

**END OF LIFE PRESCRIPTION PROVISIONS**

2020 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Jennifer Dailey-Provost**

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

---

---

**LONG TITLE**

**General Description:**

This bill amends the Utah Uniform Probate Code to enact the End of Life Options Act.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ establishes a procedure for an individual with a terminal disease to obtain a prescription to end the individual's life;
- ▶ designates when an individual may make a request for aid-in-dying medication;
- ▶ establishes attending physician responsibilities;
- ▶ requires:
  - a consulting physician confirmation;
  - an informed decision;
  - written and oral requests and the ability to rescind the request at any time;
  - waiting periods; and
  - that the patient be a resident of the state;
- ▶ provides for a counseling referral when needed;
- ▶ encourages family notification;
- ▶ includes documentation and reporting requirements;
- ▶ establishes the effect of the decision to utilize aid-in-dying medication on an individual's wills, contracts, and insurance and annuity contracts;



- 28           ▶ provides limited immunities and procedures for permissible sanctions;
- 29           ▶ prohibits euthanasia or mercy killing;
- 30           ▶ establishes criminal penalties for certain actions;
- 31           ▶ provides a uniform form for a patient's written request; and
- 32           ▶ includes a severability clause.

33 **Money Appropriated in this Bill:**

34           None

35 **Other Special Clauses:**

36           This bill provides a special effective date.

37 **Utah Code Sections Affected:**

38 ENACTS:

- 39           **75-2c-101**, Utah Code Annotated 1953
- 40           **75-2c-102**, Utah Code Annotated 1953
- 41           **75-2c-103**, Utah Code Annotated 1953
- 42           **75-2c-104**, Utah Code Annotated 1953
- 43           **75-2c-105**, Utah Code Annotated 1953
- 44           **75-2c-106**, Utah Code Annotated 1953
- 45           **75-2c-107**, Utah Code Annotated 1953
- 46           **75-2c-108**, Utah Code Annotated 1953
- 47           **75-2c-109**, Utah Code Annotated 1953
- 48           **75-2c-110**, Utah Code Annotated 1953
- 49           **75-2c-111**, Utah Code Annotated 1953
- 50           **75-2c-112**, Utah Code Annotated 1953
- 51           **75-2c-113**, Utah Code Annotated 1953
- 52           **75-2c-114**, Utah Code Annotated 1953
- 53           **75-2c-115**, Utah Code Annotated 1953
- 54           **75-2c-116**, Utah Code Annotated 1953
- 55           **75-2c-117**, Utah Code Annotated 1953
- 56           **75-2c-118**, Utah Code Annotated 1953
- 57           **75-2c-119**, Utah Code Annotated 1953
- 58           **75-2c-120**, Utah Code Annotated 1953

- 59 [75-2c-121](#), Utah Code Annotated 1953
- 60 [75-2c-122](#), Utah Code Annotated 1953
- 61 [75-2c-123](#), Utah Code Annotated 1953
- 62 [75-2c-124](#), Utah Code Annotated 1953
- 63 [75-2c-125](#), Utah Code Annotated 1953

64  
65 *Be it enacted by the Legislature of the state of Utah:*

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

67 **CHAPTER 2c. END OF LIFE OPTIONS ACT**

68 **75-2c-101. Title.**

69 This chapter is known as the "End of Life Options Act."

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

71 **75-2c-102. Definitions.**

72 As used in this chapter:

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

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

76 (3) "Capable" means that in the opinion of the patient's attending physician, consulting  
77 physician, and licensed mental health professional, if any, the patient has the ability to make  
78 and communicate health care decisions to health care providers, including communication  
79 through individuals familiar with the patient's manner of communicating if those individuals  
80 are available.

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

83 (5) "Counseling" means one or more consultations as necessary between a licensed  
84 mental health professional and a patient for the purpose of determining whether the patient is  
85 capable.

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

89 (7) "Informed decision" means a decision that is made by a patient to request and

90 obtain a prescription for aid-in-dying medication to end the patient's life in a humane and  
91 dignified manner and that is based on an appreciation of the relevant facts, after being fully  
92 informed by the attending physician of:

93 (a) the patient's medical diagnosis;

94 (b) the patient's prognosis;

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

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

97 (e) the feasible alternatives, including concurrent or additional treatment alternatives,  
98 palliative care, comfort care, hospice care, disability resources available in the community, and  
99 pain control.

100 (8) "Medically confirmed" means the medical opinion of the attending physician has  
101 been confirmed by a consulting physician who has examined the patient and the patient's  
102 relevant medical records.

103 (9) "Patient" means an adult who is under the care of a physician.

104 (10) "Physician" means the same as that term is defined in Section [26-65-102](#).

105 (11) "Qualified patient" means a capable adult who has satisfied the requirements of  
106 this chapter to obtain a prescription for medication to end the patient's life in a humane and  
107 dignified manner.

108 (12) "Self-administer" means a qualified patient's affirmative, conscious act of using  
109 the medication to bring about the qualified patient's own death in a humane and dignified  
110 manner.

111 (13) "Terminal disease" means an incurable and irreversible disease that has been  
112 medically confirmed and will, within reasonable medical judgment, produce death within six  
113 months.

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

115 **75-2c-103. Written and oral requests -- Opportunity to rescind.**

116 (1) In order to receive a prescription for aid-in-dying medication to end a patient's life  
117 in a humane and dignified manner, a patient shall:

118 (a) make an oral request for the aid-in-dying medication;

119 (b) make a written request for the aid-in-dying medication in accordance with this  
120 chapter; and

121 (c) repeat the oral request to the patient's attending physician no less than 15 days after  
122 the day on which the patient makes the initial oral request.

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

125 (3) (a) A patient may rescind the patient's request at any time and in any manner  
126 without regard to the patient's mental state.

127 (b) A physician may not write a prescription for medication under this chapter without  
128 the attending physician offering the patient an opportunity to rescind the patient's request.

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

130 **75-2c-104. Initiation of written request for medication.**

131 (1) A patient may make a written request for aid-in-dying medication for the purpose of  
132 ending the patient's life in a humane and dignified manner if the patient:

133 (a) is suffering from a terminal disease;

134 (b) is capable;

135 (c) is a resident of Utah; and

136 (d) has voluntarily expressed a wish to receive aid-in-dying medication.

137 (2) An individual may not qualify under the provisions of Subsection (1) solely  
138 because of age or disability.

139 (3) A request for a prescription for aid-in-dying medication shall be made by a patient  
140 described in Subsection (1), and may not be made by any other means, including the patient's  
141 qualified power of attorney, durable medical power of attorney, or advanced health care  
142 directive.

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

144 **75-2c-105. Form of the written request.**

145 (1) A written request for aid-in-dying medication under this chapter shall be in  
146 substantially the form described in Section [75-2c-124](#), signed and dated by the patient, and  
147 witnessed by at least two adults who, in the presence of the patient, attest that to the best of  
148 each adult's knowledge and belief the patient:

149 (a) is capable;

150 (b) is acting voluntarily; and

151 (c) is not being coerced to sign the request.

- 152           (2) At least one witness may not:
- 153           (a) be a relative of the patient by blood, marriage, or adoption;
- 154           (b) at the time the request is signed, be entitled to any portion of the estate of the
- 155 patient upon death under any will or by operation of law; or
- 156           (c) an owner, operator, or employee of a health care facility where the patient is
- 157 receiving medical treatment or is a resident.
- 158           (3) The patient's attending physician at the time the patient's request is signed may not
- 159 be a witness.

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

161           **75-2c-106. Attending physician responsibilities.**

- 162           (1) The attending physician for a patient who requests aid-in-dying medication for the
- 163 purpose of ending the patient's life in a humane and dignified manner, shall:
- 164           (a) make the initial determination of whether the patient:
- 165           (i) has a terminal disease;
- 166           (ii) is capable; and
- 167           (iii) is making the request voluntarily;
- 168           (b) request that the patient attest to Utah residency pursuant to Section [75-2c-113](#);
- 169           (c) ensure that the patient is making an informed decision, by informing the patient of:
- 170           (i) the patient's medical diagnosis;
- 171           (ii) the patient's prognosis;
- 172           (iii) the potential risks associated with taking the medication to be prescribed;
- 173           (iv) the probable result of taking the medication to be prescribed; and
- 174           (v) the feasible alternatives, including concurrent or additional treatments, palliative
- 175 care, comfort care, hospice care, disability resources available in the community, and pain
- 176 control;
- 177           (d) refer the patient to a consulting physician for medical confirmation of the diagnosis
- 178 and for a determination that the patient is capable, is acting voluntarily, and is making an
- 179 informed decision;
- 180           (e) refer the patient for counseling, if appropriate, as described in Section [75-2c-108](#);
- 181           (f) recommend that the patient notify the patient's next of kin;
- 182           (g) counsel the patient about the importance of having another individual present when

183 the patient takes the medication prescribed under this chapter and about not taking the  
184 medication in a public place;

185 (h) inform the patient that the patient may rescind the request at any time and in any  
186 manner;

187 (i) at the end of the 15-day waiting period described in Section 75-2c-111, offer the  
188 patient an opportunity to rescind the patient's request;

189 (j) verify that the patient is making an informed decision in accordance with Section  
190 75-2c-109; and

191 (k) fulfill the medical record documentation requirements of Section 75-2c-112.

192 (2) (a) The attending physician for the patient described in Subsection (1) shall ensure  
193 that all appropriate steps are carried out in accordance with this chapter before:

194 (i) determining that the patient is a qualified patient; and

195 (ii) writing a prescription for aid-in-dying medication to enable the qualified patient to  
196 end the qualified patient's life in a humane and dignified manner.

197 (b) With the qualified patient's consent, the attending physician for a qualified patient  
198 shall:

199 (i) electronically contact a pharmacist and inform the pharmacist of the prescription for  
200 the aid-in-dying medication described in Subsection (2)(a)(ii);

201 (ii) personally send an electronic prescription to the pharmacist for the aid-in-dying  
202 medication; and

203 (iii) inform the Department of Health of the prescription for the aid-in-dying  
204 medication, including the name of the medication prescribed.

205 (c) The pharmacist described in Subsection (2)(b) shall dispense the aid-in-dying  
206 medication described in Subsection (2)(b) to:

207 (i) the qualified patient;

208 (ii) the attending physician; or

209 (iii) an expressly identified agent of the qualified patient.

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

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

213 **75-2c-107. Consulting physician confirmation.**

214 Before a patient is qualified under this chapter, a consulting physician shall examine the  
215 patient and the patient's relevant medical records and confirm, in writing, the attending  
216 physician's diagnosis that the patient is suffering from a terminal disease and verify that the  
217 patient:

- 218 (1) is capable;
- 219 (2) is acting voluntarily; and
- 220 (3) is making an informed decision.

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

222 **75-2c-108. Counseling referral.**

223 (1) If in the opinion of the attending physician or the consulting physician a patient  
224 may be suffering from impaired judgment, the physician who holds that opinion shall refer the  
225 patient for counseling.

226 (2) Aid-in-dying medication to end the life of a patient described in Subsection (1) in a  
227 humane and dignified manner may not be prescribed until a counselor determines that the  
228 patient:

- 229 (a) is capable;
- 230 (b) is acting voluntarily; and
- 231 (c) is making an informed decision.

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

233 **75-2c-109. Informed decision.**

234 (1) A patient may not receive a prescription for aid-in-dying medication to end the  
235 patient's life in a humane and dignified manner unless the patient has made an informed  
236 decision.

237 (2) Immediately before prescribing the aid-in-dying medication described in  
238 Subsection (1) in accordance with this chapter, the attending physician shall verify that the  
239 patient is making an informed decision.

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

241 **75-2c-110. Family notification.**

242 (1) The attending physician shall recommend that the patient notify the next of kin of  
243 the patient's request for aid-in-dying medication under this chapter.

244 (2) The attending physician may not deny a patient's request for aid-in-dying



245 medication under this chapter on the basis of the patient's declination or inability to notify the  
246 patient's next of kin.

247 Section 11. Section **75-2c-111** is enacted to read:

248 **75-2c-111. Waiting periods.**

249 A physician may not prescribe aid-in-dying medication to end a patient's life in a  
250 humane and dignified manner until:

251 (1) no less than 15 days have elapsed since the day on which the patient made the first  
252 oral request for a prescription for aid-in-dying medication to end the patient's life in a humane  
253 and dignified manner;

254 (2) the patient made the second oral request described in Subsection [75-2c-103\(1\)\(c\)](#);  
255 and

256 (3) at least 48 hours have elapsed since the time at which the patient submitted to the  
257 physician the patient's written request for a prescription for aid-in-dying medication to end the  
258 patient's life in a humane and dignified manner.

259 Section 12. Section **75-2c-112** is enacted to read:

260 **75-2c-112. Medical record documentation requirements.**

261 The following shall be documented or filed in the medical record of a patient who  
262 requests aid-in-dying medication for the purpose of ending the patient's life in a humane and  
263 dignified manner:

264 (1) all oral requests by the patient for a prescription for aid-in-dying medication to end  
265 the patient's life in a humane and dignified manner;

266 (2) all written requests by the patient for a prescription for aid-in-dying medication to  
267 end the patient's life in a humane and dignified manner;

268 (3) the attending physician's diagnosis, prognosis, and determination whether the  
269 patient:

270 (a) is capable;

271 (b) is acting voluntarily; and

272 (c) has made an informed decision;

273 (4) the consulting physician's diagnosis, prognosis, and determination whether the  
274 patient:

275 (a) is capable;

276 (b) is acting voluntarily; and  
277 (c) has made an informed decision;  
278 (5) a report of the outcome and determinations made during counseling, if performed;  
279 (6) the attending physician's offer to the patient to rescind the patient's request at the  
280 time of the patient's second oral request under Subsection 75-2c-103(1)(c); and  
281 (7) a note by the attending physician indicating that all requirements under this chapter  
282 have been met and indicating the steps taken to carry out the request, including a notation of  
283 the medication prescribed.

284 Section 13. Section **75-2c-113** is enacted to read:

285 **75-2c-113. Residency requirement.**

286 (1) An attending physician may rely on the patient's attestation of meeting the  
287 requirements for being a resident of Utah if the attestation complies with Subsections (2) and  
288 (3).

289 (2) A patient shall attest to the attending physician that the patient:

290 (a) is a resident of the state; and

291 (b) (i) possesses a Utah driver license or Utah identification card;

292 (ii) is registered to vote in Utah;

293 (iii) owns or leases property in Utah;

294 (iv) filed a Utah tax return for the most recent tax year, and did not file a Non and  
295 Part-year Resident Schedule; or

296 (v) has some other indication of Utah residency that is recognized by state law.

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

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

301 **75-2c-114. Reporting requirements.**

302 (1) A health care provider who dispenses medication under this chapter shall file a  
303 copy of the dispensing record with the Department of Health in the manner described in  
304 Subsection (3).

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

307 (b) Except as otherwise required by law, the information collected under Subsections  
308 (1) and (2)(a) are private records under Section 63G-2-302.

309 (3) The Department of Health shall:

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

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

314 (c) provide an annual report to the Health and Human Services Interim Committee  
315 regarding the statistical report described in Subsection (3)(a).

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

317 **75-2c-115. Effect on construction of wills, contracts, and statutes.**

318 (1) No provision in a contract, will, or other agreement, whether written or oral, to the  
319 extent the provision would affect whether an individual may make or rescind a request for  
320 aid-in-dying medication, is valid.

321 (2) No obligation owing under any currently existing contract shall be conditioned or  
322 affected by the making or rescinding of a request for aid-in-dying medication under this  
323 chapter.

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

325 **75-2c-116. Insurance or annuity policies.**

326 (1) A qualified patient's act of ingesting aid-in-dying medication to end the patient's  
327 life in a humane and dignified manner, in accordance with this chapter, does not affect a life,  
328 health, or accident insurance or annuity policy.

329 (2) An insurer may not:

330 (a) deny or alter health care benefits otherwise available to an individual with a  
331 terminal illness based on the availability of aid-in-dying medication; or

332 (b) coerce or attempt to coerce an individual to make a request for aid-in-dying  
333 medication.

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

335 **75-2c-117. Construction of chapter.**

336 (1) Nothing in this chapter authorizes a physician or another person to end a patient's  
337 life by lethal injection, mercy killing, or euthanasia.

338 (2) Actions taken in accordance with this chapter do not, for any purpose, constitute  
339 suicide, assisted suicide, mercy killing, or homicide.

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

341 **75-2c-118. Immunity for action in good faith -- Prohibition against reprisal --**  
342 **Acceptable prohibitions.**

343 (1) A person is not subject to civil or criminal liability or professional disciplinary  
344 action for actions resulting from good faith compliance with this chapter, including being  
345 present when a qualified patient takes the prescribed aid-in-dying medication to end the  
346 qualified patient's life in a humane and dignified manner.

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

351 (3) A request by a patient for, or provision by an attending physician of, aid-in-dying  
352 medication in good faith compliance with the provisions of this chapter is not neglect for any  
353 purpose of law and may not form nor contribute to the basis for the appointment of a guardian  
354 or conservator.

355 (4) A health care facility may not prohibit a health care provider from providing  
356 medical aid-in-dying care, except that the health care facility may prohibit the patient from  
357 self-administration of aid-in-dying medication on the premises of the facility.

358 (5) A health care facility may not prohibit the lawful self-administration of aid-in-dying  
359 medication on the premises of the facility unless the health care facility provides written  
360 notification of the prohibition to the attending physician and any qualified patient.

361 (6) If a health care facility prohibits the self-administration of aid-in-dying medication,  
362 the facility shall refer a qualified patient to a health care facility that does not have a  
363 prohibition against the self-administration of aid-in-dying medication on the premises.

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

365 **75-2c-119. Liabilities.**

366 (1) A person may not:

367 (a) without authorization of the patient, willfully alter or forge a request for  
368 aid-in-dying medication or conceal or destroy a rescission of the request with the intent or

369 effect of causing the patient's death; or

370 (b) coerce or exert undue influence on a patient to request aid-in-dying medication for  
371 the purpose of ending the patient's life, or destroy a rescission of the request.

372 (2) A violation of Subsection (1) is a first degree felony.

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

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

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

378 **75-2c-120. Claims by governmental entity for costs incurred.**

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

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

384 **75-2c-121. No duty to provide medical aid-in-dying care.**

385 (1) A health care provider may choose whether to provide medical aid-in-dying care in  
386 accordance with this chapter.

387 (2) If a health care provider is unwilling to provide medical aid-in-dying care to a  
388 requesting, capable patient, the health care provider shall make reasonable efforts to transfer  
389 the care of the patient to a health care provider who willingly provides medical aid-in-dying  
390 care.

391 (3) When a health care provider transfers the care of a patient under Subsection (2), the  
392 health care provider shall coordinate the transfer of the patient's medical records to the new  
393 health care provider.

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

395 **75-2c-122. Death certificate.**

396 (1) Unless otherwise prohibited, the attending physician or the hospice medical director  
397 shall sign the death certificate of a qualified patient who obtained and self-administered  
398 aid-in-dying medication.

399 (2) When a death occurs as a result of aid-in-dying medication prescribed in

400 accordance with this chapter:

401 (a) the cause of death shall be listed on the death certificate as the underlying terminal  
402 illness for which the individual qualified to obtain the aid-in-dying medication; and

403 (b) the manner of death may not be listed as suicide or homicide.

404 (3) Notwithstanding Section 26-4-7, a death that results in accordance with this chapter  
405 may not form the sole basis for a postmortem investigation.

406 Section 23. Section 75-2c-123 is enacted to read:

407 **75-2c-123. Safe disposal of unused aid-in-dying medication.**

408 A person who has custody or control of aid-in-dying medication that is dispensed under  
409 this chapter and that is unused after the qualified patient who obtained the aid-in-dying  
410 medication has died shall dispose of the aid-in-dying medication by any lawful means,  
411 including taking the unused aid-in-dying medication to:

412 (1) the attending physician who wrote the prescription for the aid-in-dying medication,  
413 who shall dispose of the medication by lawful means;

414 (2) a federally approved medication take-back program; or

415 (3) a local take-back program supported by a law enforcement agency, pharmacy, or  
416 health care provider.

417 Section 24. Section 75-2c-124 is enacted to read:

418 **75-2c-124. Form of the request.**

419 A request for aid-in-dying medication as authorized by this chapter shall be in  
420 substantially the following form:

421 REQUEST FOR MEDICATION  
422 TO END MY LIFE IN A HUMANE  
423 AND DIGNIFIED MANNER

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

425 I am suffering from \_\_\_\_\_, which my attending physician has determined is a  
426 terminal disease and which has been medically confirmed by a consulting physician.

427 I have been fully informed of my diagnosis, prognosis, the nature of medication to be  
428 prescribed, and potential associated risks, the expected result, and the feasible alternatives,  
429 including palliative care, comfort care, hospice care, disability resources available in the  
430 community, and pain control.

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

433 INITIAL ONE:

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

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

437 I have no family to inform of my decision.

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

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

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

444 Signed: \_\_\_\_\_

445 Dated: \_\_\_\_\_

446 DECLARATION OF WITNESSES

447 We declare that the individual signing this request:

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

449 (b) signed this request in our presence;

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

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

452 \_\_\_\_\_ Witness 1/Date

453 \_\_\_\_\_ Witness 2/Date

454 NOTE: At least one witness shall be an adult who is not a relative (by blood, marriage,  
455 or adoption) of the individual signing this request, is not entitled to any portion of the  
456 requestor's estate upon death, and does not own, operate, and is not employed at a health care  
457 facility where the requestor is a patient or resident.

458 Section 25. Section **75-2c-125** is enacted to read:

459 **75-2c-125. Severability.**

460 (1) If a final decision of a court of competent jurisdiction holds invalid any provision  
461 of this chapter or the application of any provision to any person or circumstance, the remaining

462 provisions of this chapter remain effective without the invalidated provision or application.

463 (2) The provisions of this chapter are severable.

464 Section 26. **Effective date.**

465 This bill takes effect on July 1, 2020.