

## Senate Amendments to House Bill No. 687

TO THE CLERK OF THE HOUSE:

THIS IS TO INFORM YOU THAT THE SENATE HAS ADOPTED THE AMENDMENTS SET OUT BELOW:

### AMENDMENT NO. 1

Amend by striking all after the enacting clause and inserting in lieu thereof the following:

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

34           41-39-15. (1) For the purposes of this section:

35                   (a) "Potential organ donor" means a patient with a  
36 severe neurological insult who exhibits loss of cranial nerve  
37 response or who has a Glasgow Coma Scale score of five (5) or  
38 less.

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

41                   (c) "Organ procurement organization" means the  
42 federally designated agency charged with coordinating the  
43 procurement of human organs in the State of Mississippi for the  
44 purpose of transplantation and research.

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

49           (2) Before November 1, 1998, each licensed acute care  
50 hospital in the state shall develop, with the concurrence of the  
51 hospital medical staff and the organ procurement organization, a  
52 protocol for identifying all potential organ and tissue donors.  
53 The protocol shall include a procedure for family consultation.  
54 This protocol shall not be applicable in cases where a declaration  
55 by the organ donor (a) by will, (b) under a Durable Power of  
56 Attorney for Health Care declaration pursuant to Section  
57 41-41-209, (c) under a Withdrawal of Life-Saving Mechanism (Living

58 Will) declaration pursuant to former Section 41-41-107 (now  
59 repealed), or (d) under the Uniform Anatomical Gift Law pursuant  
60 to Section 41-39-39, has been provided to the attending physician.

61 (3) The protocol shall require each hospital to contact the  
62 organ procurement organization by telephone when a patient in the  
63 hospital becomes either a potential organ donor or potential  
64 tissue donor as defined in this section. The organ procurement  
65 organization shall determine the suitability of the patient for  
66 organ or tissue donation after a review of the patient's medical  
67 history and present condition. The organ procurement organization  
68 representative shall notify the attending physician or designee of  
69 its assessment. The hospital shall note in the patient's chart  
70 the organ procurement organization's assessment of suitability for  
71 donation. The organ procurement organization representative shall  
72 provide information about donation options to the family or  
73 persons specified in Section 41-39-35 when consent for donation is  
74 requested.

75 (4) If the patient becomes brain dead and is still suitable  
76 as a potential donor, the organ procurement organization  
77 representative shall approach the deceased patient's legal next of  
78 kin or persons specified in Section 41-39-35 for consent to donate  
79 the patient's organs. The organ procurement organization  
80 representative shall initiate the consent process with reasonable  
81 discretion and sensitivity to the family's circumstances, values  
82 and beliefs.

83 To discourage multiple requests for donation consent, the  
84 organ procurement organization representative shall make a request  
85 for tissue donation during the organ donation consent process.  
86 When the possibility of tissue donation alone exists, a tissue  
87 bank representative or their designee may request the donation.

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

92           The protocol shall require that the decision to donate be  
93 noted in the patient's medical record. The organ procurement  
94 organization shall provide a form to the hospital for the  
95 documentation. The form shall be signed by the patient's family  
96 pursuant to Sections 41-39-31 through 41-39-51. The form shall be  
97 placed in each deceased patient's chart documenting the family's  
98 decision regarding donation of organs or tissues from the patient.

99           (6) (a) If the deceased patient is medically suitable to be  
100 an organ and/or tissue donor, as determined by the protocol in  
101 this section, and the donor and/or family has authorized the  
102 donation and transplantation, the donor's organs and/or tissues  
103 shall be removed for the purpose of donation and transplantation  
104 by the organ procurement organization, in accordance with  
105 paragraph (b) of this subsection.

106           (b) If the deceased patient is the subject of a  
107 medical-legal death investigation, the organ procurement  
108 organization shall immediately notify the appropriate medical  
109 examiner that the deceased patient is medically suitable to be an  
110 organ and/or tissue donor. If the medical examiner determines  
111 that examination, analysis or autopsy of the organs and/or tissue  
112 is necessary for the medical examiner's investigation, the medical  
113 examiner may be present while the organs and/or tissues are  
114 removed for the purpose of transplantation. The physician,  
115 surgeon or technician removing the organs and/or tissues shall  
116 file with the medical examiner a report detailing the donation,  
117 which shall become part of the medical examiner's report. When  
118 requested by the medical examiner, the report shall include a  
119 biopsy or medically approved sample, as specified by the medical  
120 examiner, from the donated organs and/or tissues.

121           (c) In a medical-legal death investigation, decisions  
122 about organ and/or tissue donation and transplantation shall be  
123 made in accordance with a protocol established and agreed upon by  
124 majority vote no later than July 1, 2005, by the organ procurement  
125 organization, a certified state pathologist who shall be appointed  
126 by the Mississippi Commissioner of Public Safety, a representative

127 from the University of Mississippi Medical Center, a  
128 representative from the Mississippi Coroners Association, an organ  
129 recipient who shall be appointed by the Governor, the Director of  
130 the Mississippi Bureau of Investigation of the Mississippi  
131 Department of Public Safety, and a representative of the  
132 Mississippi Prosecutor's Association appointed by the Attorney  
133 General. The protocol shall be established so as to maximize the  
134 total number of organs and/or tissues available for donation and  
135 transplantation. Organs and/or tissues designated by virtue of  
136 this protocol shall be recovered. The protocol shall be reviewed  
137 and evaluated on an annual basis.

138 (d) This subsection (6) shall stand repealed on June  
139 30, 2007.

140 (7) Performance improvement record reviews of deceased  
141 patients' medical records shall be conducted by the organ  
142 procurement organization for each hospital having more than  
143 ninety-five (95) licensed acute care beds and general surgical  
144 capability. These reviews must be performed in the first four (4)  
145 months of a calendar year for the previous calendar year. If the  
146 organ procurement organization and hospital mutually agree, the  
147 performance improvement record reviews may be performed more  
148 frequently. Aggregate data concerning these reviews shall be  
149 submitted by the organ procurement organization to the State  
150 Department of Health by July 1 of each year for the preceding  
151 year.

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

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

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

164       (11) A gift of all or part of the body made (a) by will, (b)  
165 under a Durable Power of Attorney for Health Care declaration  
166 pursuant to Section 41-41-209, (c) under a Withdrawal of  
167 Life-Saving Mechanism (Living Will) declaration pursuant to former  
168 Section 41-41-107 (now repealed), or (d) under a Uniform  
169 Anatomical Gift Act declaration pursuant to Section 41-39-39, will  
170 supersede and have precedence over any decision by the family of  
171 the individual making the organ donation.

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

174       41-61-59. (1) A person's death that affects the public  
175 interest as specified in subsection (2) of this section shall be  
176 promptly reported to the medical examiner by the physician in  
177 attendance, any hospital employee, any law enforcement officer  
178 having knowledge of the death, the embalmer or other funeral home  
179 employee, any emergency medical technician, any relative or any  
180 other person present. The appropriate medical examiner shall  
181 notify the municipal or state law enforcement agency or sheriff  
182 and take charge of the body. When the medical examiner has  
183 received notification under Section 41-39-15(6) that the deceased  
184 is medically suitable to be an organ and/or tissue donor, the  
185 medical examiner's authority over the body shall be subject to the  
186 provisions of Section 41-39-15(6). The appropriate medical  
187 examiner shall notify the Mississippi Bureau of Narcotics within  
188 twenty-four (24) hours of receipt of the body in cases of death as  
189 described in subsection (2)(m) or (n) of this section.

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

192               (a) Violent death, including homicidal, suicidal or  
193 accidental death.

194               (b) Death caused by thermal, chemical, electrical or  
195 radiation injury.

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

198 (d) Death related to disease thought to be virulent or  
199 contagious that may constitute a public hazard.

200 (e) Death that has occurred unexpectedly or from an  
201 unexplained cause.

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

204 (g) Death of a person where a physician was not in  
205 attendance within thirty-six (36) hours preceding death, or in  
206 prediagnosed terminal or bedfast cases, within thirty (30) days  
207 preceding death.

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

210 (i) Death of a person where the identity of the  
211 deceased is unknown.

212 (j) Death of a child under the age of two (2) years  
213 where death results from an unknown cause or where the  
214 circumstances surrounding the death indicate that sudden infant  
215 death syndrome may be the cause of death.

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

220 (l) Where a person is presented to a hospital emergency  
221 room unconscious and/or unresponsive, with cardiopulmonary  
222 resuscitative measures being performed, and dies within  
223 twenty-four (24) hours of admission without regaining  
224 consciousness or responsiveness, unless a physician was in  
225 attendance within thirty-six (36) hours preceding presentation to  
226 the hospital, or in cases in which the decedent had a prediagnosed  
227 terminal or bedfast condition, unless a physician was in  
228 attendance within thirty (30) days preceding presentation to the  
229 hospital.

230 (m) Death that is caused by drug overdose or which is  
231 believed to be caused by drug overdose.

232 (n) When a stillborn fetus is delivered and the cause  
233 of the demise is medically believed to be from the use by the  
234 mother of any controlled substance as defined in Section  
235 41-29-105.

236 (3) The State Medical Examiner is empowered to investigate  
237 deaths, under the authority hereinafter conferred, in any and all  
238 political subdivisions of the state. The county medical examiners  
239 and county medical examiner investigators, while appointed for a  
240 specific county, may serve other counties on a regular basis with  
241 written authorization by the State Medical Examiner, or may serve  
242 other counties on an as-needed basis upon the request of the  
243 ranking officer of the investigating law enforcement agency. The  
244 county medical examiner or county medical examiner investigator of  
245 any county that has established a regional medical examiner  
246 district under subsection (4) of Section 41-61-77 may serve other  
247 counties that are parties to the agreement establishing the  
248 district, in accordance with the terms of the agreement, and may  
249 contract with counties that are not part of the district to  
250 provide medical examiner services for those counties. If a death  
251 affecting the public interest takes place in a county other than  
252 the one where injuries or other substantial causal factors leading  
253 to the death have occurred, jurisdiction for investigation of the  
254 death may be transferred, by mutual agreement of the respective  
255 medical examiners of the counties involved, to the county where  
256 the injuries or other substantial causal factors occurred, and the  
257 costs of autopsy or other studies necessary to the further  
258 investigation of the death shall be borne by the county assuming  
259 jurisdiction.

260 (4) The chief county medical examiner or chief county  
261 medical examiner investigator may receive from the county in which  
262 he serves a salary of Nine Hundred Dollars (\$900.00) per month, in  
263 addition to the fees specified in Sections 41-61-69 and 41-61-75,  
264 provided that no county shall pay the chief county medical

265 examiner or chief county medical examiner investigator less than  
266 One Hundred Dollars (\$100.00) per month as a salary, in addition  
267 to other compensation provided by law. In any county having one  
268 or more deputy medical examiners or deputy medical examiner  
269 investigators, each deputy may receive from the county in which he  
270 serves, in the discretion of the board of supervisors, a salary of  
271 not more than Nine Hundred Dollars (\$900.00) per month, in  
272 addition to the fees specified in Sections 41-61-69 and 41-61-75.  
273 For this salary the chief shall assure twenty-four-hour daily and  
274 readily available death investigators for the county, and shall  
275 maintain copies of all medical examiner death investigations for  
276 the county for at least the previous five (5) years. He shall  
277 coordinate his office and duties and cooperate with the State  
278 Medical Examiner, and the State Medical Examiner shall cooperate  
279 with him.

280 (5) A body composed of the State Medical Examiner, whether  
281 appointed on a permanent or interim basis, the Director of the  
282 State Board of Health or his designee, the Attorney General or his  
283 designee, the President of the Mississippi Coroners' Association  
284 (or successor organization) or his designee, and a certified  
285 pathologist appointed by the Mississippi State Medical Association  
286 shall adopt, promulgate, amend and repeal rules and regulations as  
287 may be deemed necessary by them from time to time for the proper  
288 enforcement, interpretation and administration of Sections  
289 41-61-51 through 41-61-79, in accordance with the provisions of  
290 the Mississippi Administrative Procedures Law, being Section  
291 25-43-1 et seq.

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

294 41-61-65. (1) If, in the opinion of the medical examiner  
295 investigating the case, it is advisable and in the public interest  
296 that an autopsy or other study be made for the purpose of  
297 determining the primary and/or contributing cause of death, an  
298 autopsy or other study shall be made by the State Medical Examiner  
299 or by a competent pathologist designated by the State Medical



300 Examiner. The State Medical Examiner or designated pathologist  
301 may retain any tissues as needed for further postmortem studies or  
302 documentation. When the medical examiner has received  
303 notification under Section 41-39-15(6) that the deceased is  
304 medically suitable to be an organ and/or tissue donor, the State  
305 Medical Examiner or designated pathologist may retain any biopsy  
306 or medically approved sample of the organ and/or tissue in  
307 accordance with the provisions of Section 41-39-15(6). A complete  
308 autopsy report of findings and interpretations, prepared on forms  
309 designated for this purpose, shall be submitted promptly to the  
310 State Medical Examiner. Copies of the report shall be furnished  
311 to the authorizing medical examiner, district attorney and court  
312 clerk. A copy of the report shall be furnished to one (1) adult  
313 member of the immediate family of the deceased or the legal  
314 representative or legal guardian of members of the immediate  
315 family of the deceased upon request. In determining the need for  
316 an autopsy, the medical examiner may consider the request from the  
317 district attorney or county prosecuting attorney, law enforcement  
318 or other public officials or private persons. However, if the  
319 death occurred in the manner specified in subsection (2)(j) of  
320 Section 41-61-59, an autopsy shall be performed by the State  
321 Medical Examiner or his designated pathologist, and the report of  
322 findings shall be forwarded promptly to the State Medical  
323 Examiner, investigating medical examiner, the State Department of  
324 Health, the infant's attending physician and the local sudden  
325 infant death syndrome coordinator.

326 (2) Any medical examiner or duly licensed physician  
327 performing authorized investigations and/or autopsies as provided  
328 in Sections 41-61-51 through 41-61-79 who, in good faith, complies  
329 with the provisions of Sections 41-61-51 through 41-61-79 in the  
330 determination of the cause and/or manner of death for the purpose  
331 of certification of that death, shall not be liable for damages on  
332 account thereof, and shall be immune from any civil liability that  
333 might otherwise be incurred or imposed.

334 (3) Family members or others who disagree with the medical  
335 examiner's determination shall be able to petition and present  
336 written argument to the State Medical Examiner for further review.  
337 If the petitioner still disagrees, he may petition the circuit  
338 court, which may, in its discretion, hold a formal hearing. In  
339 all those proceedings, the State Medical Examiner and the county  
340 medical examiner or county medical examiner investigator who  
341 certified the information shall be made defendants. All costs of  
342 the petitioning and hearing shall be borne by the petitioner.

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

345 41-41-209. The following form may be used to create an  
346 advance health care directive. Sections 41-41-201 through  
347 41-41-207 and 41-41-211 through 41-41-229 govern the effect of  
348 this or any other writing used to create an advanced health care  
349 directive. An individual may complete or modify all or any part  
350 of the following form:

351 ADVANCE HEALTH CARE DIRECTIVE

352 **Explanation**

353 You have the right to give instructions about your own health  
354 care. You also have the right to name someone else to make health  
355 care decisions for you. This form lets you do either or both of  
356 these things. It also lets you express your wishes regarding the  
357 designation of your primary physician. If you use this form, you  
358 may complete or modify all or any part of it. You are free to use  
359 a different form.

360 Part 1 of this form is a power of attorney for health care.  
361 Part 1 lets you name another individual as agent to make health  
362 care decisions for you if you become incapable of making your own  
363 decisions or if you want someone else to make those decisions for  
364 you now even though you are still capable. You may name an  
365 alternate agent to act for you if your first choice is not  
366 willing, able or reasonably available to make decisions for you.  
367 Unless related to you, your agent may not be an owner, operator,

368 or employee of a residential long-term health care institution at  
369 which you are receiving care.

370 Unless the form you sign limits the authority of your agent,  
371 your agent may make all health care decisions for you. This form  
372 has a place for you to limit the authority of your agent. You  
373 need not limit the authority of your agent if you wish to rely on  
374 your agent for all health care decisions that may have to be made.  
375 If you choose not to limit the authority of your agent, your agent  
376 will have the right to:

377 (a) Consent or refuse consent to any care, treatment,  
378 service, or procedure to maintain, diagnose, or otherwise affect a  
379 physical or mental condition;

380 (b) Select or discharge health care providers and  
381 institutions;

382 (c) Approve or disapprove diagnostic tests, surgical  
383 procedures, programs of medication, and orders not to resuscitate;  
384 and

385 (d) Direct the provision, withholding, or withdrawal of  
386 artificial nutrition and hydration and all other forms of health  
387 care.

388 Part 2 of this form lets you give specific instructions about  
389 any aspect of your health care. Choices are provided for you to  
390 express your wishes regarding the provision, withholding, or  
391 withdrawal of treatment to keep you alive, including the provision  
392 of artificial nutrition and hydration, as well as the provision of  
393 pain relief. Space is provided for you to add to the choices you  
394 have made or for you to write out any additional wishes.

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

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

400 After completing this form, sign and date the form at the end  
401 and have the form witnessed by one of the two alternative methods  
402 listed below. Give a copy of the signed and completed form to

403 your physician, to any other health care providers you may have,  
404 to any health care institution at which you are receiving care,  
405 and to any health care agents you have named. You should talk to  
406 the person you have named as agent to make sure that he or she  
407 understands your wishes and is willing to take the responsibility.

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

410 PART 1

411 POWER OF ATTORNEY FOR HEALTH CARE

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

414 \_\_\_\_\_

415 (name of individual you choose as agent)

416 \_\_\_\_\_

417 (address) (city) (state) (zip code)

418 \_\_\_\_\_

419 (home phone) (work phone)

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

423 \_\_\_\_\_

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

425 \_\_\_\_\_

426 (address) (city) (state) (zip code)

427 \_\_\_\_\_

428 (home phone) (work phone)

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

433 \_\_\_\_\_

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

435 \_\_\_\_\_

436 (address) (city) (state) (zip code)

437 \_\_\_\_\_

438 (home phone) (work phone)

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

444 \_\_\_\_\_  
445 \_\_\_\_\_  
446 \_\_\_\_\_

447 (Add additional sheets if needed.)

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

454 (4) AGENT'S OBLIGATION: My agent shall make health care  
455 decisions for me in accordance with this power of attorney for  
456 health care, any instructions I give in Part 2 of this form, and  
457 my other wishes to the extent known to my agent. To the extent my  
458 wishes are unknown, my agent shall make health care decisions for  
459 me in accordance with what my agent determines to be in my best  
460 interest. In determining my best interest, my agent shall  
461 consider my personal values to the extent known to my agent.

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

467 PART 2

468 INSTRUCTIONS FOR HEALTH CARE

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

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

477 [ ] (a) Choice Not To Prolong Life

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

484 [ ] (b) Choice To Prolong Life

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

487 (7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial  
488 nutrition and hydration must be provided, withheld or withdrawn in  
489 accordance with the choice I have made in paragraph (6) unless I  
490 mark the following box. If I mark this box [ ], artificial  
491 nutrition and hydration must be provided regardless of my  
492 condition and regardless of the choice I have made in paragraph  
493 (6).

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

497 \_\_\_\_\_  
498 \_\_\_\_\_

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

503 \_\_\_\_\_  
504 \_\_\_\_\_

505 (Add additional sheets if needed.)

506 PART 3

507 PRIMARY PHYSICIAN

508 (OPTIONAL)

509 (10) I designate the following physician as my primary  
510 physician:

511 \_\_\_\_\_

512 (name of physician)

513 \_\_\_\_\_

514 (address) (city) (state) (zip code)

515 \_\_\_\_\_

516 (phone)

517 OPTIONAL: If the physician I have designated above is not  
518 willing, able, or reasonably available to act as my primary  
519 physician, I designate the following physician as my primary  
520 physician:

521 \_\_\_\_\_

522 (name of physician)

523 \_\_\_\_\_

524 (address) (city) (state) (zip code)

525 \_\_\_\_\_

526 (phone)

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

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

530 \_\_\_\_\_

531 (date) (sign your name)

532 \_\_\_\_\_

533 (address) (print your name)

534 \_\_\_\_\_

535 (city) (state)

536 PART 4

537 CERTIFICATE OF AUTHORIZATION FOR ORGAN DONATION

538 (OPTIONAL)

539 I, the undersigned, this \_\_\_\_\_ day of \_\_\_\_\_,

540 20\_\_\_\_, desire that my \_\_\_\_\_ organ(s) be made available

541 after my demise for:

542           (a) Any licensed hospital, surgeon or physician, for  
 543 medical education, research, advancement of medical science,  
 544 therapy or transplantation to individuals;

545           (b) Any accredited medical school, college or  
 546 university engaged in medical education or research, for therapy,  
 547 educational research or medical science purposes or any accredited  
 548 school or mortuary science;

549           (c) Any person operating a bank or storage facility for  
 550 blood, arteries, eyes, pituitaries, or other human parts, for use  
 551 in medical education, research, therapy or transplantation to  
 552 individuals;

553           (d) The donee specified below, for therapy or  
 554 transplantation needed by him or her, do hereby donate my  
 555 \_\_\_\_\_ for said purpose to \_\_\_\_\_ (name) at  
 556 \_\_\_\_\_ (address).

557           I hereby authorize a licensed physician or surgeon to remove  
 558 and preserve for use my \_\_\_\_\_ for said  
 559 purpose.

560           I specifically provide that this declaration shall supersede  
 561 and take precedence over any decision by my family to the  
 562 contrary.

563           Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
 564 \_\_\_\_\_

565                               (donor)

566 \_\_\_\_\_  
 567                               (address)

568 \_\_\_\_\_  
 569                               (telephone)

570 \_\_\_\_\_  
 571                               (witness)

572 \_\_\_\_\_  
 573                               (witness)

574           (13) WITNESSES: This power of attorney will not be valid  
 575 for making health care decisions unless it is either (a) signed by  
 576 two (2) qualified adult witnesses who are personally known to you



577 and who are present when you sign or acknowledge your signature;  
578 or (b) acknowledged before a notary public in the state.

579 ALTERNATIVE NO. 1

580 Witness

581 I declare under penalty of perjury pursuant to Section  
582 97-9-61, Mississippi Code of 1972, that the principal is  
583 personally known to me, that the principal signed or acknowledged  
584 this power of attorney in my presence, that the principal appears  
585 to be of sound mind and under no duress, fraud or undue influence,  
586 that I am not the person appointed as agent by this document, and  
587 that I am not a health care provider, nor an employee of a health  
588 care provider or facility. I am not related to the principal by  
589 blood, marriage or adoption, and to the best of my knowledge, I am  
590 not entitled to any part of the estate of the principal upon the  
591 death of the principal under a will now existing or by operation  
592 of law.

593 \_\_\_\_\_  
594 (date) (signature of witness)

595 \_\_\_\_\_  
596 (address) (printed name of witness)

597 \_\_\_\_\_  
598 (city) (state)

599 Witness

600 I declare under penalty of perjury pursuant to Section  
601 97-9-61, Mississippi Code of 1972, that the principal is  
602 personally known to me, that the principal signed or acknowledged  
603 this power of attorney in my presence, that the principal appears  
604 to be of sound mind and under no duress, fraud or undue influence,  
605 that I am not the person appointed as agent by this document, and  
606 that I am not a health care provider, nor an employee of a health  
607 care provider or facility.

608 \_\_\_\_\_  
609 (date) (signature of witness)

610 \_\_\_\_\_  
611 (address) (printed name of witness)

612 \_\_\_\_\_

613 (city) (state)

614 ALTERNATIVE NO. 2

615 State of \_\_\_\_\_

616 County of \_\_\_\_\_

617 On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before

618 me, \_\_\_\_\_ (insert name of notary public) appeared

619 \_\_\_\_\_, personally known to me (or proved to me on the

620 basis of satisfactory evidence) to be the person whose name is

621 subscribed to this instrument, and acknowledged that he or she

622 executed it. I declare under the penalty of perjury that the

623 person whose name is subscribed to this instrument appears to be

624 of sound mind and under no duress, fraud or undue influence.

625 Notary Seal

626 \_\_\_\_\_

627 (Signature of Notary Public)

628 **SECTION 5.** Section 41-61-71, Mississippi Code of 1972, which

629 provides a procedure for the medical examiner to request

630 permission for removal of eye or other tissues in death cases, is

631 hereby repealed.

632 **SECTION 6.** Section 41-61-71, Mississippi Code of 1972, which

633 sets forth a procedure for obtaining corneal tissue and other

634 tissues from a decedent, is repealed.

635 **SECTION 7.** This act shall take effect and be in force from

636 and after July 1, 2005.

**Further, amend by striking the title in its entirety and  
inserting in lieu thereof the following:**

1 AN ACT TO AMEND SECTION 41-39-15, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT IF A DECEASED PATIENT IN A HOSPITAL IS MEDICALLY  
3 SUITABLE TO BE AN ORGAN AND/OR TISSUE DONOR, AND AUTHORIZATION FOR  
4 THE DONATION AND TRANSPLANTATION HAS BEEN OBTAINED, THE DONOR'S  
5 ORGANS AND/OR TISSUES SHALL BE REMOVED FOR THE PURPOSE OF DONATION  
6 AND TRANSPLANTATION BY THE ORGAN PROCUREMENT ORGANIZATION, WHICH  
7 SHALL IMMEDIATELY NOTIFY THE APPROPRIATE MEDICAL EXAMINER THAT THE  
8 DECEASED PATIENT IS MEDICALLY SUITABLE TO BE AN ORGAN AND/OR  
9 TISSUE DONOR; TO PROVIDE THAT IF THE MEDICAL EXAMINER DETERMINES  
10 THAT EXAMINATION, ANALYSIS OR AUTOPSY OF THE ORGANS AND/OR TISSUE  
11 IS NECESSARY FOR HIS OR HER INVESTIGATION, THE MEDICAL EXAMINER  
12 MAY BE PRESENT WHILE THE ORGANS AND/OR TISSUES ARE REMOVED; TO  
13 REQUIRE THE PHYSICIAN REMOVING THE ORGANS AND/OR TISSUES TO FILE  
14 WITH THE MEDICAL EXAMINER A REPORT DETAILING THE DONATION; TO

15 PROVIDE THAT WHEN REQUESTED BY THE MEDICAL EXAMINER, THE REPORT  
16 SHALL INCLUDE A BIOPSY OR MEDICALLY APPROVED SAMPLE FROM THE  
17 DONATED ORGANS AND/OR TISSUES; TO PROVIDE THAT IN A MEDICAL-LEGAL  
18 DEATH INVESTIGATION, DECISIONS ABOUT ORGAN AND/OR TISSUE DONATION  
19 AND TRANSPLANTATION SHALL BE MADE IN ACCORDANCE WITH A PROTOCOL  
20 ESTABLISHED AND AGREED TO BY INDIVIDUALS REPRESENTING SEVERAL  
21 DIFFERENT INTERESTS; TO PROVIDE THAT AN ORGAN DONATION MADE BY  
22 WILL, BY A DURABLE POWER OF ATTORNEY, BY A LIVING WILL OR PURSUANT  
23 TO THE UNIFORM ANATOMICAL GIFT ACT SUPERSEDES ANY DECISION BY THE  
24 FAMILY OF THE ORGAN DONOR; TO AMEND SECTIONS 41-61-59 AND  
25 41-61-65, MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING  
26 SECTION; TO AMEND SECTION 41-41-209, MISSISSIPPI CODE OF 1972, TO  
27 PROVIDE THE FORM FOR A DECLARATION BY AN ORGAN DONOR; TO REPEAL  
28 SECTION 41-61-71, MISSISSIPPI CODE OF 1972, WHICH SETS FORTH A  
29 PROCEDURE FOR OBTAINING CORNEAL TISSUE AND OTHER TISSUES FROM A  
30 DECEDENT; AND FOR RELATED PURPOSES.

SS02\HB687A.1J

John O. Gilbert  
Secretary of the Senate