

REFERENCE TITLE: end-of-life decisions; terminally ill patients

State of Arizona
House of Representatives
Fifty-fourth Legislature
First Regular Session
2019

HB 2408

Introduced by
Representatives Powers Hannley: Andrade, Blanc, Cano, Engel, Friese,
Gabaldón, Peten, Rodriguez, Salman, Teller, Terán, Senator Gonzales

AN ACT

AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 33;
RELATING TO END-OF-LIFE DECISIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, Arizona Revised Statutes, is amended by adding
3 chapter 33, to read:

4 CHAPTER 33

5 DEATH WITH DIGNITY

6 ARTICLE 1. GENERAL PROVISIONS

7 36-3301. Definitions

8 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY
10 SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS
11 REGARDING A PATIENT'S DISEASE.

12 2. "COUNSELING" MEANS A CONSULTATION BETWEEN A PATIENT AND A
13 PSYCHIATRIST OR PSYCHOLOGIST WHO IS LICENSED BY THIS STATE TO DETERMINE
14 WHETHER THE PATIENT IS SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL
15 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT.

16 3. "DEATH WITH DIGNITY" MEANS THE TERMINATION OF THE LIFE OF A
17 QUALIFIED PATIENT IN A PAINLESS, HUMANE AND DIGNIFIED MANNER BY THE
18 ISSUANCE OF A PRESCRIPTION FOR MEDICATION FOR SELF-ADMINISTRATION.

19 4. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.

20 5. "INFORMED DECISION" MEANS A DECISION THAT IS MADE BY A QUALIFIED
21 PATIENT TO REQUEST AND OBTAIN A PRESCRIBED MEDICATION TO END THE PATIENT'S
22 LIFE, THAT IS BASED ON AN APPRECIATION OF THE RELEVANT FACTS AND THAT IS
23 MADE AFTER BEING FULLY INFORMED BY THE ATTENDING PHYSICIAN OF ALL OF THE
24 FOLLOWING:

25 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

26 (b) THE PATIENT'S PROGNOSIS.

27 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE PRESCRIBED
28 MEDICATION.

29 (d) THE PROBABLE RESULT OF TAKING THE PRESCRIBED MEDICATION.

30 (e) FEASIBLE ALTERNATIVES TO TAKING THE PRESCRIBED MEDICATION,
31 INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN CONTROL.

32 6. "MEDICALLY CONFIRMED" MEANS THAT THE MEDICAL OPINION OF THE
33 ATTENDING PHYSICIAN HAS BEEN CONFIRMED BY A CONSULTING PHYSICIAN WHO HAS
34 EXAMINED THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL RECORDS.

35 7. "QUALIFIED PATIENT" MEANS A CAPABLE ADULT WHO HAS RESIDED IN
36 THIS STATE FOR AT LEAST NINETY DAYS AND WHO HAS SATISFIED THE REQUIREMENTS
37 OF THIS ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION FOR MEDICATION TO END
38 THE PATIENT'S LIFE.

39 8. "TERMINAL CONDITION" MEANS A CONDITION THAT RESULTS FROM AN
40 ACCIDENT OR AN INCURABLE AND IRREVERSIBLE DISEASE, THAT HAS BEEN MEDICALLY
41 CONFIRMED AND THAT WILL CAUSE DEATH, WITH REASONABLE MEDICAL JUDGMENT,
42 WITHIN SIX MONTHS.

1 5. REQUEST THAT THE PATIENT NOTIFY THE PATIENT'S NEXT OF KIN.
2 6. INFORM THE PATIENT THAT THE PATIENT MAY RESCIND THE REQUEST AT
3 ANY TIME AND IN ANY MANNER AND OFFER THE PATIENT AN OPPORTUNITY TO RESCIND
4 AT THE END OF THE FIFTEEN-DAY WAITING PERIOD PRESCRIBED IN SECTION
5 36-3310.
6 7. VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR
7 MEDICATION, THAT THE PATIENT IS MAKING AN INFORMED DECISION.
8 8. FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENT OF SECTION
9 36-3311.
10 9. ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN ACCORDANCE
11 WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR MEDICATION TO ENABLE
12 THE QUALIFIED PATIENT TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED
13 MANNER.
14 36-3304. Consulting physician; confirmation of diagnosis
15 A. BEFORE A PATIENT IS DEEMED QUALIFIED UNDER THIS ARTICLE, A
16 CONSULTING PHYSICIAN SHALL DO ALL OF THE FOLLOWING:
17 1. EXAMINE THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL RECORDS.
18 2. CONFIRM, IN WRITING, THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT
19 THE PATIENT IS SUFFERING FROM A TERMINAL CONDITION.
20 3. VERIFY THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND
21 HAS MADE AN INFORMED DECISION.
22 B. THE CONSULTING PHYSICIAN MAY NOT BE A PARTNER, SHAREHOLDER OR
23 EMPLOYEE IN THE SAME MEDICAL PRACTICE AS THE ATTENDING PHYSICIAN.
24 36-3305. Counseling referral
25 A. IF, IN THE OPINION OF THE ATTENDING PHYSICIAN OR THE CONSULTING
26 PHYSICIAN, A PATIENT MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL
27 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT, THE PHYSICIAN SHALL
28 REFER THE PATIENT FOR COUNSELING.
29 B. A PHYSICIAN MAY NOT PRESCRIBE MEDICATION TO END A PATIENT'S LIFE
30 UNTIL THE COUNSELING PSYCHIATRIST OR PSYCHOLOGIST DETERMINES THAT THE
31 PATIENT IS NOT SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR
32 DEPRESSION CAUSING IMPAIRED JUDGMENT.
33 C. A COUNSELING PSYCHIATRIST OR PSYCHOLOGIST MAY NOT BE A PARTNER,
34 SHAREHOLDER OR EMPLOYEE IN THE SAME PRACTICE AS THE ATTENDING PHYSICIAN.
35 36-3306. Informed decision
36 A PATIENT MAY NOT RECEIVE A PRESCRIPTION FOR MEDICATION TO END THE
37 PATIENT'S LIFE UNLESS THE PATIENT HAS MADE AN INFORMED DECISION AND
38 COMPLETED THE REQUEST FOR MEDICATION FORM PRESCRIBED IN SECTION 36-3318.
39 36-3307. Family notification
40 THE ATTENDING PHYSICIAN SHALL ASK THE PATIENT TO NOTIFY THE
41 PATIENT'S NEXT OF KIN OF THE PATIENT'S REQUEST FOR A PRESCRIPTION FOR
42 MEDICATION PURSUANT TO THIS ARTICLE. THE PHYSICIAN MAY NOT DENY A REQUEST
43 FOR A PRESCRIPTION FOR MEDICATION IF THE PATIENT DECLINES OR IS UNABLE TO
44 NOTIFY THE PATIENT'S NEXT OF KIN.

1 36-3308. Written and oral requests

2 A. IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICATION UNDER THIS
3 ARTICLE, THE PATIENT SHALL MAKE BOTH AN ORAL AND A WRITTEN REQUEST AND
4 SHALL REITERATE THE ORAL REQUEST TO THE PATIENT'S ATTENDING PHYSICIAN AT
5 LEAST FIFTEEN DAYS AFTER MAKING THE INITIAL ORAL REQUEST.

6 B. AT THE TIME THE QUALIFIED PATIENT MAKES THE SECOND ORAL REQUEST,
7 THE ATTENDING PHYSICIAN SHALL OFFER THE PATIENT AN OPPORTUNITY TO RESCIND
8 THE REQUEST.

9 36-3309. Right to rescind request; effect

10 A PATIENT MAY RESCIND A REQUEST FOR A PRESCRIPTION FOR MEDICATION AT
11 ANY TIME AND IN ANY MANNER WITHOUT REGARD TO THE PATIENT'S MENTAL STATE.
12 THE ATTENDING PHYSICIAN MAY NOT WRITE A PRESCRIPTION FOR MEDICATION UNDER
13 THIS ARTICLE WITHOUT OFFERING THE QUALIFIED PATIENT AN OPPORTUNITY TO
14 RESCIND THE REQUEST. IF THE PATIENT RESCINDS THE REQUEST, IT IS AS IF THE
15 REQUEST WERE NEVER MADE.

16 36-3310. Waiting periods

17 A. AT LEAST FIFTEEN DAYS MUST ELAPSE BETWEEN THE PATIENT'S INITIAL
18 ORAL REQUEST AND THE WRITING OF A PRESCRIPTION FOR MEDICATION UNDER THIS
19 ARTICLE. AT LEAST FORTY-EIGHT HOURS MUST ELAPSE BETWEEN THE PATIENT'S
20 WRITTEN REQUEST AND THE WRITING OF A PRESCRIPTION FOR MEDICATION UNDER
21 THIS ARTICLE.

22 B. IF ALL OTHER REQUIREMENTS OF THIS ARTICLE ARE MET, THE WAITING
23 PERIODS PROVIDED IN THIS SECTION MAY BE SHORTENED IF THE ATTENDING
24 PHYSICIAN CERTIFIES IN WRITING THAT THE PATIENT IS IN EXTREME PAIN AND
25 THAT THE IMPOSITION OF A WAITING PERIOD WOULD SERVE ONLY TO EXTEND THE
26 PATIENT'S SUFFERING.

27 36-3311. Medical records; documentation; requirements

28 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN THE
29 PATIENT'S MEDICAL RECORD:

30 1. ALL ORAL REQUESTS BY THE PATIENT FOR MEDICATION TO END THE
31 PATIENT'S LIFE.

32 2. ALL WRITTEN REQUESTS BY THE PATIENT FOR MEDICATION TO END THE
33 PATIENT'S LIFE.

34 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
35 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS
36 MADE AN INFORMED DECISION.

37 4. THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
38 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS
39 MADE AN INFORMED DECISION.

40 5. A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE DURING
41 COUNSELING, IF PERFORMED.

42 6. THE ATTENDING PHYSICIAN'S OFFER TO THE PATIENT TO RESCIND THE
43 PATIENT'S REQUEST AT THE TIME OF THE PATIENT'S SECOND ORAL REQUEST
44 PURSUANT TO SECTION 36-3308.

1 7. THE ATTENDING PHYSICIAN'S CONFIRMATION THAT ALL REQUIREMENTS
2 UNDER THIS ARTICLE HAVE BEEN MET AND A NOTATION OF THE STEPS TAKEN TO
3 CARRY OUT THE REQUEST, INCLUDING THE MEDICATION PRESCRIBED.

4 36-3312. Review; rules; annual report

5 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS
6 MAINTAINED PURSUANT TO THIS ARTICLE.

7 B. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE COLLECTION OF
8 INFORMATION REGARDING COMPLIANCE WITH THIS ARTICLE. THE INFORMATION
9 COLLECTED IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR INSPECTION BY
10 THE PUBLIC.

11 C. THE DEPARTMENT SHALL GENERATE AND MAKE AVAILABLE TO THE PUBLIC
12 AN ANNUAL STATISTICAL REPORT OF INFORMATION COLLECTED UNDER THIS ARTICLE.

13 36-3313. Effect on construction of wills and contracts

14 A. A PROVISION IN ANY CONTRACT, WILL OR OTHER AGREEMENT, WHETHER
15 WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER A PERSON MAY MAKE OR RESCIND A
16 REQUEST FOR A PRESCRIPTION FOR MEDICATION TO END THE PATIENT'S LIFE IN A
17 HUMANE AND DIGNIFIED MANNER IS NOT VALID.

18 B. AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT MAY
19 NOT BE CONDITIONED ON OR AFFECTED BY A PERSON MAKING OR RESCINDING A
20 REQUEST FOR A PRESCRIPTION FOR MEDICATION TO END THE PERSON'S LIFE IN A
21 HUMANE AND DIGNIFIED MANNER.

22 36-3314. Insurance and annuity policies

23 A. THE SALE, PROCUREMENT OR ISSUANCE OF ANY LIFE, HEALTH OR
24 ACCIDENT INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR ANY POLICY
25 MAY NOT BE CONDITIONED ON OR AFFECTED BY A PERSON MAKING OR RESCINDING A
26 REQUEST FOR A PRESCRIPTION FOR MEDICATION TO END THE PERSON'S LIFE IN A
27 HUMANE AND DIGNIFIED MANNER.

28 B. AN INSURER MAY NOT REQUIRE OR REQUEST AN INSURED TO DISCLOSE
29 WHETHER THE INSURED HAS CONSIDERED OR EXECUTED A REQUEST FOR DEATH WITH
30 DIGNITY.

31 C. A QUALIFIED PATIENT'S ACT OF INGESTING MEDICATION TO END THE
32 PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER DOES NOT AFFECT A LIFE,
33 HEALTH OR ACCIDENT INSURANCE OR ANNUITY POLICY.

34 36-3315. Construction of article

35 THIS ARTICLE DOES NOT AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO
36 END A PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING OR ACTIVE
37 EUTHANASIA. NOTWITHSTANDING ANY OTHER LAW, ACTIONS TAKEN IN ACCORDANCE
38 WITH THIS ARTICLE DO NOT CONSTITUTE, FOR ANY PURPOSE, SUICIDE, ASSISTED
39 SUICIDE, MERCY KILLING OR HOMICIDE.

40 36-3316. Immunities

41 EXCEPT AS PROVIDED IN SECTION 36-3317:

1 1. A PERSON IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR
2 PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN GOOD FAITH
3 COMPLIANCE WITH THIS ARTICLE, INCLUDING BEING PRESENT WHEN A QUALIFIED
4 PATIENT TAKES THE PRESCRIBED MEDICATION TO END THE PATIENT'S LIFE IN A
5 HUMANE AND DIGNIFIED MANNER.

6 2. THIS ARTICLE DOES NOT AUTHORIZE ANY PERSON TO ASSIST IN
7 ADMINISTERING PRESCRIBED MEDICATION UNLESS THAT PERSON IS DESIGNATED BY A
8 QUALIFIED PATIENT TO ADMINISTER OR DISPENSE THE MEDICATION BECAUSE OF THE
9 QUALIFIED PATIENT'S PHYSICAL INABILITY TO SELF-ADMINISTER THE PRESCRIBED
10 MEDICATION.

11 3. A PROFESSIONAL ORGANIZATION OR ASSOCIATION OR A HEALTH CARE
12 PROVIDER MAY NOT SUBJECT A PERSON TO CENSURE, DISCIPLINE, SUSPENSION, LOSS
13 OF PRIVILEGES, LOSS OF MEMBERSHIP OR ANY OTHER PENALTY FOR PARTICIPATING
14 OR REFUSING TO PARTICIPATE IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE.

15 4. A PATIENT'S REQUEST FOR OR AN ATTENDING PHYSICIAN'S PROVISION OF
16 PRESCRIBED MEDICATION IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT
17 CONSTITUTE NEGLIGENCE FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR
18 THE APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

19 5. A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY, WHETHER BY
20 CONTRACT, BY STATUTE OR BY ANY OTHER LEGAL REQUIREMENT, TO PARTICIPATE IN
21 PROVIDING PRESCRIBED MEDICATION TO A QUALIFIED PATIENT TO END THE
22 PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER. IF A HEALTH CARE
23 PROVIDER IS UNABLE OR UNWILLING TO CARRY OUT A PATIENT'S REQUEST UNDER
24 THIS ARTICLE, THE HEALTH CARE PROVIDER SHALL PROMPTLY TRANSFER THE
25 RESPONSIBILITY TO ANOTHER PROVIDER WHO IS WILLING TO ACT IN ACCORDANCE
26 WITH THE QUALIFIED PATIENT'S WISHES. THE HEALTH CARE PROVIDER SHALL
27 TRANSFER, ON REQUEST, A COPY OF THE PATIENT'S RELEVANT MEDICAL RECORDS TO
28 THE NEW HEALTH CARE PROVIDER.

29 6. A HEALTH CARE FACILITY THAT REFUSES TO ALLOW DEATH WITH DIGNITY
30 TO BE PRESCRIBED OR ADMINISTERED ON ITS PREMISES MAY NOT DENY STAFF
31 PRIVILEGES OR EMPLOYMENT TO A PERSON FOR THE SOLE REASON THAT THE PERSON
32 PREVIOUSLY PARTICIPATED IN DEATH WITH DIGNITY.

33 7. A LICENSED PHARMACIST WHO DISPENSES LETHAL MEDICINE BASED ON A
34 VALID PRESCRIPTION BY A PHYSICIAN AIDING A QUALIFYING PATIENT TO DIE UNDER
35 THIS ARTICLE IS NOT SUBJECT TO CIVIL, CRIMINAL OR ADMINISTRATIVE LIABILITY
36 FOR DOING SO.

37 36-3317. Violations; classification; liability

38 A. A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT WILFULLY
39 ALTERS OR FORGES A REQUEST FOR A PRESCRIPTION FOR MEDICATION OR CONCEALS
40 OR DESTROYS A RESCISSION OF THAT REQUEST WITH THE INTENT OR EFFECT OF
41 CAUSING THE PATIENT'S DEATH IS GUILTY OF MANSLAUGHTER.

42 B. A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A PATIENT TO
43 REQUEST A PRESCRIPTION FOR MEDICATION FOR THE PURPOSE OF ENDING THE
44 PATIENT'S LIFE OR TO DESTROY A RESCISSION OF SUCH A REQUEST IS GUILTY OF
45 MANSLAUGHTER.

1 C. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES
2 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY
3 PERSON.

4 D. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES
5 APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS INCONSISTENT WITH THIS
6 ARTICLE.

7 36-3318. Request for a prescription for medication; sample
8 form

9 A REQUEST FOR A PRESCRIPTION FOR MEDICATION AS AUTHORIZED BY THIS
10 ARTICLE MUST BE IN SUBSTANTIALLY THE FOLLOWING FORM:

11 REQUEST FOR A PRESCRIPTION FOR MEDICATION
12 TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

13 I, _____, AM AN ADULT OF SOUND MIND.

14 I AM SUFFERING FROM _____, WHICH MY
15 ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL CONDITION AND
16 A CONSULTING PHYSICIAN HAS MEDICALLY CONFIRMED.

17 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY
18 PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED AND
19 POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT AND THE
20 FEASIBLE ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE
21 AND PAIN CONTROL.

22 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE
23 MEDICATION THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED
24 MANNER.

25 INITIAL ONE:

26 _____ I HAVE INFORMED MY FAMILY MEMBERS OF MY DECISION AND
27 HAVE TAKEN THEIR OPINIONS INTO CONSIDERATION.

28 _____ I HAVE DECIDED NOT TO INFORM MY FAMILY MEMBERS OF MY
29 DECISION.

30 _____ I HAVE NO FAMILY MEMBERS TO INFORM OF MY DECISION.

31 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS
32 REQUEST AT ANY TIME.

33 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST, AND I
34 EXPECT TO DIE WHEN I TAKE THE PRESCRIBED MEDICATION.

35 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION,
36 AND I ACCEPT FULL MORAL RESPONSIBILITY FOR MY ACTIONS.

37 SIGNED: _____

38 DATED: _____

39 DECLARATION OF WITNESSES

40 WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

41 1. IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
42 IDENTITY.

43 2. SIGNED THIS REQUEST IN OUR PRESENCE.

44 3. APPEARS TO BE OF SOUND MIND AND TO NOT BE UNDER
45 DURESS, FRAUD OR UNDUE INFLUENCE.

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4. IS NOT A PATIENT FOR WHOM EITHER OF US IS THE
ATTENDING PHYSICIAN.

WITNESS 1 _____

DATE _____

WITNESS 2 _____

DATE _____

NOTE: ONE WITNESS MUST NOT BE A RELATIVE (BY BLOOD,
MARRIAGE OR ADOPTION) OF THE PERSON SIGNING THIS REQUEST, MUST
NOT BE ENTITLED TO ANY PORTION OF THE PERSON'S ESTATE ON DEATH
AND MUST NOT OWN, OPERATE OR BE EMPLOYED AT A HEALTH CARE
FACILITY WHERE THE PERSON IS A PATIENT OR RESIDENT. IF THE
PERSON IS AN INPATIENT AT A HEALTH CARE FACILITY, ONE WITNESS
MUST BE AN INDIVIDUAL DESIGNATED BY THE FACILITY.

Sec. 2. Short title

This act may be cited as the "Death with Dignity Act of 2019".