

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 Illinois Power of Attorney Act is amended  
5 by changing Sections 4-4.1, 4-7, and 4-10 as follows:

6 (755 ILCS 45/4-4.1)

7 Sec. 4-4.1. Format. Documents, writings, forms, and copies  
8 referred to in this Article may be in hard copy or electronic  
9 format. Nothing in this Article is intended to prevent the  
10 population of a written instrument of a health care agency,  
11 document, writing, or form with electronic data. An agent may  
12 present an electronic device displaying an electronic copy of  
13 an executed form as proof of the health care agency.

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

15 (755 ILCS 45/4-7) (from Ch. 110 1/2, par. 804-7)

16 Sec. 4-7. Duties of health care providers and others in  
17 relation to health care agencies. Each health care provider  
18 and each other person with whom an agent deals under a health  
19 care agency shall be subject to the following duties and  
20 responsibilities:

21 (a) It is the responsibility of the agent or patient to  
22 notify the health care provider of the existence of the health

1 care agency and any amendment or revocation thereof. An agent  
2 may present an electronic device displaying an electronic copy  
3 of an executed form as proof of the health care agency. A  
4 health care provider furnished with a copy of a health care  
5 agency shall make it a part of the patient's medical records  
6 and shall enter in the records any change in or termination of  
7 the health care agency by the principal that becomes known to  
8 the provider. Whenever a provider believes a patient may lack  
9 capacity to give informed consent to health care which the  
10 provider deems necessary, the provider shall consult with any  
11 available health care agent known to the provider who then has  
12 power to act for the patient under a health care agency.

13 (b) A health care decision made by an agent in accordance  
14 with the terms of a health care agency shall be complied with  
15 by every health care provider to whom the decision is  
16 communicated, subject to the provider's right to administer  
17 treatment for the patient's comfort care or alleviation of  
18 pain; but if the provider is unwilling to comply with the  
19 agent's decision, the provider shall promptly inform the agent  
20 who shall then be responsible to make the necessary  
21 arrangements for the transfer of the patient to another  
22 provider. It is understood that a provider who is unwilling to  
23 comply with the agent's decision will continue to afford  
24 reasonably necessary consultation and care in connection with  
25 the transfer.

26 (c) At the patient's expense and subject to reasonable

1 rules of the health care provider to prevent disruption of the  
2 patient's health care, each health care provider shall give an  
3 agent authorized to receive such information under a health  
4 care agency the same right the principal has to examine and  
5 copy any part or all of the patient's medical records that the  
6 agent deems relevant to the exercise of the agent's powers,  
7 whether the records relate to mental health or any other  
8 medical condition and whether they are in the possession of or  
9 maintained by any physician, psychiatrist, psychologist,  
10 therapist, hospital, nursing home or other health care  
11 provider.

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

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

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

2 Sec. 4-10. Statutory short form power of attorney for  
3 health care.

4 (a) The form prescribed in this Section (sometimes also  
5 referred to in this Act as the "statutory health care power")  
6 may be used to grant an agent powers with respect to the  
7 principal's own health care; but the statutory health care  
8 power is not intended to be exclusive nor to cover delegation  
9 of a parent's power to control the health care of a minor  
10 child, and no provision of this Article shall be construed to  
11 invalidate or bar use by the principal of any other or  
12 different form of power of attorney for health care.  
13 Nonstatutory health care powers must be executed by the  
14 principal, designate the agent and the agent's powers, and  
15 comply with the limitations in Section 4-5 of this Article,  
16 but they need not be witnessed or conform in any other respect  
17 to the statutory health care power.

18 No specific format is required for the statutory health  
19 care power of attorney other than the notice must precede the  
20 form. The statutory health care power may be included in or  
21 combined with any other form of power of attorney governing  
22 property or other matters.

23 The signature and execution requirements set forth in this  
24 Article are satisfied by: (i) written signatures or initials;  
25 or (ii) electronic signatures or computer-generated signature

1 codes. Electronic documents under this Act may be created,  
2 signed, or revoked electronically using a generic,  
3 technology-neutral system in which each user is assigned a  
4 unique identifier that is securely maintained and in a manner  
5 that meets the regulatory requirements for a digital or  
6 electronic signature. Compliance with the standards defined in  
7 the Uniform Electronic Transactions Act or the implementing  
8 rules of the Hospital Licensing Act for medical record entry  
9 authentication for author validation of the documentation,  
10 content accuracy, and completeness meets this standard.

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

13 NOTICE TO THE INDIVIDUAL SIGNING

14 THE POWER OF ATTORNEY FOR HEALTH CARE

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

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

25 It is important to put your choice of agent in writing. The

1 written form is often called an "advance directive". You may  
2 use this form or another form, as long as it meets the legal  
3 requirements of Illinois. There are many written and online  
4 ~~on-line~~ resources to guide you and your loved ones in having a  
5 conversation about these issues. You may find it helpful to  
6 look at these resources while thinking about and discussing  
7 your advance directive.

8 WHAT ARE THE THINGS I WANT MY  
9 HEALTH CARE AGENT TO KNOW?

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

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

24 (ii) How important is it to you to avoid pain and  
25 suffering?

1           (iii) If you had to choose, is it more important to you  
2 to live as long as possible, or to avoid prolonged  
3 suffering or disability?

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

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

8           (vi) Do you wish to make a significant contribution to  
9 medical science after your death through organ or whole  
10 body donation?

11           (vii) Do you have an existing advance directive, such  
12 as a living will, that contains your specific wishes about  
13 health care that is only delaying your death? If you have  
14 another advance directive, make sure to discuss with your  
15 agent the directive and the treatment decisions contained  
16 within that outline your preferences. Make sure that your  
17 agent agrees to honor the wishes expressed in your advance  
18 directive.

19                           WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

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

24           (i) talk with physicians and other health care  
25 providers about your condition.

1           (ii) see medical records and approve who else can see  
2 them.

3           (iii) give permission for medical tests, medicines,  
4 surgery, or other treatments.

5           (iv) choose where you receive care and which  
6 physicians and others provide it.

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

11           (vi) agree or decline to donate your organs or your  
12 whole body if you have not already made this decision  
13 yourself. This could include donation for transplant,  
14 research, and/or education. You should let your agent know  
15 whether you are registered as a donor in the First Person  
16 Consent registry maintained by the Illinois Secretary of  
17 State or whether you have agreed to donate your whole body  
18 for medical research and/or education.

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

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

24           Your agent is not automatically responsible for your  
25 health care expenses.



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

2           You can pick a family member, but you do not have to. Your  
3 agent will have the responsibility to make medical treatment  
4 decisions, even if other people close to you might urge a  
5 different decision. The selection of your agent should be done  
6 carefully, as he or she will have ultimate decision-making  
7 authority for your treatment decisions once you are no longer  
8 able to voice your preferences. Choose a family member,  
9 friend, or other person who:

10           (i) is at least 18 years old;

11           (ii) knows you well;

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

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

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

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

21           WHAT IF MY AGENT IS NOT AVAILABLE OR IS

22           UNWILLING TO MAKE DECISIONS FOR ME?

23           If the person who is your first choice is unable to carry  
24 out this role, then the second agent you chose will make the  
25 decisions; if your second agent is not available, then the

1 third agent you chose will make the decisions. The second and  
2 third agents are called your successor agents and they  
3 function as back-up agents to your first choice agent and may  
4 act only one at a time and in the order you list them.

5 WHAT WILL HAPPEN IF I DO NOT

6 CHOOSE A HEALTH CARE AGENT?

7 If you become unable to make your own health care  
8 decisions and have not named an agent in writing, your  
9 physician and other health care providers will ask a family  
10 member, friend, or guardian to make decisions for you. In  
11 Illinois, a law directs which of these individuals will be  
12 consulted. In that law, each of these individuals is called a  
13 "surrogate".

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

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

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

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

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

## 1 WHAT IF THERE IS NO ONE AVAILABLE

## 2 WHOM I TRUST TO BE MY AGENT?

3 In this situation, it is especially important to talk to  
4 your physician and other health care providers and create  
5 written guidance about what you want or do not want, in case  
6 you are ever critically ill and cannot express your own  
7 wishes. You can complete a living will. You can also write your  
8 wishes down and/or discuss them with your physician or other  
9 health care provider and ask him or her to write it down in  
10 your chart. You might also want to use written or online  
11 ~~en-line~~ resources to guide you through this process.

## 12 WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

13 Follow these instructions after you have completed the  
14 form:

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

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

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

19 (iv) Give a copy to your agent and to each of your  
20 successor agents.

21 (v) Give another copy to your physician.

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

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

## 1                   WHAT IF I CHANGE MY MIND?

2           You may change your mind at any time. If you do, tell  
3 someone who is at least 18 years old that you have changed your  
4 mind, and/or destroy your document and any copies. If you  
5 wish, fill out a new form and make sure everyone you gave the  
6 old form to has a copy of the new one, including, but not  
7 limited to, your agents and your physicians. If you are  
8 concerned you may revoke your power of attorney at a time when  
9 you may need it the most, you may initial the box at the end of  
10 the form to indicate that you would like a 30-day waiting  
11 period after you voice your intent to revoke your power of  
12 attorney. This means if your agent is making decisions for you  
13 during that time, your agent can continue to make decisions on  
14 your behalf. This election is purely optional, and you do not  
15 have to choose it. If you do not choose this option, you can  
16 change your mind and revoke the power of attorney at any time.

## 17                   WHAT IF I DO NOT WANT TO USE THIS FORM?

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

24           If you have questions about the use of any form, you may  
25 want to consult your physician, other health care provider,

1 and/or an attorney.

2 MY POWER OF ATTORNEY FOR HEALTH CARE

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

6 My name (Print your full name): .....

7 My address: .....

8 I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT

9 (an agent is your personal representative under state and  
10 federal law):

11 (Agent name) .....

12 (Agent address) .....

13 (Agent phone number) .....

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

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

18 If the agent I selected is unable or does not want to make  
19 health care decisions for me, then I request the person(s) I  
20 name below to be my successor health care agent(s). Only one

1 person at a time can serve as my agent (add another page if you  
2 want to add more successor agent names):

3 .....

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

5 .....

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

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

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

11 (ii) Agreeing to admit me to or discharge me from any  
12 hospital, home, or other institution, including a mental  
13 health facility.

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

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

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

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

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

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

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

18 .... Make decisions for me starting now and continuing  
19 after I am no longer able to make them for myself. While I  
20 am still able to make my own decisions, I can still do so  
21 if I want to.

22 The subject of life-sustaining treatment is of particular  
23 importance. Life-sustaining treatments may include tube  
24 feedings or fluids through a tube, breathing machines, and

1 CPR. In general, in making decisions concerning  
2 life-sustaining treatment, your agent is instructed to  
3 consider the relief of suffering, the quality as well as the  
4 possible extension of your life, and your previously expressed  
5 wishes. Your agent will weigh the burdens versus benefits of  
6 proposed treatments in making decisions on your behalf.

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

12 SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR  
13 WISHES (optional):

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

22 .... Staying alive is more important to me, no matter how  
23 sick I am, how much I am suffering, the cost of the  
24 procedures, or how unlikely my chances for recovery are. I  
25 want my life to be prolonged to the greatest extent



1 possible in accordance with reasonable medical standards.

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

3 The above grant of power is intended to be as broad as  
4 possible so that your agent will have the authority to make any  
5 decision you could make to obtain or terminate any type of  
6 health care. If you wish to limit the scope of your agent's  
7 powers or prescribe special rules or limit the power to  
8 authorize autopsy or dispose of remains, you may do so  
9 specifically in this form.

10 .....

11 .....

12 My signature:.....

13 Today's date:.....

14 DELAYED REVOCATION

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

17 .... I elect for the revocation of this power of attorney  
18 to take effect immediately if I communicate my intent to  
19 revoke it.

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

22 I am at least 18 years old. (check one of the options

1 below):

2 .... I saw the principal sign this document, or  
3 .... the principal told me that the signature or mark on  
4 the principal signature line is his or hers.

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

14 Witness printed name:.....  
15 Witness address: .....  
16 Witness signature: .....  
17 Today's date:.....

18 (c) The statutory short form power of attorney for health  
19 care (the "statutory health care power") authorizes the agent  
20 to make any and all health care decisions on behalf of the  
21 principal which the principal could make if present and under  
22 no disability, subject to any limitations on the granted  
23 powers that appear on the face of the form, to be exercised in  
24 such manner as the agent deems consistent with the intent and  
25 desires of the principal. The agent will be under no duty to

1 exercise granted powers or to assume control of or  
2 responsibility for the principal's health care; but when  
3 granted powers are exercised, the agent will be required to  
4 use due care to act for the benefit of the principal in  
5 accordance with the terms of the statutory health care power  
6 and will be liable for negligent exercise. The agent may act in  
7 person or through others reasonably employed by the agent for  
8 that purpose but may not delegate authority to make health  
9 care decisions. The agent may sign and deliver all  
10 instruments, negotiate and enter into all agreements, and do  
11 all other acts reasonably necessary to implement the exercise  
12 of the powers granted to the agent. Without limiting the  
13 generality of the foregoing, the statutory health care power  
14 shall include the following powers, subject to any limitations  
15 appearing on the face of the form:

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

23 (2) The agent is authorized to admit the principal to  
24 or discharge the principal from any and all types of  
25 hospitals, institutions, homes, residential or nursing  
26 facilities, treatment centers, and other health care

1 institutions providing personal care or treatment for any  
2 type of physical or mental condition. The agent shall have  
3 the same right to visit the principal in the hospital or  
4 other institution as is granted to a spouse or adult child  
5 of the principal, any rule of the institution to the  
6 contrary notwithstanding.

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

17 (4) At the principal's expense and subject to  
18 reasonable rules of the health care provider to prevent  
19 disruption of the principal's health care, the agent shall  
20 have the same right the principal has to examine and copy  
21 and consent to disclosure of all the principal's medical  
22 records that the agent deems relevant to the exercise of  
23 the agent's powers, whether the records relate to mental  
24 health or any other medical condition and whether they are  
25 in the possession of or maintained by any physician,  
26 psychiatrist, psychologist, therapist, hospital, nursing

1           home, or other health care provider. The authority under  
2           this paragraph (4) applies to any information governed by  
3           the Health Insurance Portability and Accountability Act of  
4           1996 ("HIPAA") and regulations thereunder. The agent  
5           serves as the principal's personal representative, as that  
6           term is defined under HIPAA and regulations thereunder.

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

13          (6) At any time during which there is no executor or  
14          administrator appointed for the principal's estate, the  
15          agent is authorized to continue to pursue an application  
16          or appeal for government benefits if those benefits were  
17          applied for during the life of the principal.

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

22          (e) If the principal names the agent as a guardian on the  
23          statutory short form, and if a court decides that the  
24          appointment of a guardian will serve the principal's best  
25          interests and welfare, the court shall appoint the agent to  
26          serve without bond or security.

1       (f) If the agent presents the statutory short form  
2 electronically, an attending physician, emergency medical  
3 services personnel as defined by Section 3.5 of the Emergency  
4 Medical Services (EMS) Systems Act, or health care provider  
5 shall not refuse to give effect to a health care agency if the  
6 agent presents an electronic device displaying an electronic  
7 copy of an executed form as proof of the health care agency.  
8 Any person or entity that provides a statutory short form to  
9 the public shall post for a period of 2 years information on  
10 its website regarding the changes made by this amendatory Act  
11 of the 102nd General Assembly.

12       (Source: P.A. 101-81, eff. 7-12-19; 101-163, eff. 1-1-20;  
13       102-38, eff. 6-25-21; 102-181, eff. 7-30-21; revised 9-22-21.)