be prolonged if (i) I have an
441 incurable and irreversible condition that will result in my death
442 within a relatively short time, (ii) I become unconscious and, to
443 a reasonable degree of medical certainty, I will not regain
444 consciousness, or (iii) the likely risks and burdens of treatment
445 would outweigh the expected benefits, or

446 (b) Choice To Prolong Life

447 I want my life to be prolonged as long as possible
448 within the limits of generally accepted health care standards.

449 (7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial
450 nutrition and hydration must be provided, withheld or withdrawn in
451 accordance with the choice I have made in paragraph (6) unless I
452 mark the following box. If I mark this box , artificial
453 nutrition and hydration must be provided regardless of my
454 condition and regardless of the choice I have made in paragraph
455 (6).

456 (8) RELIEF FROM PAIN: Except as I state in the following
457 space, I direct that treatment for alleviation of pain or
458 discomfort be provided at all times, even if it hastens my death:

459 _____

460 _____

461 (9) OTHER WISHES: (If you do not agree with any of the
462 optional choices above and wish to write your own, or if you wish
463 to add to the instructions you have given above, you may do so
464 here.) I direct that:

465 _____

466 _____

467 (Add additional sheets if needed.)

468 PART 3

469 PRIMARY PHYSICIAN

470 (OPTIONAL)

471 (10) I designate the following physician as my primary
472 physician:

473 _____

474 (name of physician)

475 _____

476 (address) (city) (state) (zip code)

477 _____

478 (phone)

479 OPTIONAL: If the physician I have designated above is not
480 willing, able, or reasonably available to act as my primary
481 physician, I designate the following physician as my primary
482 physician:

483 _____

484 (name of physician)

485 _____

486 (address) (city) (state) (zip code)

487 _____

488 (phone)

489 (11) EFFECT OF COPY: A copy of this form has the same
490 effect as the original.

491 (12) SIGNATURES: Sign and date the form here:

492 _____

493 (date)

(sign your name)

494 _____

495 (address)

(print your name)

496 _____

497 (city) (state)

498 PART 4

499 CERTIFICATE OF AUTHORIZATION FOR ORGAN DONATION

500 (OPTIONAL)

501 I, the undersigned, this _____ day of _____,
502 20__, desire that my _____ organ(s) be made available
503 after my demise for:

504 (a) Any licensed hospital, surgeon or physician, for
505 medical education, research, advancement of medical science,
506 therapy or transplantation to individuals;

507 (b) Any accredited medical school, college or
508 university engaged in medical education or research, for therapy,
509 educational research or medical science purposes or any accredited
510 school or mortuary science;

511 (c) Any person operating a bank or storage facility for
512 blood, arteries, eyes, pituitaries, or other human parts, for use
513 in medical education, research, therapy or transplantation to
514 individuals;

515 (d) The donee specified below, for therapy or
516 transplantation needed by him or her, do hereby donate my
517 _____ for said purpose to _____ (name) at
518 _____ (address).

519 I hereby authorize a licensed physician or surgeon to remove
520 and preserve for use my _____ for said
521 purpose.

522 I specifically provide that this declaration shall supersede
523 and take precedence over any decision by my family to the
524 contrary.

525 Witnessed this _____ day of _____, 20__.

526 _____
527 (donor)

528 _____
529 (address)

530 _____
531 (telephone)

532 _____
533 (witness)

534 _____
535 (witness)

536 (13) WITNESSES: This power of attorney will not be valid
537 for making health care decisions unless it is either (a) signed by
538 two (2) qualified adult witnesses who are personally known to you
539 and who are present when you sign or acknowledge your signature;
540 or (b) acknowledged before a notary public in the state.

541 ALTERNATIVE NO. 1

542 Witness

543 I declare under penalty of perjury pursuant to Section
544 97-9-61, Mississippi Code of 1972, that the principal is
545 personally known to me, that the principal signed or acknowledged
546 this power of attorney in my presence, that the principal appears
547 to be of sound mind and under no duress, fraud or undue influence,
548 that I am not the person appointed as agent by this document, and
549 that I am not a health care provider, nor an employee of a health
550 care provider or facility. I am not related to the principal by
551 blood, marriage or adoption, and to the best of my knowledge, I am
552 not entitled to any part of the estate of the principal upon the
553 death of the principal under a will now existing or by operation
554 of law.

555 _____
556 (date) (signature of witness)
557 _____
558 (address) (printed name of witness)
559 _____
560 (city) (state)

561 Witness

562 I declare under penalty of perjury pursuant to Section
563 97-9-61, Mississippi Code of 1972, that the principal is
564 personally known to me, that the principal signed or acknowledged
565 this power of attorney in my presence, that the principal appears
566 to be of sound mind and under no duress, fraud or undue influence,
567 that I am not the person appointed as agent by this document, and
568 that I am not a health care provider, nor an employee of a health
569 care provider or facility.

570 _____
571 (date) (signature of witness)
572 _____
573 (address) (printed name of witness)
574 _____
575 (city) (state)

576 ALTERNATIVE NO. 2

577 State of _____
578 County of _____

579 On this _____ day of _____, in the year _____, before
580 me, _____ (insert name of notary public) appeared
581 _____, personally known to me (or proved to me on the
582 basis of satisfactory evidence) to be the person whose name is
583 subscribed to this instrument, and acknowledged that he or she
584 executed it. I declare under the penalty of perjury that the
585 person whose name is subscribed to this instrument appears to be
586 of sound mind and under no duress, fraud or undue influence.

587 Notary Seal

588 _____

589 (Signature of Notary Public)

590 **SECTION 5.** Section 41-61-71, Mississippi Code of 1972, which
591 provides a procedure for the medical examiner to request
592 permission for removal of eye or other tissues in death cases, is
593 hereby repealed.

594 **SECTION 6.** This act shall take effect and be in force from
595 and after July 1, 2005.