

REFERENCE TITLE: **terminally ill individuals; end-of-life decisions**

State of Arizona  
House of Representatives  
Fifty-seventh Legislature  
First Regular Session  
2025

## **HB 2243**

Introduced by  
Representatives Mathis: De Los Santos, Villegas

**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 MEDICAL AID IN DYING

6 ARTICLE 1. GENERAL PROVISIONS

7 36-3301. Definitions

8 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "ADULT" MEANS AN INDIVIDUAL WHO IS AT LEAST EIGHTEEN YEARS OF  
10 AGE.

11 2. "ATTENDING PHYSICIAN" MEANS A PERSON WHO IS QUALIFIED BY  
12 SPECIALTY OR EXPERIENCE TO DETERMINE AN INDIVIDUAL'S ELIGIBILITY TO PURSUE  
13 MEDICAL AID IN DYING UNDER THIS ARTICLE, WHO AGREES TO WRITE THE  
14 PRESCRIPTIONS AND WHO TAKES RESPONSIBILITY FOR COUNSELING THE INDIVIDUAL,  
15 MAKING CARE DECISIONS, ENSURING COMPLIANCE WITH THIS ARTICLE AND  
16 SUBMITTING PROPER DOCUMENTATION TO THE DEPARTMENT.

17 3. "CAPACITY" MEANS AN INDIVIDUAL'S ABILITY, AS DETERMINED BY  
18 PROFESSIONAL STANDARDS OF CARE, TO UNDERSTAND AND APPRECIATE HEALTH CARE  
19 OPTIONS AVAILABLE TO THE INDIVIDUAL, INCLUDING SIGNIFICANT BENEFITS AND  
20 RISKS, AND TO MAKE AND COMMUNICATE AN INFORMED HEALTH CARE DECISION.

21 4. "COERCION OR UNDUE INFLUENCE" MEANS THE WILFUL ATTEMPT, WHETHER  
22 BY DECEPTION, INTIMIDATION OR ANY OTHER MEANS, TO CAUSE AN INDIVIDUAL TO  
23 REQUEST, OBTAIN OR SELF-ADMINISTER MEDICATION PURSUANT TO THIS ARTICLE  
24 WITH INTENT TO CAUSE THE DEATH OF THE INDIVIDUAL OR TO PREVENT THE  
25 INDIVIDUAL FROM OBTAINING OR SELF-ADMINISTERING MEDICATION PURSUANT TO  
26 THIS ARTICLE.

27 5. "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY  
28 SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS  
29 REGARDING AN INDIVIDUAL'S DISEASE.

30 6. "COUNSELING" MEANS ONE OR MORE CONSULTATIONS AS NECESSARY  
31 BETWEEN A MENTAL HEALTH PROFESSIONAL AND AN INDIVIDUAL TO DETERMINE  
32 WHETHER THE INDIVIDUAL HAS CAPACITY AND IS NOT SUFFERING FROM A  
33 PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING IMPAIRED  
34 JUDGMENT.

35 7. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.

36 8. "HEALTH CARE FACILITY":

37 (a) MEANS A HOSPITAL, MEDICAL CLINIC, NURSING HOME OR INPATIENT  
38 HOSPICE FACILITY OR ANY OTHER LICENSED HEALTH CARE INSTITUTION WHERE THE  
39 DELIVERY OF HEALTH CARE IS FACILITATED.

40 (b) DOES NOT INCLUDE AN INDIVIDUAL HEALTH CARE PROVIDER.

41 9. "HEALTH CARE PROVIDER":

42 (a) MEANS A PERSON WHO IS LICENSED, CERTIFIED OR OTHERWISE  
43 AUTHORIZED OR ALLOWED BY THE LAWS OF THIS STATE TO ADMINISTER HEALTH CARE  
44 OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A  
45 PROFESSION.

- 1 (b) DOES NOT INCLUDE A HEALTH CARE FACILITY.  
2 10. "INFORMED DECISION" MEANS A VOLUNTARY AFFIRMATIVE DECISION THAT  
3 IS ALL OF THE FOLLOWING:  
4 (a) MADE BY A QUALIFIED INDIVIDUAL TO REQUEST AND OBTAIN A  
5 PRESCRIPTION FOR MEDICATION THAT THE INDIVIDUAL WILL SELF-ADMINISTER TO  
6 END THE INDIVIDUAL'S LIFE IN A HUMANE AND DIGNIFIED MANNER.  
7 (b) BASED ON AN APPRECIATION OF THE RELEVANT FACTS.  
8 (c) MADE AFTER THE ATTENDING PHYSICIAN FULLY INFORMS THE INDIVIDUAL  
9 OF ALL OF THE FOLLOWING:  
10 (i) THE INDIVIDUAL'S MEDICAL DIAGNOSIS.  
11 (ii) THE INDIVIDUAL'S PROGNOSIS.  
12 (iii) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO  
13 BE PRESCRIBED.  
14 (iv) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE PRESCRIBED.  
15 (v) THE FEASIBLE ALTERNATIVES AND CONCURRENT OR ADDITIONAL  
16 TREATMENT OPPORTUNITIES FOR THE INDIVIDUAL'S TERMINAL ILLNESS, INCLUDING  
17 COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, PAIN CONTROL AND  
18 DISEASE-DIRECTED TREATMENT OPTIONS, AS WELL AS THE RISKS AND BENEFITS OF  
19 EACH ALTERNATIVE.  
20 11. "MEDICAL AID IN DYING" MEANS THE PRACTICE OF EVALUATING A  
21 REQUEST FROM, DETERMINING QUALIFICATION FOR AND PROVIDING A PRESCRIPTION  
22 FOR MEDICATION TO A QUALIFIED INDIVIDUAL PURSUANT TO THIS ARTICLE.  
23 12. "MEDICALLY CONFIRM" MEANS THAT A CONSULTING PHYSICIAN WHO HAS  
24 EXAMINED THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT MEDICAL RECORDS  
25 CONFIRMS THE MEDICAL OPINION OF THE ATTENDING PHYSICIAN.  
26 13. "MENTAL HEALTH PROFESSIONAL" MEANS A PSYCHIATRIST, PSYCHOLOGIST  
27 OR PSYCHIATRIC NURSE PRACTITIONER WHO IS LICENSED BY THIS STATE.  
28 14. "PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE  
29 32, CHAPTER 13 OR 17.  
30 15. "PRESCRIPTION FOR MEDICATION" MEANS A PRESCRIPTION THAT IS  
31 WRITTEN BY AN ATTENDING PHYSICIAN FOR MEDICATION FOR A QUALIFIED  
32 INDIVIDUAL TO SELF-ADMINISTER TO BRING ABOUT A PEACEFUL DEATH IN  
33 ACCORDANCE WITH THIS ARTICLE.  
34 16. "QUALIFIED INDIVIDUAL" MEANS A TERMINALLY ILL ADULT WITH  
35 CAPACITY WHO IS A RESIDENT OF THIS STATE AND WHO HAS SATISFIED THE  
36 REQUIREMENTS OF THIS ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION FOR  
37 MEDICATION.  
38 17. "SELF-ADMINISTER":  
39 (a) MEANS AN AFFIRMATIVE, CONSCIOUS VOLUNTARY ACT BY A QUALIFIED  
40 INDIVIDUAL TO INGEST THE PRESCRIPTION MEDICATION.  
41 (b) DOES NOT INCLUDE THE ADMINISTRATION OF PRESCRIPTION MEDICATION  
42 BY AN INJECTION OR INTRAVENOUS INFUSION.  
43 18. "TELEMEDICINE" MEANS THE DELIVERY OF HEALTH CARE SERVICES SUCH  
44 AS DIAGNOSIS, CONSULTATION OR TREATMENT THROUGH THE USE OF LIVE  
45 INTERACTIVE AUDIO AND VIDEO OVER A SECURE CONNECTION THAT COMPLIES WITH

1 THE REQUIREMENTS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY  
2 ACT (P.L. 104-191).

3 19. "TERMINAL ILLNESS" OR "TERMINALLY ILL" MEANS AN INCURABLE  
4 ILLNESS THAT WILL, WITHIN REASONABLE MEDICAL JUDGMENT, RESULT IN DEATH  
5 WITHIN SIX MONTHS.

6 36-3302. Prescription for medication; written request;  
7 initiation

8 AN ADULT RESIDENT OF THIS STATE WHO HAS CAPACITY, WHOM THE ATTENDING  
9 PHYSICIAN AND CONSULTING PHYSICIAN HAVE DETERMINED IS SUFFERING FROM A  
10 TERMINAL ILLNESS AND WHO HAS VOLUNTARILY EXPRESSED A WISH TO DIE MAY MAKE  
11 A WRITTEN REQUEST FOR A PRESCRIPTION FOR MEDICATION.

12 36-3303. Form of request; translation; witnesses; signatures

13 A. A VALID REQUEST FOR A PRESCRIPTION FOR MEDICATION MUST BE IN  
14 SUBSTANTIALLY THE FORM DESCRIBED IN SECTION 36-3323, BE SIGNED AND DATED  
15 BY THE QUALIFIED INDIVIDUAL AND BE WITNESSED BY TWO INDIVIDUALS WHO, IN  
16 THE PRESENCE OF THE QUALIFIED INDIVIDUAL, ATTEST THAT TO THE BEST OF THEIR  
17 KNOWLEDGE AND BELIEF THE QUALIFIED INDIVIDUAL HAS CAPACITY, IS ACTING  
18 VOLUNTARILY AND IS NOT BEING COERCED TO SIGN THE REQUEST. A PERSON WHO  
19 DOES NOT SPEAK ENGLISH MAY HAVE THE WRITTEN REQUEST FORM TRANSLATED INTO  
20 THE PERSON'S PRIMARY LANGUAGE FOR SIGNATURE.

21 B. ONE OF THE WITNESSES MUST BE AN INDIVIDUAL WHO IS NOT ANY OF THE  
22 FOLLOWING:

23 1. RELATED TO THE QUALIFIED INDIVIDUAL BY BLOOD, MARRIAGE, ADOPTION  
24 OR REGISTERED DOMESTIC PARTNERSHIP.

25 2. AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY PORTION OF  
26 THE QUALIFIED INDIVIDUAL'S ESTATE ON THE QUALIFIED INDIVIDUAL'S DEATH  
27 UNDER ANY WILL OR BY OPERATION OF LAW.

28 3. AT THE TIME THE REQUEST IS SIGNED, THE QUALIFIED INDIVIDUAL'S  
29 ATTENDING PHYSICIAN, CONSULTING PHYSICIAN, MENTAL HEALTH PROFESSIONAL OR  
30 INTERPRETER.

31 36-3304. Attending physician; requirements

32 THE ATTENDING PHYSICIAN SHALL DO ALL OF THE FOLLOWING:

33 1. MAKE THE INITIAL DETERMINATION WHETHER AN INDIVIDUAL HAS A  
34 TERMINAL ILLNESS, HAS CAPACITY AND HAS MADE THE REQUEST VOLUNTARILY.

35 2. REQUEST THE INDIVIDUAL TO DEMONSTRATE RESIDENCY IN THIS STATE  
36 PURSUANT TO SECTION 36-3313.

37 3. ENSURE THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION BY  
38 INFORMING THE PATIENT OF ALL OF THE FOLLOWING:

39 (a) THE INDIVIDUAL'S MEDICAL DIAGNOSIS.

40 (b) THE INDIVIDUAL'S PROGNOSIS.

41 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO BE  
42 PRESCRIBED.

43 (d) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE PRESCRIBED.

44 (e) FEASIBLE ALTERNATIVES AND CONCURRENT OR ADDITIONAL TREATMENT  
45 OPPORTUNITIES FOR THE INDIVIDUAL'S TERMINAL ILLNESS, INCLUDING COMFORT

1 CARE, PALLIATIVE CARE, HOSPICE CARE, PAIN CONTROL AND DISEASE-DIRECTED  
2 TREATMENT OPTIONS, AS WELL AS THE RISKS AND BENEFITS OF EACH ALTERNATIVE.

3 4. PROVIDE THE INDIVIDUAL WITH A REFERRAL FOR COMFORT CARE,  
4 PALLIATIVE CARE, HOSPICE CARE, PAIN CONTROL OR OTHER END-OF-LIFE TREATMENT  
5 OPPORTUNITIES AS REQUESTED OR AS CLINICALLY INDICATED.

6 5. CONFIRM THAT THE INDIVIDUAL'S REQUEST DOES NOT ARISE FROM  
7 COERCION OR UNDUE INFLUENCE BY ASKING THE INDIVIDUAL ABOUT COERCION AND  
8 UNDUE INFLUENCE OUTSIDE OF THE PRESENCE OF OTHER PERSONS, EXCEPT AN  
9 INTERPRETER AS NECESSARY.

10 6. DISCUSS WITH THE INDIVIDUAL THE INDIVIDUAL'S RIGHT TO RESCIND  
11 THE REQUEST AT ANY TIME.

12 7. REFER THE PATIENT INDIVIDUAL TO A CONSULTING PHYSICIAN TO  
13 MEDICALLY CONFIRM THE DIAGNOSIS AND TO DETERMINE THAT THE INDIVIDUAL HAS  
14 CAPACITY AND IS ACTING VOLUNTARILY AND NOTE THIS DETERMINATION IN THE  
15 INDIVIDUAL'S MEDICAL RECORD.

16 8. REFER THE INDIVIDUAL TO A MENTAL HEALTH PROFESSIONAL FOR  
17 COUNSELING IF APPROPRIATE PURSUANT TO SECTION 36-3306 AND NOTE THIS  
18 DETERMINATION IN THE INDIVIDUAL'S MEDICAL RECORD.

19 9. COUNSEL THE INDIVIDUAL ABOUT THE IMPORTANCE OF ALL OF THE  
20 FOLLOWING:

21 (a) SAFELY KEEPING AND DISPOSING OF ALL UNUSED PRESCRIBED  
22 MEDICATION.

23 (b) THE RECOMMENDED METHODS OF SELF-ADMINISTERING THE MEDICATIONS  
24 PRESCRIBED UNDER THIS ARTICLE.

25 (c) HAVING ANOTHER PERSON PRESENT WHEN THE INDIVIDUAL TAKES THE  
26 MEDICATION.

27 (d) NOT TAKING THE MEDICATION IN A PUBLIC PLACE.

28 (e) THE BENEFITS OF NOTIFYING THE INDIVIDUAL'S NEXT OF KIN.

29 10. OFFER THE INDIVIDUAL AN OPPORTUNITY TO RESCIND AT THE END OF  
30 THE FIFTEEN-DAY WAITING PERIOD PRESCRIBED IN SECTION 36-3311.

31 11. IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR MEDICATION,  
32 VERIFY THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION.

33 12. EITHER:

34 (a) IF THE ATTENDING PHYSICIAN IS AUTHORIZED BY STATE AND FEDERAL  
35 LAW TO DISPENSE THE MEDICATION, DISPENSE THE MEDICATION DIRECTLY,  
36 INCLUDING ANY ANCILLARY MEDICATIONS INTENDED TO MINIMIZE THE INDIVIDUAL'S  
37 DISCOMFORT.

38 (b) WITH THE INDIVIDUAL'S WRITTEN CONSENT, DO BOTH OF THE  
39 FOLLOWING:

40 (i) CONTACT A PHARMACIST AND INFORM THE PHARMACIST OF THE  
41 PRESCRIPTION.

42 (ii) DELIVER THE WRITTEN PRESCRIPTION FOR MEDICATION PERSONALLY OR  
43 BY OTHER MEANS TO THE PHARMACIST, WHO SHALL DISPENSE THE MEDICATIONS TO  
44 EITHER THE QUALIFIED INDIVIDUAL, THE ATTENDING PHYSICIAN OR AN EXPRESSLY  
45 IDENTIFIED AGENT OF THE QUALIFIED INDIVIDUAL.

1 13. DOCUMENT THE QUALIFIED INDIVIDUAL'S MEDICAL RECORD AS REQUIRED  
2 IN SECTION 36-3312.

3 14. ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN ACCORDANCE  
4 WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR MEDICATION.

5 36-3305. Consulting physician; confirmation of diagnosis;  
6 requirements

7 BEFORE AN INDIVIDUAL IS DEEMED QUALIFIED UNDER THIS ARTICLE, A  
8 CONSULTING PHYSICIAN SHALL EXAMINE THE INDIVIDUAL AND THE INDIVIDUAL'S  
9 RELEVANT MEDICAL RECORDS, SHALL CONFIRM IN WRITING THE ATTENDING  
10 PHYSICIAN'S DIAGNOSIS THAT THE INDIVIDUAL IS SUFFERING FROM A TERMINAL  
11 ILLNESS AND SHALL VERIFY THAT THE INDIVIDUAL HAS CAPACITY, IS ACTING  
12 VOLUNTARILY AND HAS MADE AN INFORMED DECISION.

13 36-3306. Counseling referral; prohibition

14 IF THE ATTENDING PHYSICIAN OR THE CONSULTING PHYSICIAN BELIEVES AN  
15 INDIVIDUAL MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER  
16 OR DEPRESSION CAUSING IMPAIRED JUDGMENT, EITHER PHYSICIAN SHALL REFER THE  
17 INDIVIDUAL FOR COUNSELING. THE ATTENDING PHYSICIAN MAY NOT WRITE A  
18 PRESCRIPTION FOR MEDICATION UNTIL THE PERSON PERFORMING THE COUNSELING  
19 DETERMINES THAT THE INDIVIDUAL IS NOT SUFFERING FROM A PSYCHIATRIC OR  
20 PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT AND  
21 PROVIDES A WRITTEN REPORT.

22 36-3307. Informed decision required; verification

23 THE ATTENDING PHYSICIAN MAY NOT WRITE A PRESCRIPTION FOR MEDICATION  
24 UNLESS THE QUALIFIED INDIVIDUAL HAS MADE AN INFORMED DECISION.  
25 IMMEDIATELY BEFORE WRITING A PRESCRIPTION FOR MEDICATION, THE ATTENDING  
26 PHYSICIAN SHALL VERIFY THAT THE QUALIFIED INDIVIDUAL IS MAKING AN INFORMED  
27 DECISION.

28 36-3308. Family notification

29 THE ATTENDING PHYSICIAN SHALL RECOMMEND THAT THE QUALIFIED  
30 INDIVIDUAL NOTIFY THE QUALIFIED INDIVIDUAL'S NEXT OF KIN REGARDING THE  
31 QUALIFIED INDIVIDUAL'S REQUEST FOR A PRESCRIPTION FOR MEDICATION. IF THE  
32 QUALIFIED INDIVIDUAL DECLINES OR IS UNABLE TO NOTIFY NEXT OF KIN, THE  
33 ATTENDING PHYSICIAN MAY NOT DENY THE QUALIFIED INDIVIDUAL'S REQUEST FOR  
34 THAT REASON.

35 36-3309. Use of interpreters

36 AN INTERPRETER WHOSE SERVICES ARE PROVIDED TO AN INDIVIDUAL  
37 REQUESTING INFORMATION ON CARE UNDER THIS ARTICLE SHALL MEET THE STANDARDS  
38 ADOPTED BY THE NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE OR OTHER  
39 STANDARDS DEEMED ACCEPTABLE BY THE DEPARTMENT FOR HEALTH CARE PROVIDERS IN  
40 THIS STATE. AN INTERPRETER WHO IS USED FOR THE PURPOSES OF THIS ARTICLE  
41 MAY NOT:

42 1. BE RELATED TO THE QUALIFIED INDIVIDUAL BY BLOOD, MARRIAGE,  
43 REGISTERED DOMESTIC PARTNERSHIP OR ADOPTION OR BE ENTITLED TO A PORTION OF  
44 THE INDIVIDUAL'S ESTATE ON DEATH.

45 2. ACT AS A WITNESS FOR THE INDIVIDUAL'S WRITTEN REQUEST.



1 TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF ANY MEDICATIONS  
2 PRESCRIBED.

3 36-3313. Residency requirement; definition

4 A. THE ATTENDING PHYSICIAN MAY GRANT AN INDIVIDUAL'S REQUEST UNDER  
5 THIS ARTICLE ONLY IF THE INDIVIDUAL'S RESIDENCE IS IN THIS STATE. AN  
6 INDIVIDUAL MAY PRESENT ANY OF THE FOLLOWING TO SHOW THE INDIVIDUAL'S  
7 RESIDENCY UNDER THIS SECTION:

8 1. A VALID ARIZONA DRIVER LICENSE THAT CONTAINS THE INDIVIDUAL'S  
9 PHYSICAL RESIDENCE ADDRESS. A POST OFFICE BOX IS NOT A RESIDENCE ADDRESS  
10 FOR THE PURPOSES OF THIS PARAGRAPH.

11 2. A VALID ARIZONA NONOPERATING IDENTIFICATION LICENSE THAT  
12 CONTAINS THE INDIVIDUAL'S PHYSICAL RESIDENCE ADDRESS. A POST OFFICE BOX  
13 IS NOT A RESIDENCE ADDRESS FOR THE PURPOSES OF THIS PARAGRAPH.

14 3. EVIDENCE THAT THE INDIVIDUAL OWNS OR LEASES PROPERTY IN THIS  
15 STATE.

16 4. PROOF OF VOTER REGISTRATION IN THIS STATE.

17 5. A CURRENT INCOME TAX RETURN THAT CONTAINS THE INDIVIDUAL'S  
18 PHYSICAL RESIDENCE ADDRESS. A POST OFFICE BOX IS NOT A RESIDENCE ADDRESS  
19 FOR THE PURPOSES OF THIS PARAGRAPH.

20 6. ANY OTHER MEANS OF DEMONSTRATING RESIDENCY ACCEPTABLE TO THE  
21 ATTENDING PHYSICIAN.

22 B. FOR THE PURPOSES OF THIS SECTION, "RESIDENCE" MEANS A PLACE  
23 WHERE A PERSON HAS ESTABLISHED A FIXED AND PRINCIPAL HOME TO WHICH THE  
24 PERSON, WHENEVER TEMPORARILY ABSENT, INTENDS TO RETURN.

25 36-3314. Annual records review; reporting requirements;  
26 confidentiality; rules; annual report

27 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS  
28 MAINTAINED PURSUANT TO THIS ARTICLE.

29 B. THE DEPARTMENT SHALL REQUIRE A HEALTH CARE PROVIDER, WITHIN  
30 THIRTY DAYS AFTER DISPENSING A PRESCRIPTION FOR MEDICATION PURSUANT TO  
31 THIS ARTICLE, TO FILE A COPY OF THE DISPENSING RECORD WITH THE DEPARTMENT.

32 C. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE COLLECTION OF  
33 INFORMATION REGARDING COMPLIANCE WITH THIS ARTICLE. EXCEPT AS OTHERWISE  
34 REQUIRED BY LAW, THE INFORMATION COLLECTED IS NOT A PUBLIC RECORD AND IS  
35 NOT AVAILABLE FOR INSPECTION BY THE PUBLIC.

36 D. THE DEPARTMENT SHALL GENERATE AND MAKE AVAILABLE TO THE PUBLIC  
37 AN ANNUAL STATISTICAL REPORT OF INFORMATION COLLECTED UNDER THIS SECTION.

38 36-3315. Effect on construction of contracts, wills or  
39 agreements

40 A. A PROVISION IN A CONTRACT, WILL OR OTHER AGREEMENT, WHETHER  
41 WRITTEN OR ORAL, IS INVALID TO THE EXTENT THAT THE PROVISION WOULD AFFECT  
42 WHETHER A QUALIFIED INDIVIDUAL MAY MAKE OR RESCIND A REQUEST FOR A  
43 PRESCRIPTION FOR MEDICATION.



1 B. AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT MAY  
2 NOT BE CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST  
3 BY A QUALIFIED INDIVIDUAL FOR A PRESCRIPTION FOR MEDICATION.

4 36-3316. Insurance or annuity policies

5 THE SALE, PROCUREMENT OR ISSUANCE OR DELIVERY OF BENEFITS UNDER A  
6 LIFE, HEALTH OR ACCIDENT INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED  
7 FOR A POLICY MAY NOT BE CONDITIONED ON OR AFFECTED BY THE AVAILABILITY OF  
8 MEDICATION PURSUANT TO THIS ARTICLE OR ON A QUALIFIED INDIVIDUAL MAKING OR  
9 RESCINDING A REQUEST FOR A PRESCRIPTION FOR MEDICATION. A QUALIFIED  
10 INDIVIDUAL'S ACT OF INGESTING MEDICATION TO END THE INDIVIDUAL'S LIFE IN A  
11 HUMANE AND DIGNIFIED MANNER DOES NOT AFFECT A LIFE, HEALTH OR ACCIDENT  
12 INSURANCE OR ANNUITY POLICY ISSUED OR DELIVERED IN THIS STATE. THE  
13 RATING, SALE, PROCUREMENT OR ISSUANCE OF ANY MEDICAL PROFESSIONAL  
14 LIABILITY INSURANCE POLICY IN THIS STATE MUST BE MADE IN ACCORDANCE WITH  
15 TITLE 20.

16 36-3317. Construction of article; standard of care

17 A. THIS ARTICLE DOES NOT AUTHORIZE A HEALTH CARE PROVIDER OR ANY  
18 OTHER PERSON TO END A QUALIFIED INDIVIDUAL'S LIFE BY LETHAL INJECTION OR  
19 SUBCUTANEOUS INFUSIONS, MERCY KILLING OR ACTIVE EUTHANASIA.

20 B. ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE DO NOT, FOR ANY  
21 PURPOSE, CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, ELDER ABUSE  
22 OR HOMICIDE AS PRESCRIBED IN TITLE 13. STATE REPORTS MAY NOT REFER TO  
23 ACTS COMMITTED UNDER THIS ARTICLE AS SUICIDE OR ASSISTED SUICIDE. STATE  
24 REPORTS MUST REFER TO ACTS COMMITTED UNDER THIS ARTICLE AS OBTAINING AND  
25 SELF-ADMINISTERING LIFE-ENDING MEDICATION.

26 C. THIS ARTICLE DOES NOT LOWER THE APPLICABLE STANDARD OF CARE FOR  
27 ATTENDING PHYSICIANS, CONSULTING PHYSICIANS, MENTAL HEALTH PROFESSIONALS  
28 OR OTHER HEALTH CARE PROVIDERS WHO PROVIDE SERVICES UNDER THIS ARTICLE.

29 36-3318. Health care facilities; transfer; coordination;  
30 duties

31 IF A QUALIFIED INDIVIDUAL WISHES TO TRANSFER TO A DIFFERENT HEALTH  
32 CARE FACILITY TO RECEIVE MEDICAL AID IN DYING CARE, THE NONPARTICIPATING  
33 HEALTH CARE FACILITY SHALL COORDINATE THE TRANSFER IN A TIMELY MANNER,  
34 INCLUDING THE TRANSFER OF THE QUALIFIED INDIVIDUAL'S MEDICAL RECORDS,  
35 INCLUDING A NOTATION OF THE DATE THAT THE INDIVIDUAL FIRST REQUESTED  
36 MEDICAL AID IN DYING. THE NONPARTICIPATING HEALTH CARE FACILITY'S  
37 REFERRAL TO A PARTICIPATING HEALTH CARE FACILITY IS NOT PARTICIPATION IN  
38 MEDICAL AID IN DYING BUT IS DEEMED A MEDICAL STANDARD OF CARE.

39 36-3319. Immunities; prohibiting a health care provider from  
40 participation; permissible sanctions; definitions

41 A. EXCEPT AS PROVIDED IN SECTION 36-3321:

42 1. A HEALTH CARE PROVIDER OR HEALTH CARE FACILITY IS NOT SUBJECT TO  
43 CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION, INCLUDING  
44 CENSURE, SUSPENSION, LOSS OF LICENSE, LOSS OF MEDICAL PRIVILEGES, LOSS OF  
45 MEMBERSHIP OR ANY OTHER PENALTY, FOR ENGAGING IN THE PRACTICE OF MEDICAL

1 AID IN DYING IN ACCORDANCE WITH THE STANDARD OF CARE AND IN GOOD FAITH  
2 COMPLIANCE WITH THIS ARTICLE.

3 2. A HEALTH CARE PROVIDER, HEALTH CARE FACILITY OR PROFESSIONAL  
4 ORGANIZATION OR ASSOCIATION MAY NOT SUBJECT A HEALTH CARE PROVIDER TO  
5 CENSURE, DISCIPLINE, SUSPENSION, LOSS OF LICENSE, LOSS OF PRIVILEGES, LOSS  
6 OF MEMBERSHIP OR ANY OTHER PENALTY FOR PROVIDING MEDICAL AID IN DYING IN  
7 ACCORDANCE WITH THE STANDARD OF CARE AND IN GOOD FAITH PURSUANT TO THIS  
8 ARTICLE OR FOR PROVIDING SCIENTIFIC AND ACCURATE INFORMATION ABOUT MEDICAL  
9 AID IN DYING TO AN INDIVIDUAL WHEN DISCUSSING END-OF-LIFE CARE OPTIONS.

10 3. A HEALTH CARE PROVIDER IS NOT SUBJECT TO CIVIL OR CRIMINAL  
11 LIABILITY OR PROFESSIONAL DISCIPLINE IF, WITH THE CONSENT OF THE QUALIFIED  
12 INDIVIDUAL, THE HEALTH CARE PROVIDER IS PRESENT WHEN THE QUALIFIED  
13 INDIVIDUAL SELF-ADMINISTERS MEDICATION PRESCRIBED PURSUANT TO THIS ARTICLE  
14 OR AT THE TIME OF THE QUALIFIED INDIVIDUAL'S DEATH.

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

20 5. A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY, WHETHER BY  
21 CONTRACT, STATUTE OR ANY OTHER LEGAL REQUIREMENT, TO PARTICIPATE IN  
22 PROVIDING A QUALIFIED INDIVIDUAL PRESCRIBED MEDICATION TO END THE  
23 QUALIFIED INDIVIDUAL'S LIFE. IF A HEALTH CARE PROVIDER IS UNABLE OR  
24 UNWILLING TO CARRY OUT A QUALIFIED INDIVIDUAL'S REQUEST UNDER THIS ARTICLE  
25 AND THE QUALIFIED INDIVIDUAL TRANSFERS THE QUALIFIED INDIVIDUAL'S CARE TO  
26 A NEW HEALTH CARE PROVIDER, THE PRIOR HEALTH CARE PROVIDER SHALL TRANSFER,  
27 ON REQUEST, A COPY OF THE QUALIFIED INDIVIDUAL'S RELEVANT MEDICAL RECORDS  
28 TO THE NEW HEALTH CARE PROVIDER.

29 6. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A HEALTH CARE  
30 PROVIDER MAY PROHIBIT ANOTHER HEALTH CARE PROVIDER FROM PARTICIPATING IN  
31 ACTIVITIES COVERED BY THIS ARTICLE ON THE PREMISES OF THE PROHIBITING  
32 HEALTH CARE PROVIDER IF THE PROHIBITING HEALTH CARE PROVIDER HAS NOTIFIED  
33 THE HEALTH CARE PROVIDER OF THE PROHIBITING HEALTH CARE PROVIDER'S POLICY  
34 REGARDING PARTICIPATING IN ACTIVITIES COVERED BY THIS ARTICLE. THIS  
35 PARAGRAPH DOES NOT PREVENT A HEALTH CARE PROVIDER FROM PROVIDING A  
36 QUALIFIED INDIVIDUAL WITH HEALTH CARE SERVICES THAT DO NOT CONSTITUTE  
37 PARTICIPATION IN ACTIVITIES COVERED BY THIS ARTICLE.

38 7. NOTWITHSTANDING PARAGRAPHS 1, 2 AND 3 OF THIS SUBSECTION, A  
39 HEALTH CARE PROVIDER MAY SUBJECT ANOTHER HEALTH CARE PROVIDER TO ANY OF  
40 THE FOLLOWING SANCTIONS IF THE SANCTIONING HEALTH CARE PROVIDER HAS  
41 NOTIFIED THE SANCTIONED HEALTH CARE PROVIDER BEFORE PARTICIPATING IN  
42 ACTIVITIES COVERED BY THIS ARTICLE THAT THE ACTIONS ARE PROHIBITED:

43 (a) LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP OR ANY OTHER SANCTION  
44 PROVIDED PURSUANT TO THE MEDICAL STAFF BYLAWS, POLICIES AND PROCEDURES OF  
45 THE SANCTIONING HEALTH CARE PROVIDER IF THE SANCTIONED HEALTH CARE

1 PROVIDER IS A MEMBER OF THE SANCTIONING HEALTH CARE PROVIDER'S MEDICAL  
2 STAFF AND PARTICIPATES IN ACTIVITIES COVERED BY THIS ARTICLE WHILE ON THE  
3 HEALTH CARE FACILITY PREMISES OF THE SANCTIONING HEALTH CARE PROVIDER, BUT  
4 NOT INCLUDING THE PRIVATE MEDICAL OFFICE OF A PHYSICIAN OR OTHER HEALTH  
5 CARE PROVIDER.

6 (b) TERMINATION OF LEASE OR OTHER PROPERTY CONTRACT OR OTHER  
7 NONMONETARY REMEDIES PROVIDED BY A LEASE CONTRACT, NOT INCLUDING LOSS OR  
8 RESTRICTION OF MEDICAL STAFF PRIVILEGES OR EXCLUSION FROM A PROVIDER  
9 PANEL, IF THE SANCTIONED HEALTH CARE PROVIDER PARTICIPATES IN ACTIVITIES  
10 COVERED BY THIS ARTICLE WHILE ON THE PREMISES OF THE SANCTIONING HEALTH  
11 CARE PROVIDER OR ON PROPERTY THAT IS OWNED BY OR UNDER THE DIRECT CONTROL  
12 OF THE SANCTIONING HEALTH CARE PROVIDER.

13 (c) TERMINATION OF CONTRACT OR OTHER NONMONETARY REMEDIES PROVIDED  
14 BY CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER PARTICIPATES IN  
15 ACTIVITIES COVERED BY THIS ARTICLE WHILE ACTING IN THE COURSE AND SCOPE OF  
16 THE SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR  
17 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE PROVIDER. THIS  
18 SUBDIVISION DOES NOT PREVENT EITHER OF THE FOLLOWING:

19 (i) A HEALTH CARE PROVIDER FROM PARTICIPATING IN ACTIVITIES COVERED  
20 BY THIS ARTICLE WHILE ACTING OUTSIDE THE COURSE AND SCOPE OF THE HEALTH  
21 CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR.

22 (ii) A QUALIFIED INDIVIDUAL FROM CONTRACTING WITH THE QUALIFIED  
23 INDIVIDUAL'S ATTENDING PHYSICIAN AND CONSULTING PHYSICIAN TO ACT OUTSIDE  
24 THE COURSE AND SCOPE OF THE HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE  
25 OR INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE PROVIDER.

26 8. A HEALTH CARE PROVIDER THAT IMPOSES SANCTIONS PURSUANT TO  
27 PARAGRAPH 7 OF THIS SUBSECTION MUST FOLLOW ALL DUE PROCESS AND OTHER  
28 PROCEDURES THE SANCTIONING HEALTH CARE PROVIDER MAY HAVE THAT ARE RELATED  
29 TO IMPOSING SANCTIONS ON ANOTHER HEALTH CARE PROVIDER.

30 9. ACTION TAKEN PURSUANT TO SECTION 36-3303, 36-3304, 36-3305 OR  
31 36-3306 MAY NOT BE THE SOLE BASIS FOR A REPORT OF UNPROFESSIONAL CONDUCT  
32 UNDER TITLE 32, CHAPTER 13 OR 17.

33 B. FOR THE PURPOSES OF THIS SECTION:

34 1. "NOTIFY" MEANS THAT A SANCTIONING HEALTH CARE PROVIDER  
35 SPECIFICALLY INFORMS A HEALTH CARE PROVIDER IN A SEPARATE STATEMENT IN  
36 WRITING OF THE SANCTIONING HEALTH CARE PROVIDER'S POLICY ABOUT  
37 PARTICIPATING IN ACTIVITIES COVERED BY THIS ARTICLE.

38 2. "PARTICIPATE IN ACTIVITIES COVERED BY THIS ARTICLE":

39 (a) MEANS ANY OF THE FOLLOWING:

40 (i) TO PERFORM THE DUTIES OF AN ATTENDING PHYSICIAN PURSUANT TO  
41 SECTION 36-3304 OR A CONSULTING PHYSICIAN PURSUANT TO SECTION 36-3305 OR  
42 THE COUNSELING FUNCTION PURSUANT TO SECTION 36-3306.

43 (ii) TO PERFORM THE DUTIES OF A MENTAL HEALTH PROFESSIONAL IF A  
44 REFERRAL TO ONE IS MADE.

1 (iii) TO DELIVER THE PRESCRIPTION FOR MEDICATION, TO DISPENSE THE  
2 PRESCRIBED MEDICATION OR TO DELIVER THE DISPENSED MEDICATION PURSUANT TO  
3 THIS ARTICLE.

4 (iv) TO BE PRESENT WHEN THE QUALIFIED INDIVIDUAL TAKES THE  
5 MEDICATION PRESCRIBED PURSUANT TO THIS ARTICLE.

6 (b) DOES NOT INCLUDE MAKING AN INITIAL DETERMINATION THAT AN  
7 INDIVIDUAL HAS A TERMINAL DISEASE AND INFORMING THE INDIVIDUAL OF THE  
8 MEDICAL PROGNOSIS, PROVIDING INFORMATION ABOUT THIS ARTICLE TO AN  
9 INDIVIDUAL ON THE INDIVIDUAL'S REQUEST OR PROVIDING AN INDIVIDUAL, ON THE  
10 INDIVIDUAL'S REQUEST, WITH A REFERRAL TO ANOTHER HEALTH CARE PROVIDER FOR  
11 THE PURPOSE OF ASSESSING MEDICAL AID IN DYING OR AN INDIVIDUAL CONTRACTING  
12 WITH THE INDIVIDUAL'S ATTENDING PHYSICIAN AND CONSULTING PHYSICIAN TO ACT  
13 OUTSIDE OF THE COURSE AND SCOPE OF THE HEALTH CARE PROVIDER'S CAPACITY AS  
14 AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE  
15 PROVIDER.

16 36-3320. Death certificates

17 A. UNLESS OTHERWISE PROHIBITED BY LAW, THE ATTENDING PHYSICIAN OR  
18 THE DIRECTOR OF THE HEALTH CARE FACILITY WHERE A QUALIFIED INDIVIDUAL  
19 TERMINATED THE QUALIFIED INDIVIDUAL'S LIFE PURSUANT TO THIS ARTICLE SHALL  
20 SIGN THE DEATH CERTIFICATE OF A QUALIFIED INDIVIDUAL WHO OBTAINED AND  
21 SELF-ADMINISTERED A PRESCRIPTION FOR MEDICATION PURSUANT TO THIS ARTICLE.

22 B. WHEN A DEATH HAS OCCURRED IN ACCORDANCE WITH THIS ARTICLE, THE  
23 CAUSE OF DEATH MUST BE LISTED AS THE UNDERLYING TERMINAL ILLNESS. A  
24 QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING MEDICATION PRESCRIBED  
25 PURSUANT TO THIS ARTICLE MAY NOT BE INCLUDED ON THE DEATH CERTIFICATE.

26 36-3321. Violations; classification; liability

27 A. A PERSON IS GUILTY OF A CLASS 2 FELONY WHO, WITHOUT THE  
28 QUALIFIED INDIVIDUAL'S AUTHORIZATION, WILFULLY ALTERS OR FORGES A REQUEST  
29 FOR A PRESCRIPTION FOR MEDICATION OR CONCEALS OR DESTROYS A RESCISSION OF  
30 THAT REQUEST WITH THE INTENT OR EFFECT OF CAUSING THE QUALIFIED  
31 INDIVIDUAL'S DEATH.

32 B. A PERSON IS GUILTY OF A CLASS 2 FELONY WHO COERCES OR EXERTS  
33 UNDUE INFLUENCE ON A QUALIFIED INDIVIDUAL WITH A TERMINAL ILLNESS TO  
34 REQUEST A PRESCRIPTION FOR MEDICATION PURSUANT TO THIS ARTICLE WITH THE  
35 INTENT OR EFFECT OF CAUSING THE QUALIFIED INDIVIDUAL'S DEATH.

36 C. A PERSON IS GUILTY OF A CLASS 2 FELONY WHO, WITHOUT  
37 AUTHORIZATION OF THE QUALIFIED INDIVIDUAL, WILFULLY ALTERS, FORGES,  
38 CONCEALS OR DESTROYS AN INSTRUMENT, THE REINSTATEMENT OR REVOCATION OF AN  
39 INSTRUMENT OR ANY OTHER EVIDENCE OR DOCUMENT REFLECTING THE QUALIFIED  
40 INDIVIDUAL'S DESIRES AND INTERESTS, WITH THE INTENT AND EFFECT OF CAUSING  
41 A WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING PROCEDURES OR ARTIFICIALLY  
42 ADMINISTERED NUTRITION AND HYDRATION THAT HASTENS THE DEATH OF THE  
43 QUALIFIED INDIVIDUAL.

44 D. EXCEPT AS PROVIDED IN SUBSECTION C OF THIS SECTION, A PERSON IS  
45 GUILTY OF A CLASS 1 MISDEMEANOR WHO, WITHOUT AUTHORIZATION OF THE

1 QUALIFIED INDIVIDUAL, WILFULLY ALTERS, FORGES OR DESTROYS AN INSTRUMENT,  
2 OR ANY OTHER EVIDENCE OR DOCUMENT REFLECTING THE QUALIFIED INDIVIDUAL'S  
3 DESIRES AND INTERESTS WITH THE INTENT OR EFFECT OF AFFECTING A HEALTH CARE  
4 DECISION OF THE QUALIFIED INDIVIDUAL.

5 E. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES  
6 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY  
7 PERSON.

8 F. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES  
9 APPLICABLE UNDER OTHER LAW FOR CONDUCT THAT IS INCONSISTENT WITH THIS  
10 ARTICLE.

11 36-3322. Claims by governmental entity; costs

12 A GOVERNMENTAL ENTITY THAT INCURS COSTS RESULTING FROM A QUALIFIED  
13 INDIVIDUAL TERMINATING THE QUALIFIED INDIVIDUAL'S LIFE PURSUANT TO THIS  
14 ARTICLE IN A PUBLIC PLACE HAS A CLAIM AGAINST THE ESTATE OF THE QUALIFIED  
15 INDIVIDUAL TO RECOVER THE COSTS AND REASONABLE ATTORNEY FEES RELATED TO  
16 ENFORCING THE CLAIM.

17 36-3323. Prescription for medication; form of request

18 A REQUEST FOR MEDICATION AS AUTHORIZED BY THIS ARTICLE SHALL BE IN  
19 SUBSTANTIALLY THE FOLLOWING FORM:

20 REQUEST FOR MEDICATION TO END MY LIFE  
 21 IN A HUMANE AND DIGNIFIED MANNER  
 22 I, (NAME OF INDIVIDUAL), AM AN ADULT OF SOUND MIND.  
 23 I AM SUFFERING FROM (DESCRIPTION OF ILLNESS), WHICH MY  
 24 ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL ILLNESS.  
 25 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY  
 26 PROGNOSIS, THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE  
 27 MEDICATION TO BE PRESCRIBED AND THE PROBABLE RESULT OF TAKING  
 28 THE MEDICATION. I HAVE BEEN INFORMED OF THE FEASIBLE  
 29 ALTERNATIVES AND CONCURRENT OR ADDITIONAL TREATMENT  
 30 OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE,  
 31 HOSPICE CARE, PAIN CONTROL AND DISEASE-DIRECTED TREATMENT  
 32 OPTIONS, AS WELL AS THE RISKS AND BENEFITS OF EACH  
 33 ALTERNATIVE.  
 34 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE  
 35 MEDICATION THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED  
 36 MANNER, SHOULD I CHOOSE TO SELF-ADMINISTER IT.  
 37 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST AND I  
 38 EXPECT TO DIE WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I  
 39 FURTHER UNDERSTAND THAT ALTHOUGH MOST DEATHS OCCUR WITHIN  
 40 THREE HOURS, MY DEATH MAY TAKE LONGER AND MY ATTENDING  
 41 PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY.  
 42 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION.  
 43 QUALIFIED INDIVIDUAL'S SIGNATURE: \_\_\_\_\_  
 44 DATED: \_\_\_\_\_

DECLARATION OF WITNESSES

WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

- 1. IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF IDENTITY.
- 2. SIGNED THIS REQUEST IN OUR PRESENCE.
- 3. APPEARS TO BE OF SOUND MIND AND TO NOT BE UNDER DURESS, FRAUD OR UNDUE INFLUENCE.
- 4. IS NOT A PATIENT FOR WHOM EITHER OF US IS THE ATTENDING PHYSICIAN.

WITNESS 1 SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

WITNESS 2 SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

NOTE: ONE WITNESS CANNOT BE A RELATIVE (BY BLOOD, MARRIAGE, REGISTERED DOMESTIC PARTNERSHIP OR ADOPTION) OF THE QUALIFIED INDIVIDUAL SIGNING THIS REQUEST AND CANNOT BE ENTITLED TO ANY PORTION OF THE QUALIFIED INDIVIDUAL'S ESTATE ON DEATH. THE QUALIFIED INDIVIDUAL'S ATTENDING PHYSICIAN, CONSULTING PHYSICIAN, MENTAL HEALTH PROFESSIONAL AND INTERPRETER CANNOT BE A WITNESS.

36-3324. Form of interpreter attachment

THE FORM OF AN ATTACHMENT FOR THE PURPOSES OF PROVIDING INTERPRETER SERVICES MUST BE IN SUBSTANTIALLY THE FOLLOWING FORM:

I, (NAME OF INTERPRETER), AM FLUENT IN ENGLISH AND (LANGUAGE OF QUALIFIED INDIVIDUAL). ON (DATE) AT APPROXIMATELY (TIME), I READ THE "REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" TO (NAME OF QUALIFIED INDIVIDUAL) IN (LANGUAGE OF QUALIFIED INDIVIDUAL) WHO AFFIRMED TO ME THAT HE/SHE UNDERSTANDS THE CONTENT OF THIS FORM, THAT HE/SHE DESIRES TO SIGN THIS FORM UNDER HIS/HER OWN POWER AND VOLITION AND THAT HE/SHE REQUESTED TO SIGN THIS FORM AFTER CONSULTING WITH AN ATTENDING PHYSICIAN AND A CONSULTING PHYSICIAN.

UNDER PENALTY OF PERJURY, I DECLARE THAT I AM FLUENT IN ENGLISH AND (LANGUAGE OF QUALIFIED INDIVIDUAL) AND THAT THE CONTENTS OF THIS FORM, TO THE BEST OF MY KNOWLEDGE, ARE TRUE AND CORRECT.

EXECUTED AT (NAME OF CITY, COUNTY AND STATE) ON (DATE)

INTERPRETER'S SIGNATURE: \_\_\_\_\_

INTERPRETER'S PRINTED NAME: \_\_\_\_\_

INTERPRETER'S ADDRESS: \_\_\_\_\_

Sec. 2. Severability

If a provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.