UTAH DEATH WITH DIGNITY ACT

2015 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Rebecca Chavez-Houck

Senate Sponsor: ____________

LONG TITLE

General Description:

This bill amends the Utah Uniform Probate Code to enact the Utah Death with Dignity Act.

Highlighted Provisions:

This bill:

- defines terms;
- designates when a person may make a request for medication;
- establishes attending physician responsibilities;
- requires a consulting physician confirmation;
- provides for a counseling referral when needed;
- requires an informed decision;
- encourages family notification;
- requires a written and oral request and ability to rescind request at any time;
- requires waiting periods;
- includes:
  - documentation and reporting requirements; and
  - a requirement that the patient be a resident of the state;
- establishes the effect of the decision to end a person's life on wills, contracts, and insurance or annuity contracts;
- provides limited immunities and procedures for permissible sanctions;
establishes criminal penalties for certain actions; and
provides a uniform form for patient consent.

Money Appropriated in this Bill:
None

Other Special Clauses:
This bill provides a special effective date.

Utah Code Sections Affected:
ENACTS:
75-2c-101, Utah Code Annotated 1953
75-2c-102, Utah Code Annotated 1953
75-2c-103, Utah Code Annotated 1953
75-2c-104, Utah Code Annotated 1953
75-2c-105, Utah Code Annotated 1953
75-2c-106, Utah Code Annotated 1953
75-2c-107, Utah Code Annotated 1953
75-2c-108, Utah Code Annotated 1953
75-2c-109, Utah Code Annotated 1953
75-2c-110, Utah Code Annotated 1953
75-2c-111, Utah Code Annotated 1953
75-2c-112, Utah Code Annotated 1953
75-2c-113, Utah Code Annotated 1953
75-2c-114, Utah Code Annotated 1953
75-2c-115, Utah Code Annotated 1953
75-2c-116, Utah Code Annotated 1953
75-2c-117, Utah Code Annotated 1953
75-2c-118, Utah Code Annotated 1953
75-2c-119, Utah Code Annotated 1953
75-2c-120, Utah Code Annotated 1953
75-2c-121, Utah Code Annotated 1953
75-2c-122, Utah Code Annotated 1953
Be it enacted by the Legislature of the state of Utah:

Section 1. Section 75-2c-101 is enacted to read:

CHAPTER 2c. UTAH DEATH WITH DIGNITY ACT

75-2c-101. Title.

This chapter is known as the "Utah Death with Dignity Act."

Section 2. Section 75-2c-102 is enacted to read:

75-2c-102. Definitions.

As used in this chapter:

(1) "Adult" means an individual who is 18 years of age or older.

(2) "Attending physician" means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.

(3) "Capable" means that in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

(4) "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

(5) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist or psychologist and a patient for the purpose of determining that the patient is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

(6) "Health care provider" means a person licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care or dispense medication in the ordinary course of business or practice of a profession and includes a health care facility.

(7) "Informed decision" means a decision by a qualified patient to request and obtain a prescription to end the patient's life in a humane and dignified manner that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

(a) the patient's medical diagnosis;

(b) the patient's prognosis;

(c) the potential risks associated with taking the medication to be prescribed;
(d) the probable result of taking the medication to be prescribed; and
(e) the feasible alternatives, including comfort care, hospice care, and pain control.
(8) "Intractable and unbearable illness" means a bodily disorder that cannot be cured or
   successfully palliated and that causes such severe suffering that a patient prefers death.
(9) "Medically confirmed" means the medical opinion of the attending physician has
   been confirmed by a consulting physician who has examined the patient and the patient's
   relevant medical records.
(10) "Patient" means a person who is under the care of a physician.
(11) "Physician" means a doctor of medicine or osteopathy licensed to practice
   medicine in the state.
(12) "Qualified patient" means a capable adult who is a resident of Utah and has
   satisfied the requirements of this chapter to obtain a prescription for medication to end the
   patient's life in a humane and dignified manner.
(13) "Self administer" means a qualified individual's affirmative, conscious act of using
   the medication to bring about the individual's own peaceful and humane death.
(14) "Terminal disease" means an incurable and irreversible disease that has been
   medically confirmed and will, within reasonable medical judgment, produce death within six
   months.

Section 3. Section 75-2c-103 is enacted to read:

75-2c-103. Initiation of written request for medication.
(1) A person may make a written request for medication for the purpose of ending the
   person's life in a humane and dignified manner in accordance with this chapter if the person:
   (a) is an adult;
   (b) is capable;
   (c) is a resident of Utah;
   (d) has been determined by the attending physician and consulting physician to be:
      (i) suffering from a terminal disease; or
      (ii) an intractable and unbearable illness; and
   (e) has voluntarily expressed a wish to die.
(2) A person may not qualify under the provisions of Subsection (1) solely because of
   age or disability.
Section 4. Section 75-2c-104 is enacted to read:

75-2c-104. Form of the written request.

(1) A valid request for medication under this chapter shall be in substantially the form described in Section 75-2c-122, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, is acting voluntarily, and is not being coerced to sign the request.

(2) One of the witnesses shall be a person who is not:

(a) a relative of the patient by blood, marriage or adoption;

(b) a person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or

(c) an owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

(3) The patient's attending physician at the time the request is signed shall not be a witness.

Section 5. Section 75-2c-105 is enacted to read:

75-2c-105. Attending physician responsibilities.

(1) The attending physician shall:

(a) make the initial determination of whether a patient:

(i) (A) has a terminal disease; or

(B) has an intractable and unbearable illness;

(ii) is capable; and

(iii) has made the request voluntarily;

(b) request that the patient attest to Utah residency pursuant to Section 75-2c-113;

(c) ensure that the patient is making an informed decision, by informing the patient of:

(i) the patient's medical diagnosis;

(ii) the patient's prognosis;

(iii) the potential risks associated with taking the medication to be prescribed;

(iv) the probable result of taking the medication to be prescribed; and

(v) the feasible alternatives, including comfort care, hospice care, and pain control;

(d) refer the patient to a consulting physician for medical confirmation of the diagnosis and for a determination that the patient is capable and acting voluntarily;
(e) refer the patient for counseling if appropriate pursuant to Section 75-2c-107;

(f) recommend that the patient notify next of kin;

(g) counsel the patient about the importance of having another person present when the patient takes the medication prescribed pursuant to this chapter and of not taking the medication in a public place;

(h) inform the patient that the patient has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the 15 day waiting period required by Section 75-2c-111;

(i) verify, immediately prior to writing the prescription for medication under this chapter, that the patient is making an informed decision;

(j) fulfill the medical record documentation requirements of Section 75-2c-112;

(k) ensure that all appropriate steps are carried out in accordance with this chapter prior to writing a prescription for medication to enable a qualified patient to end the patient's life in a humane and dignified manner;

(l) with the patient's consent:

(i) contact a pharmacist and inform the pharmacist of the prescription; and

(ii) deliver the written prescription personally or electronically to the pharmacist, who will dispense the medications to either the patient, the attending physician, or an expressly identified agent of the patient; and

(m) inform the Department of Health of the prescription written for the patient, including the name of any drugs prescribed.

(2) Notwithstanding any other provision of law, the attending physician may sign the patient's death certificate.

Section 6. Section 75-2c-106 is enacted to read:

75-2c-106. Consulting physician confirmation.

Before a patient is qualified under this chapter, a consulting physician shall examine the patient and the patient's relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease or intractable and unbearable illness and verify that the patient is capable, is acting voluntarily, and has made an informed decision.

Section 7. Section 75-2c-107 is enacted to read:
75-2c-107. Counseling referral.
If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. No medication to end a patient's life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

Section 8. Section 75-2c-108 is enacted to read:

75-2c-108. Informed decision.
A patient shall not receive a prescription for medication to end the patient's life in a humane and dignified manner unless the patient has made an informed decision as defined in Section 75-2c-102. Immediately prior to writing a prescription for medication under this chapter, the attending physician shall verify that the patient is making an informed decision.

Section 9. Section 75-2c-109 is enacted to read:

75-2c-109. Family notification.
The attending physician shall recommend that the patient notify the next of kin of the patient's request for medication pursuant to this chapter. A patient who declines or is unable to notify next of kin shall not have the patient's request denied for that reason.

Section 10. Section 75-2c-110 is enacted to read:

75-2c-110. Written and oral requests -- Opportunity to rescind.
(1) In order to receive a prescription for medication to end a patient's life in a humane and dignified manner, a qualified patient shall:
(a) make an oral request for medication;
(b) make a written request for medication; and
(c) repeat the oral request to the patient's attending physician no less than 15 days after making the initial oral request.
(2) At the time the qualified patient makes the second oral request, the attending physician shall offer the patient an opportunity to rescind the request.
(3) A patient may rescind the patient's request at any time and in any manner without regard to the patient's mental state. A prescription for medication under this chapter shall not be written without the attending physician offering the qualified patient an opportunity to
214 rescind the request.
215 Section 11. Section 75-2c-111 is enacted to read:
216 75-2c-111. Waiting periods.
217 A physician shall not write a prescription under this chapter until:
218 (1) no less than 15 days have elapsed between the patient's initial oral request and the
219 writing of a prescription; and
220 (2) no less than 48 hours have elapsed between the patient's written request and the
221 writing of a prescription.
222 Section 12. Section 75-2c-112 is enacted to read:
223 75-2c-112. Medical record documentation requirements.
224 The following shall be documented or filed in the patient's medical record:
225 (1) all oral requests by a patient for medication to end the patient's life in a humane and
226 dignified manner;
227 (2) all written requests by a patient for medication to end the patient's life in a humane
228 and dignified manner;
229 (3) the attending physician's diagnosis, prognosis, and determination that the patient is
230 capable, acting voluntarily, and has made an informed decision;
231 (4) the consulting physician's diagnosis and prognosis and verification that the patient
232 is capable, acting voluntarily, and has made an informed decision;
233 (5) a report of the outcome and determinations made during counseling, if performed;
234 (6) the attending physician's offer to the patient to rescind the patient's request at the
235 time of the patient's second oral request; and
236 (7) a note by the attending physician indicating that all requirements under this chapter
237 have been met and indicating the steps taken to carry out the request, including a notation of
238 the medication prescribed.
239 Section 13. Section 75-2c-113 is enacted to read:
240 75-2c-113. Residency requirement.
241 (1) An attending physician may rely on a patient's attestation of meeting the
242 requirements for being a resident of Utah if the attestation complies with Subsections (2) and
243 (3).
244 (2) A patient shall attest to the attending physician that the patient is a resident of the
state, and:

(a) possesses a Utah driver license or Utah identification card;
(b) is registered to vote in Utah;
(c) owns or leases property in Utah;
(d) filed a Utah tax return for the most recent tax year; or
(e) has some other indication of residency that is recognized by state law.

(3) A patient who relies on Subsection (2)(e) to attest to residency in Utah shall specifically describe the factors that the patient is relying upon in the attestation to the attending physician.

Section 14. Section 75-2c-114 is enacted to read:

75-2c-114. Reporting requirements.

(1) A health care provider who dispenses a medication pursuant to this chapter shall file a copy of the dispensing record with the Utah Department of Health in the manner required by the department.

(2) (a) The Utah Department of Health may review a sample of the medical records of patients who receive a medication under this chapter.
(b) Except as otherwise required by law, the information collected under Subsections (1) and (2) shall not be a public record and may not be made available for inspection by the public.

(3) The Utah Department of Health shall:
(a) generate and make available to the public an annual statistical report of de-identified information collected under this section;
(b) make rules under Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to facilitate the collection of information regarding compliance with this chapter; and
(c) provide an annual report to the Legislature's Health and Human Services Interim Committee regarding the statistical report in Subsection (3)(a).

Section 15. Section 75-2c-115 is enacted to read:

75-2c-115. Effect on construction of wills, contracts, and statutes.

(1) No provision in a contract, will, or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a request for medication to end the person's life in a humane and dignified manner, shall be valid.
(2) No obligation owing under any currently existing contract shall be conditioned or
affected by the making or rescinding of a request, by a person, for medication to end the
person's life in a humane and dignified manner.

Section 16. Section 75-2c-116 is enacted to read:

75-2c-116. Insurance or annuity policies.

The sale, procurement, or issuance of any life, health, or accident insurance or annuity
policy or the rate charged for any policy shall not be conditioned upon or affected by the
making or rescinding of a request, by a person, for medication to end the person's life in a
humane and dignified manner. Neither shall a qualified patient's act of ingesting medication to
end the patient's life in a humane and dignified manner have an effect upon a life, health, or
accident insurance or annuity policy.

Section 17. Section 75-2c-117 is enacted to read:

75-2c-117. Construction of chapter.

Nothing in this chapter shall be construed to authorize a physician or any other person
to end a patient's life by lethal injection, mercy killing, or active euthanasia. Actions taken in
accordance with this chapter shall not, for any purpose, constitute suicide, assisted suicide,
mercy killing, or homicide, under the law.

Section 18. Section 75-2c-118 is enacted to read:

75-2c-118. Immunities -- Basis for prohibiting health care provider from
participation -- Notification -- Permissible sanctions.

(1) Except as provided in Section 75-2c-119, the provisions of this section apply to this
chapter.

(2) A person shall not be subject to civil or criminal liability or professional
disciplinary action for participating in good faith compliance with this chapter, including being
present when a qualified patient takes the prescribed medication to end the qualified patient's
life in a humane and dignified manner.

(3) A professional organization or association, or health care provider, may not subject
a person to censure, discipline, suspension, loss of license, loss of privileges, loss of
membership, or other penalty for participating or refusing to participate in good faith
compliance with this chapter.

(4) A request by a patient for or provision by an attending physician of medication in
good faith compliance with the provisions of this chapter shall not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator.

(5) A health care provider shall not be under any duty, whether by contract, by statute, or by any other legal requirement, to participate in the provision to a qualified patient of medication to end the patient's life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers the patient's care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

(6) (a) Notwithstanding any other provision of law, a health care provider may prohibit another health care provider from participating in this chapter on the premises of the prohibiting health care provider if the prohibiting health care provider notifies the health care provider of the prohibiting provider's policy regarding participating in this chapter. Nothing in this Subsection (6)(a) prevents a health care provider from providing health care services to a patient that do not constitute participation in this chapter.

(b) Notwithstanding the provisions of Subsections (2) through (5), a healthcare provider may subject another health care provider to the sanctions stated in this Subsection (6)(b) if the sanctioning health care provider has notified the sanctioned provider prior to participation in this chapter that it prohibits participation in this chapter:

(i) loss of privileges, loss of membership or other sanction provided pursuant to the medical staff bylaws, policies, and procedures of the sanctioning health care provider, if the sanctioned provider is a member of the sanctioning provider's medical staff and participates in this chapter while on the health care facility premises of the sanctioning health care provider, but not including the private medical office of a physician or other provider;

(ii) termination of lease or other property contract or other nonmonetary remedies provided by lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates in this chapter while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(iii) termination of contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in this chapter while acting in the course and scope of the
sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(c) Nothing in Subsections (6)(a) and (b) shall be construed to prevent:

(i) a health care provider from participating in this chapter while acting outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider; or

(ii) a patient from contracting with the patient's attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(7) A health care provider that imposes sanctions pursuant to Subsection (6)(b) shall follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.

(8) For purposes of this section:

(a) "Notify" means a separate statement in writing to the health care provider specifically informing the health care provider prior to the provider's participation in this chapter of the sanctioning health care provider's policy about participation in activities covered by this chapter.

(b) "Participate in this chapter":

(i) means to perform the duties of an attending physician pursuant to Section 75-2c-105, the consulting physician function pursuant to Section 75-2c-106, or the counseling function pursuant to Section 75-2c-107; and

(ii) does not include:

(A) making an initial determination that a patient has a terminal disease or intractable and unbearable illness and informing the patient of the medical prognosis;

(B) providing information to a patient, upon the request of the patient, about the Utah Death with Dignity Act;

(C) providing a patient, upon the request of the patient, with a referral to another physician; or

(D) a patient contracting with the patient's attending physician and consulting physician to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.
(9) Suspension or termination of staff membership or privileges under Subsection (6) is not reportable under Title 58, Occupations and Professions. Action taken pursuant to Section 75-2c-118 shall not be the sole basis for a report of unprofessional conduct to a licensing board under Title 58, Occupations and Professions.

(10) This chapter shall not be construed to allow a lower standard of care for patients in the community where the patient is treated or a similar community.

Section 19. Section 75-2c-119 is enacted to read:

75-2c-119. Liabilities.

(1) A person who, without authorization of the patient, willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death shall be guilty of a first degree felony.

(2) A person who coerces or exerts undue influence on a patient to request medication for the purpose of ending the patient's life, or to destroy a rescission of such a request, shall be guilty of a first degree felony.

(3) Nothing in this chapter limits further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.

(4) The penalties in this chapter do not preclude criminal penalties applicable under other law for conduct that is inconsistent with the provisions of this chapter.

Section 20. Section 75-2c-120 is enacted to read:

75-2c-120. Claims by governmental entity for costs incurred.

A governmental entity that incurs costs resulting from a person terminating the person's life pursuant to the provisions of this chapter in a public place shall have a claim against the estate of the person to recover the costs and reasonable attorney fees related to enforcing the claim.

Section 21. Section 75-2c-121 is enacted to read:

75-2c-121. Severability.

Any section of this chapter that is held invalid as to any person or circumstance shall not affect the application of any other section of this chapter that can be given full effect without the invalid section or application.

Section 22. Section 75-2c-122 is enacted to read:

75-2c-122. Form of the request.
A request for a medication as authorized by this chapter shall be in substantially the following form:

**REQUEST FOR MEDICATION**

**TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER**

I, ______________________, am an adult of sound mind.

I am suffering from _________, which my attending physician has determined is a terminal disease or an intractable and unbearable disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed, and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that will end my life in a humane and dignified manner.

**INITIAL ONE:**

______ I have informed my family of my decision and taken their opinions into consideration.

______ I have decided not to inform my family of my decision.

______ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed: _______________

Dated: _______________

**DECLARATION OF WITNESSES**

We declare that the person signing this request:

(a) is personally known to us or has provided proof of identity;

(b) signed this request in our presence;
(c) appears to be of sound mind and not under duress, fraud or undue influence;
(d) is not a patient for whom either of us is the attending physician.

Witness 1/Date
Witness 2/Date

NOTE: One witness shall not be a relative (by blood, marriage, or adoption) of the
person signing this request, shall not be entitled to any portion of the person's estate upon
death, and shall not own, operate, or be employed at a health care facility where the person is a
patient or resident. If the patient is an inpatient at a health care facility, one of the witnesses
shall be an individual designated by the facility.

Section 23. Effective date.
This bill takes effect on July 1, 2015.

Legislative Review Note
as of 2-3-15 3:03 PM

Office of Legislative Research and General Counsel