

REFERENCE TITLE: palliative care; patient information

State of Arizona
Senate
Fiftieth Legislature
First Regular Session
2011

SB 1447

Introduced by
Senators Lopez: Jackson; Representatives Farley, Heinz, Miranda C

AN ACT

AMENDING TITLE 32, CHAPTER 32, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 3;
RELATING TO PALLIATIVE CARE PATIENT INFORMATION.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 32, chapter 32, Arizona Revised Statutes, is amended
3 by adding article 3, to read:

4 ARTICLE 3. PALLIATIVE CARE PATIENT INFORMATION

5 32-3241. Definitions

6 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

7 1. "APPROPRIATE" MEANS CONSISTENT WITH APPLICABLE LEGAL, HEALTH AND
8 PROFESSIONAL STANDARDS, THE PATIENT'S CLINICAL AND OTHER CIRCUMSTANCES AND
9 THE PATIENT'S REASONABLY KNOWN WISHES AND BELIEFS.

10 2. "ATTENDING HEALTH CARE PRACTITIONER" MEANS A PHYSICIAN WHO IS
11 LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE, OR A REGISTERED NURSE
12 PRACTITIONER WHO IS LICENSED PURSUANT TO CHAPTER 15 OF THIS TITLE, AND WHO
13 HAS PRIMARY RESPONSIBILITY FOR THE CARE AND TREATMENT OF THE PATIENT.

14 3. "PALLIATIVE CARE" MEANS HEALTH CARE TREATMENT, INCLUDING
15 INTERDISCIPLINARY END-OF-LIFE CARE AND CONSULTATION WITH PATIENTS AND FAMILY
16 MEMBERS, TO PREVENT OR RELIEVE PAIN AND SUFFERING AND TO ENHANCE THE
17 PATIENT'S QUALITY OF LIFE. PALLIATIVE CARE INCLUDES HOSPICE CARE.

18 4. "TERMINAL ILLNESS OR CONDITION" MEANS AN ILLNESS OR CONDITION THAT
19 CAN REASONABLY BE EXPECTED TO CAUSE DEATH WITHIN SIX MONTHS, WHETHER OR NOT
20 TREATMENT IS PROVIDED.

21 32-3242. Terminally ill patients; palliative care; attending
22 health care practitioner responsibilities

23 A. IF A PATIENT IS DIAGNOSED WITH A TERMINAL ILLNESS OR CONDITION, THE
24 PATIENT'S ATTENDING HEALTH CARE PRACTITIONER SHALL OFFER TO PROVIDE THE
25 PATIENT WITH INFORMATION AND COUNSELING REGARDING PALLIATIVE CARE AND
26 END-OF-LIFE OPTIONS APPROPRIATE TO THE PATIENT, INCLUDING:

27 1. THE RANGE OF OPTIONS APPROPRIATE TO THE PATIENT.

28 2. THE PROGNOSIS, RISKS AND BENEFITS OF THE VARIOUS OPTIONS.

29 3. THE PATIENT'S LEGAL RIGHTS TO COMPREHENSIVE PAIN AND SYMPTOM
30 MANAGEMENT AT THE END OF LIFE.

31 B. THE ATTENDING HEALTH CARE PRACTITIONER MAY PROVIDE THE INFORMATION
32 REQUIRED PURSUANT TO THIS SECTION ORALLY OR IN WRITING.

33 C. IF THE PATIENT LACKS CAPACITY TO REASONABLY UNDERSTAND AND MAKE
34 INFORMED CHOICES RELATING TO PALLIATIVE CARE, THE ATTENDING HEALTH CARE
35 PRACTITIONER SHALL PROVIDE INFORMATION AND COUNSELING REQUIRED PURSUANT TO
36 THIS SECTION TO A PERSON WHO HAS THE AUTHORITY TO MAKE HEALTH CARE DECISIONS
37 FOR THE PATIENT.

38 D. THE ATTENDING HEALTH CARE PRACTITIONER MAY ARRANGE FOR INFORMATION
39 AND COUNSELING REQUIRED PURSUANT TO THIS SECTION TO BE PROVIDED BY ANOTHER
40 PROFESSIONALLY QUALIFIED INDIVIDUAL.

41 E. IF THE ATTENDING HEALTH CARE PRACTITIONER IS NOT WILLING TO PROVIDE
42 THE PATIENT WITH INFORMATION AND COUNSELING REQUIRED PURSUANT TO THIS
43 SECTION, THE ATTENDING HEALTH CARE PRACTITIONER SHALL ARRANGE FOR ANOTHER

1 HEALTH CARE PRACTITIONER TO DO SO OR SHALL REFER OR TRANSFER THE PATIENT TO
2 ANOTHER ATTENDING HEALTH CARE PRACTITIONER WILLING TO DO SO.

3 F. IF MORE THAN ONE PHYSICIAN OR NURSE PRACTITIONER SHARE PRIMARY
4 RESPONSIBILITY FOR THE CARE AND TREATMENT OF THE PATIENT, EACH OF THEM HAS
5 RESPONSIBILITY TO PROVIDE THE INFORMATION REQUIRED PURSUANT TO THIS SECTION
6 UNLESS THEY AGREE TO ASSIGN THAT RESPONSIBILITY TO ONLY ONE OF THEM.