

**UTAH DEATH WITH DIGNITY ACT**

2015 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Rebecca Chavez-Houck**

Senate Sponsor: \_\_\_\_\_

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**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;



- 28           ▶ establishes criminal penalties for certain actions; and
- 29           ▶ provides a uniform form for patient consent.

30 **Money Appropriated in this Bill:**

31           None

32 **Other Special Clauses:**

33           This bill provides a special effective date.

34 **Utah Code Sections Affected:**

35 ENACTS:

- 36           75-2c-101, Utah Code Annotated 1953
- 37           75-2c-102, Utah Code Annotated 1953
- 38           75-2c-103, Utah Code Annotated 1953
- 39           75-2c-104, Utah Code Annotated 1953
- 40           75-2c-105, Utah Code Annotated 1953
- 41           75-2c-106, Utah Code Annotated 1953
- 42           75-2c-107, Utah Code Annotated 1953
- 43           75-2c-108, Utah Code Annotated 1953
- 44           75-2c-109, Utah Code Annotated 1953
- 45           75-2c-110, Utah Code Annotated 1953
- 46           75-2c-111, Utah Code Annotated 1953
- 47           75-2c-112, Utah Code Annotated 1953
- 48           75-2c-113, Utah Code Annotated 1953
- 49           75-2c-114, Utah Code Annotated 1953
- 50           75-2c-115, Utah Code Annotated 1953
- 51           75-2c-116, Utah Code Annotated 1953
- 52           75-2c-117, Utah Code Annotated 1953
- 53           75-2c-118, Utah Code Annotated 1953
- 54           75-2c-119, Utah Code Annotated 1953
- 55           75-2c-120, Utah Code Annotated 1953
- 56           75-2c-121, Utah Code Annotated 1953
- 57           75-2c-122, Utah Code Annotated 1953

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59 *Be it enacted by the Legislature of the state of Utah:*

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

61 **CHAPTER 2c. UTAH DEATH WITH DIGNITY ACT**

62 **75-2c-101. Title.**

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

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

65 **75-2c-102. Definitions.**

66 As used in this chapter:

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

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

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

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

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

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

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

87 (a) the patient's medical diagnosis;

88 (b) the patient's prognosis;

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

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

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

109 **75-2c-103. Initiation of written request for medication.**

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

121 Section 4. Section **75-2c-104** is enacted to read:

122 **75-2c-104. Form of the written request.**

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

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

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

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

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

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

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

136 **75-2c-105. Attending physician responsibilities.**

137 (1) The attending physician shall:

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

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

140 (B) has an intractable and unbearable illness;

141 (ii) is capable; and

142 (iii) has made the request voluntarily;

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

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

145 (i) the patient's medical diagnosis;

146 (ii) the patient's prognosis;

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

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

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

150 (d) refer the patient to a consulting physician for medical confirmation of the diagnosis

151 and for a determination that the patient is capable and acting voluntarily;

- 152 (e) refer the patient for counseling if appropriate pursuant to Section 75-2c-107;
- 153 (f) recommend that the patient notify next of kin;
- 154 (g) counsel the patient about the importance of having another person present when the
- 155 patient takes the medication prescribed pursuant to this chapter and of not taking the
- 156 medication in a public place;
- 157 (h) inform the patient that the patient has an opportunity to rescind the request at any
- 158 time and in any manner, and offer the patient an opportunity to rescind at the end of the 15 day
- 159 waiting period required by Section 75-2c-111;
- 160 (i) verify, immediately prior to writing the prescription for medication under this
- 161 chapter, that the patient is making an informed decision;
- 162 (j) fulfill the medical record documentation requirements of Section 75-2c-112;
- 163 (k) ensure that all appropriate steps are carried out in accordance with this chapter prior
- 164 to writing a prescription for medication to enable a qualified patient to end the patient's life in a
- 165 humane and dignified manner;
- 166 (l) with the patient's consent:
- 167 (i) contact a pharmacist and inform the pharmacist of the prescription; and
- 168 (ii) deliver the written prescription personally or electronically to the pharmacist, who
- 169 will dispense the medications to either the patient, the attending physician, or an expressly
- 170 identified agent of the patient; and
- 171 (m) inform the Department of Health of the prescription written for the patient,
- 172 including the name of any drugs prescribed.
- 173 (2) Notwithstanding any other provision of law, the attending physician may sign the
- 174 patient's death certificate.

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

176 **75-2c-106. Consulting physician confirmation.**

177 Before a patient is qualified under this chapter, a consulting physician shall examine the

178 patient and the patient's relevant medical records and confirm, in writing, the attending

179 physician's diagnosis that the patient is suffering from a terminal disease or intractable and

180 unbearable illness and verify that the patient is capable, is acting voluntarily, and has made an

181 informed decision.

182 Section 7. Section **75-2c-107** is enacted to read:

183 **75-2c-107. Counseling referral.**

184 If in the opinion of the attending physician or the consulting physician a patient may be  
185 suffering from a psychiatric or psychological disorder or depression causing impaired  
186 judgment, either physician shall refer the patient for counseling. No medication to end a  
187 patient's life in a humane and dignified manner shall be prescribed until the person performing  
188 the counseling determines that the patient is not suffering from a psychiatric or psychological  
189 disorder or depression causing impaired judgment.

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

191 **75-2c-108. Informed decision.**

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

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

197 **75-2c-109. Family notification.**

198 The attending physician shall recommend that the patient notify the next of kin of the  
199 patient's request for medication pursuant to this chapter. A patient who declines or is unable to  
200 notify next of kin shall not have the patient's request denied for that reason.

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

202 **75-2c-110. Written and oral requests -- Opportunity to rescind.**

203 (1) In order to receive a prescription for medication to end a patient's life in a humane  
204 and dignified manner, a qualified patient shall:

205 (a) make an oral request for medication;

206 (b) make a written request for medication; and

207 (c) repeat the oral request to the patient's attending physician no less than 15 days after  
208 making the initial oral request.

209 (2) At the time the qualified patient makes the second oral request, the attending  
210 physician shall offer the patient an opportunity to rescind the request.

211 (3) A patient may rescind the patient's request at any time and in any manner without  
212 regard to the patient's mental state. A prescription for medication under this chapter shall not  
213 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



245 state, and:

246 (a) possesses a Utah driver license or Utah identification card;

247 (b) is registered to vote in Utah;

248 (c) owns or leases property in Utah;

249 (d) filed a Utah tax return for the most recent tax year; or

250 (e) has some other indication of residency that is recognized by state law.

251 (3) A patient who relies on Subsection (2)(e) to attest to residency in Utah shall

252 specifically describe the factors that the patient is relying upon in the attestation to the

253 attending physician.

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

255 **75-2c-114. Reporting requirements.**

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

259 (2) (a) The Utah Department of Health may review a sample of the medical records of  
260 patients who receive a medication under this chapter.

261 (b) Except as otherwise required by law, the information collected under Subsections  
262 (1) and (2) shall not be a public record and may not be made available for inspection by the  
263 public.

264 (3) The Utah Department of Health shall:

265 (a) generate and make available to the public an annual statistical report of  
266 de-identified information collected under this section;

267 (b) make rules under Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to  
268 facilitate the collection of information regarding compliance with this chapter; and

269 (c) provide an annual report to the Legislature's Health and Human Services Interim  
270 Committee regarding the statistical report in Subsection (3)(a).

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

272 **75-2c-115. Effect on construction of wills, contracts, and statutes.**

273 (1) No provision in a contract, will, or other agreement, whether written or oral, to the  
274 extent the provision would affect whether a person may make or rescind a request for  
275 medication to end the person's life in a humane and dignified manner, shall be valid.

276 (2) No obligation owing under any currently existing contract shall be conditioned or  
277 affected by the making or rescinding of a request, by a person, for medication to end the  
278 person's life in a humane and dignified manner.

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

280 **75-2c-116. Insurance or annuity policies.**

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

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

288 **75-2c-117. Construction of chapter.**

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

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

294 **75-2c-118. Immunities -- Basis for prohibiting health care provider from**  
295 **participation -- Notification -- Permissible sanctions.**

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

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

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

306 (4) A request by a patient for or provision by an attending physician of medication in

307 good faith compliance with the provisions of this chapter shall not constitute neglect for any  
308 purpose of law or provide the sole basis for the appointment of a guardian or conservator.

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

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

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

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

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

336 (iii) termination of contract or other nonmonetary remedies provided by contract if the  
337 sanctioned provider participates in this chapter while acting in the course and scope of the

338 sanctioned provider's capacity as an employee or independent contractor of the sanctioning  
339 health care provider.

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

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

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

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

350 (8) For purposes of this section:

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

355 (b) "Participate in this chapter":

356 (i) means to perform the duties of an attending physician pursuant to Section  
357 75-2c-105, the consulting physician function pursuant to Section 75-2c-106, or the counseling  
358 function pursuant to Section 75-2c-107; and

359 (ii) does not include:

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

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

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

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

369           (9) Suspension or termination of staff membership or privileges under Subsection (6) is  
370 not reportable under Title 58, Occupations and Professions. Action taken pursuant to Section  
371 75-2c-118 shall not be the sole basis for a report of unprofessional conduct to a licensing board  
372 under Title 58, Occupations and Professions.

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

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

376           **75-2c-119. Liabilities.**

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

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

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

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

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

388           **75-2c-120. Claims by governmental entity for costs incurred.**

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

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

394           **75-2c-121. Severability.**

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

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

399           **75-2c-122. Form of the request.**

400 A request for a medication as authorized by this chapter shall be in substantially the  
401 following form:

402 REQUEST FOR MEDICATION  
403 TO END MY LIFE IN A HUMANE  
404 AND DIGNIFIED MANNER

405 I, \_\_\_\_\_, am an adult of sound mind.

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

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

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

414 INITIAL ONE:

415 \_\_\_\_\_ I have informed my family of my decision and taken their opinions into  
416 consideration.

417 \_\_\_\_\_ I have decided not to inform my family of my decision.

418 \_\_\_\_\_ I have no family to inform of my decision.

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

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

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

425 Signed: \_\_\_\_\_

426 Dated: \_\_\_\_\_

427 DECLARATION OF WITNESSES

428 We declare that the person signing this request:

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

430 (b) signed this request in our presence;

431 (c) appears to be of sound mind and not under duress, fraud or undue influence;

432 (d) is not a patient for whom either of us is the attending physician.

433 \_\_\_\_\_ Witness 1/Date

434 \_\_\_\_\_ Witness 2/Date

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

440 Section 23. **Effective date.**

441 This bill takes effect on July 1, 2015.

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

**Office of Legislative Research and General Counsel**