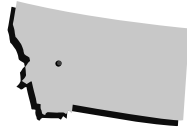


# Montana's End-of-Life Registry

033109



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## End-of-Life Registry *History*

- Enacted by 2005 Legislature
- MCA 50-9-501  
– Authorized Montana's Attorney  
General to establish



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## End-of-Life Registry Goal



- Provide place to store  
advance directives online
- Give authorized health care  
providers immediate access

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## What is an Advance Directive?



- Document that expresses how  
you would want to be treated if  
you were seriously ill and  
unable to make decisions for  
yourself.

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## Life Sustaining Treatment

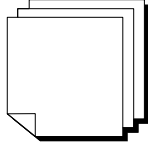


- You may order attending  
physician to withhold or  
withdraw treatment that  
would only prolong the  
process of dying.

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## Types of advance directives:

- Health care directives
- Living wills
- Declarations
- Health care powers of attorney



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## How to file an advance directive:

- Complete 2 forms
  - Advance Directive
  - Consumer Registration Agreement

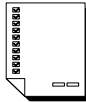


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## Where to get forms:

Both forms:

- Available online  
<http://endoflife.mt.gov>
- Office of Consumer Protection  
**1-866-675-3314**



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## Another source for Advance Directives

**MSU Extension**



- [www.montana.edu](http://www.montana.edu)
- Search on living will

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Consumer Registration Agreement also provided

–MSU Extension  
MontGuide

- [www.montana.edu](http://www.montana.edu)
- Search: End of Life Registry



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## Send originals of forms to:

- Office of Consumer Protection  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410  
Phone: (406) 444-5803 or  
(866) 675-3314  
Fax: (406) 444-9680  
email: [endofliferegistry@mt.gov](mailto:endofliferegistry@mt.gov)



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## What are legal requirements?



- At least 18 years of age
- 2 witnesses sign form
- Does not have to be notarized

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## What if I can't sign?

- May have another individual sign if unable to sign yourself
  - Disease
  - Physical impairment



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## Who can witness?

- Friends
- Acquaintances
- Business associates



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## Witnesses??????

- Family members
  - Legal, but.....
  - Concern
    - Impartiality
    - Relatives may not agree about withdrawing life sustaining treatment



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## What if I change my mind?

- Complete & mail to Office of Consumer Protection
  - New Advance Directive
  - New Consumer Registration Agreement



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## Consumer Registration Agreement



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## Contents of Section A:

- Name
- Gender
- Date of birth
- Mother's maiden name
- Social Security Number
- Phone number
- Mailing address
- 



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## Section B:



- Types of access for Advance Directives
  - *Standard* privacy
  - *Higher* privacy

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## *Standard* Privacy Access



- If access code unavailable
- Anyone with your
  - Name
  - Social Security Number
  - Birth date
  - Mother's maiden name

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## *Higher* Privacy Access



- Person who filed directive
- Registered health care providers
- Anyone with your name & access code

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## Section B: Checklist

### *I want to:*

- Store an Advance Directive in the Registry.
- Replace an Advance Directive with a new one.



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## Type of Request (cont'd.)

### *I want to:*

- Remove my Advance Directive from the Registry.
- Request a replacement wallet card.



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## Section C:

1. ....Duly executed & witnessed
2. Understand that
  - a. Free of charge
  - b. Voluntary
  - c. Authorization to store
  - d. Can revoke
  - e. Liability of agency



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## Section C:

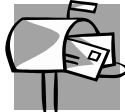
1. Signature of person completing agreement
2. Printed Name
3. Date



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## Mail completed materials

- Advance Directive
- Consumer Registration Agreement



**To:** Office of Consumer Protection  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410

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## Notification



- Within approximately three weeks, acceptance/denial letter is sent to you.

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## Enclosures

1. Your identifying access code
2. Wallet card
3. Four labels



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## Wallet Card Example

How to access my Advance Directive	MONTANA END-OF-LIFE REGISTRY
<ol style="list-style-type: none"><li>1. Go to <a href="http://www.endoflife.mt.gov">www.endoflife.mt.gov</a>.</li><li>2. Click on Start in the Registrants box.</li><li>3. Enter your name and access code.</li></ol> <p>If you do not have Internet access, call 1-866-675-3314.</p>	Name:  Access Code:

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## Label Example

MT End-of-Life Registry  
1-886-675-3314  
www.endoflife.mt.gov

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## Where to place labels?

– Back of

- Driver's license
- Auto insurance card
- Health insurance card

– Your choice????



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## What if advance directive is rejected?

- Will be returned if does not meet Montana requirements
- Letter of explanation
  - Indicates what additional information needed



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## Whom should I provide a copy?



- Physician
- Other health care provider
- Family member

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## Health Care Provider Registration Agreement

- Facility Type:
  - Ambulatory Surgery
  - Clinics
  - Home Health Care Agency.....



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## Health Care Provider Registration Agreement

- Facility Type (cont'd):
  - Hospice
  - Hospital
  - Nursing Facility
  - Private Office



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## Registration Agreement

- Name of health care provider
- Facility ID
- Health Care provider License #
- Mailing address



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## Access 24 / 7

- Advance Directives are stored in secure computer database
  - Free of charge
  - Available anytime



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## 24-hour help desk

- Assist health care professionals
  - Determine whether Advance Directive has been filed



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## Office of Consumer Protection

- Does not provide:
  - Legal advice
  - Legal services



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## Further Information

Joan Eliel, Program Specialist  
Office of Consumer Protection  
2225 11<sup>th</sup> Avenue  
P.O. Box 201410  
Helena, MT 59620-1410  
Phone: (406) 444-5803 or (866) 675-3314  
Fax: (406) 444-9680  
email: [endofliferegistry@mt.gov](mailto:endofliferegistry@mt.gov)



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## Additional Resources

- Association of Montana Health Care Providers
- Compassion and Choices
- Caring Connections
- National Hospice and Palliative Care Organization
- Aging with Dignity

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## MontGuide Reviewers

- **Elderly Assistance Committee**  
– State Bar of Montana
- **Businesses, Estates, Trusts, Tax and Real Property Section**  
– State Bar of Montana
- **Office of Consumer Protection, Attorney General's Office**

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## Montana's End-of-Life Registry

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Program Evaluation



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