

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

State of Arizona
House of Representatives
Fifty-second Legislature
Second Regular Session
2016

HCR 2038

Introduced by
Representatives Mach, Alston, Andrade, Bolding, Gonzales, Mendez, Rios,
Saldate, Velasquez, Senator Farley: Representatives Campbell, Fernandez,
Friese, Gabaldón, Wheeler

A CONCURRENT RESOLUTION

ENACTING AND ORDERING THE SUBMISSION TO THE PEOPLE OF A MEASURE RELATING TO
END-OF-LIFE DECISIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it resolved by the House of Representatives of the State of Arizona, the
2 Senate concurring:

3 1. Under the power of the referendum, as vested in the legislature,
4 the following measure, relating to end-of-life decisions, is enacted to
5 become valid as a law if approved by the voters and on proclamation of the
6 Governor:

7 AN ACT

8 AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING CHAPTER
9 33; RELATING TO END-OF-LIFE DECISIONS.

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

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

13 CHAPTER 33

14 DEATH WITH DIGNITY

15 ARTICLE 1. GENERAL PROVISIONS

16 36-3301. Definitions

17 IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

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

21 2. "COUNSELING" MEANS A CONSULTATION BETWEEN A
22 PSYCHIATRIST OR PSYCHOLOGIST LICENSED BY THIS STATE AND A
23 PATIENT FOR THE PURPOSE OF DETERMINING WHETHER THE PATIENT IS
24 SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR
25 DEPRESSION CAUSING IMPAIRED JUDGMENT.

26 3. "DEATH WITH DIGNITY" MEANS THE ISSUANCE OF A
27 PRESCRIPTION FOR MEDICATION FOR SELF-ADMINISTRATION THAT WILL
28 TERMINATE THE LIFE OF A QUALIFIED PATIENT IN A PAINLESS, HUMANE
29 AND DIGNIFIED MANNER.

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

31 5. "INFORMED DECISION" MEANS A DECISION BY A QUALIFIED
32 PATIENT TO REQUEST AND OBTAIN A PRESCRIPTION TO END THE
33 PATIENT'S LIFE THAT IS BASED ON AN APPRECIATION OF THE RELEVANT
34 FACTS AND THAT IS MADE AFTER BEING FULLY INFORMED BY THE
35 ATTENDING PHYSICIAN OF:

36 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

37 (b) THE PATIENT'S PROGNOSIS.

38 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
39 MEDICATION TO BE PRESCRIBED.

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

42 (e) FEASIBLE ALTERNATIVES TO TAKING THE MEDICATION,
43 INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN CONTROL.

44 6. "MEDICALLY CONFIRMED" MEANS THAT THE MEDICAL OPINION
45 OF THE ATTENDING PHYSICIAN HAS BEEN CONFIRMED BY A CONSULTING

1 36-3303. Safeguards: attending physician: requirements

2 THE ATTENDING PHYSICIAN MUST:

3 1. MAKE THE INITIAL DETERMINATION OF WHETHER A PATIENT
4 HAS A TERMINAL CONDITION, IS COMPETENT AND HAS MADE THE REQUEST
5 VOLUNTARILY.

6 2. INFORM THE PATIENT OF:

7 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

8 (b) THE PATIENT'S PROGNOSIS.

9 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
10 MEDICATION TO BE PRESCRIBED.

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

13 (e) FEASIBLE ALTERNATIVES TO TAKING THE MEDICATION,
14 INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN CONTROL.

15 3. REFER THE PATIENT TO A CONSULTING PHYSICIAN FOR
16 MEDICAL CONFIRMATION OF THE DIAGNOSIS AND FOR A DETERMINATION
17 THAT THE PATIENT IS COMPETENT AND IS ACTING VOLUNTARILY.

18 4. REFER THE PATIENT FOR COUNSELING IF REQUIRED PURSUANT
19 TO SECTION 36-3305.

20 5. REQUEST THAT THE PATIENT NOTIFY THE PATIENT'S NEXT OF
21 KIN.

22 6. INFORM THE PATIENT THAT THE PATIENT CAN RESCIND THE
23 REQUEST AT ANY TIME AND IN ANY MANNER AND OFFER THE PATIENT AN
24 OPPORTUNITY TO RESCIND AT THE END OF THE FIFTEEN-DAY WAITING
25 PERIOD PRESCRIBED IN SECTION 36-3310.

26 7. VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION
27 FOR MEDICATION, THAT THE PATIENT IS MAKING AN INFORMED DECISION.

28 8. FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENT
29 OF SECTION 36-3311.

30 9. ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN
31 ACCORDANCE WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR
32 MEDICATION TO ENABLE THE QUALIFIED PATIENT TO END THE PATIENT'S
33 LIFE IN A HUMANE AND DIGNIFIED MANNER.

34 36-3304. Consulting physician: confirmation of diagnosis

35 A. BEFORE A PATIENT IS DEEMED QUALIFIED UNDER THIS
36 ARTICLE, A CONSULTING PHYSICIAN MUST EXAMINE THE PATIENT AND THE
37 PATIENT'S RELEVANT MEDICAL RECORDS, MUST CONFIRM, IN WRITING,
38 THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE PATIENT IS
39 SUFFERING FROM A TERMINAL CONDITION AND MUST VERIFY THAT THE
40 PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS MADE AN
41 INFORMED DECISION.

42 B. THE CONSULTING PHYSICIAN MAY NOT BE A PARTNER,
43 SHAREHOLDER OR EMPLOYEE IN THE SAME MEDICAL PRACTICE AS THE
44 ATTENDING PHYSICIAN.

1 36-3305. Counseling referral
2 A. IF, IN THE OPINION OF THE ATTENDING PHYSICIAN OR THE
3 CONSULTING PHYSICIAN, A PATIENT MAY BE SUFFERING FROM A
4 PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING
5 IMPAIRED JUDGMENT, THE PHYSICIAN MUST REFER THE PATIENT FOR
6 COUNSELING.
7 B. A PHYSICIAN MAY NOT PRESCRIBE MEDICATION TO END A
8 PATIENT'S LIFE UNTIL THE COUNSELING PSYCHIATRIST OR PSYCHOLOGIST
9 DETERMINES THAT THE PATIENT IS NOT SUFFERING FROM A PSYCHIATRIC
10 OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING IMPAIRED
11 JUDGMENT.
12 C. A COUNSELING PSYCHIATRIST OR PSYCHOLOGIST MAY NOT BE A
13 PARTNER, SHAREHOLDER OR EMPLOYEE IN THE SAME PRACTICE AS THE
14 ATTENDING PHYSICIAN.
15 36-3306. Informed decision
16 A PATIENT MAY NOT RECEIVE A PRESCRIPTION FOR MEDICATION TO
17 END THE PATIENT'S LIFE UNLESS THE PATIENT HAS MADE AN INFORMED
18 DECISION AS PRESCRIBED IN SECTION 36-3923.
19 36-3307. Family notification
20 THE ATTENDING PHYSICIAN MUST ASK THE PATIENT TO NOTIFY THE
21 PATIENT'S NEXT OF KIN OF THE PATIENT'S REQUEST FOR MEDICATION
22 PURSUANT TO THIS ARTICLE. IF A PATIENT DECLINES OR IS UNABLE TO
23 NOTIFY THE PATIENT'S NEXT OF KIN, THE PHYSICIAN MAY NOT DENY A
24 REQUEST FOR MEDICATION FOR THIS REASON.
25 36-3308. Written and oral requests
26 A. IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICATION
27 UNDER THIS ARTICLE, A PATIENT MUST MAKE AN ORAL AND A WRITTEN
28 REQUEST AND MUST REITERATE THE ORAL REQUEST TO THE PATIENT'S
29 ATTENDING PHYSICIAN AT LEAST FIFTEEN DAYS AFTER MAKING THE
30 INITIAL ORAL REQUEST.
31 B. AT THE TIME THE QUALIFIED PATIENT MAKES THE SECOND
32 ORAL REQUEST, THE ATTENDING PHYSICIAN MUST OFFER THE PATIENT AN
33 OPPORTUNITY TO RESCIND THE REQUEST.
34 36-3309. Right to rescind request
35 A PATIENT MAY RESCIND A REQUEST AT ANY TIME AND IN ANY
36 MANNER WITHOUT REGARD TO THE PATIENT'S MENTAL STATE. A
37 PRESCRIPTION FOR MEDICATION UNDER THIS ARTICLE MAY NOT BE
38 WRITTEN WITHOUT THE ATTENDING PHYSICIAN OFFERING THE QUALIFIED
39 PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST. IF THE PATIENT
40 RESCINDS THE DIRECTIVE OR REQUEST, IT MUST BE AS IF THE
41 DIRECTIVE OR REQUEST WERE NEVER MADE.
42 36-3310. Waiting periods
43 A. AT LEAST FIFTEEN DAYS MUST ELAPSE BETWEEN THE
44 PATIENT'S INITIAL ORAL REQUEST AND THE WRITING OF A PRESCRIPTION
45 UNDER THIS ARTICLE. AT LEAST FORTY-EIGHT HOURS MUST ELAPSE

1 BETWEEN THE PATIENT'S WRITTEN REQUEST AND THE WRITING OF A
2 PRESCRIPTION UNDER THIS ARTICLE.

3 B. IF ALL OTHER REQUIREMENTS OF THIS ARTICLE ARE MET, THE
4 WAITING PERIODS PROVIDED IN THIS SECTION MAY BE SHORTENED IF THE
5 ATTENDING PHYSICIAN CERTIFIES IN WRITING THAT THE PATIENT IS IN
6 EXTREME PAIN AND THE IMPOSITION OF A WAITING PERIOD WOULD SERVE
7 ONLY TO EXTEND THE SUFFERING OF THE PATIENT.

8 36-3311. Medical records; documentation; requirements

9 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN
10 THE PATIENT'S MEDICAL RECORD:

11 1. ALL ORAL REQUESTS BY A PATIENT FOR MEDICATION TO END
12 THE PATIENT'S LIFE.

13 2. ALL WRITTEN REQUESTS BY A PATIENT FOR MEDICATION TO
14 END THE PATIENT'S LIFE.

15 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
16 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING
17 VOLUNTARILY AND HAS MADE AN INFORMED DECISION.

18 4. THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
19 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING
20 VOLUNTARILY AND HAS MADE AN INFORMED DECISION.

21 5. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING
22 COUNSELING, IF PERFORMED.

23 6. THE ATTENDING PHYSICIAN'S OFFER TO THE PATIENT TO
24 RESCIND THE PATIENT'S REQUEST AT THE TIME OF THE PATIENT'S
25 SECOND ORAL REQUEST PURSUANT TO SECTION 36-3308.

26 7. A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL
27 REQUIREMENTS UNDER THIS ARTICLE HAVE BEEN MET AND INDICATING THE
28 STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF
29 THE MEDICATION PRESCRIBED.

30 36-3312. Reporting requirements

31 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF
32 RECORDS MAINTAINED PURSUANT TO THIS ARTICLE.

33 B. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE
34 COLLECTION OF INFORMATION REGARDING COMPLIANCE WITH THIS
35 ARTICLE. THE INFORMATION COLLECTED IS NOT A PUBLIC RECORD AND
36 IS NOT AVAILABLE FOR INSPECTION BY THE PUBLIC.

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

40 36-3313. Effect on construction of wills and contracts

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

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

5 36-3314. Insurance or annuity policies

6 A. THE SALE, PROCUREMENT OR ISSUANCE OF ANY LIFE, HEALTH
7 OR ACCIDENT INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR
8 ANY POLICY MAY NOT BE CONDITIONED ON OR AFFECTED BY A PERSON
9 MAKING OR RESCINDING A REQUEST FOR MEDICATION TO END THE
10 PERSON'S LIFE IN A HUMANE AND DIGNIFIED MANNER.

11 B. AN INSURER MAY NOT REQUIRE OR REQUEST AN INSURED TO
12 DISCLOSE WHETHER THE INSURED HAS CONSIDERED OR EXECUTED A
13 REQUEST FOR DEATH WITH DIGNITY.

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

17 36-3315. Construction of article

18 THIS ARTICLE DOES NOT AUTHORIZE A PHYSICIAN OR ANY OTHER
19 PERSON TO END A PATIENT'S LIFE BY LETHAL INJECTION, MERCY
20 KILLING OR ACTIVE EUTHANASIA. NOTWITHSTANDING ANY OTHER LAW,
21 ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE DO NOT CONSTITUTE,
22 FOR ANY PURPOSE, SUICIDE, ASSISTED SUICIDE, MERCY KILLING OR
23 HOMICIDE.

24 36-3316. Immunities

25 EXCEPT AS PROVIDED IN SECTION 36-3317:

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

31 2. THIS ARTICLE DOES NOT AUTHORIZE ANY PERSON TO ASSIST
32 IN THE ADMINISTRATION OF MEDICATION UNLESS THAT PERSON IS
33 DESIGNATED BY A QUALIFIED PATIENT TO ADMINISTER OR DISPENSE THE
34 MEDICATION BECAUSE OF THE QUALIFIED PATIENT'S PHYSICAL
35 DISABILITY.

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

41 4. A REQUEST BY A PATIENT FOR OR PROVISION BY AN
42 ATTENDING PHYSICIAN OF MEDICATION IN GOOD FAITH COMPLIANCE WITH
43 THIS ARTICLE DOES NOT CONSTITUTE NEGLIGENCE FOR ANY PURPOSE OF LAW
44 OR PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A GUARDIAN OR
45 CONSERVATOR.

1 5. A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY, WHETHER
2 BY CONTRACT, BY STATUTE OR BY ANY OTHER LEGAL REQUIREMENT, TO
3 PARTICIPATE IN THE PROVISION TO A QUALIFIED PATIENT OF
4 MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED
5 MANNER. IF A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO
6 CARRY OUT A PATIENT'S REQUEST UNDER THIS ARTICLE, THE HEALTH
7 CARE PROVIDER MUST PROMPTLY TRANSFER THE RESPONSIBILITY TO
8 ANOTHER PROVIDER WHO IS WILLING TO ACT IN ACCORDANCE WITH THE
9 QUALIFIED PATIENT'S WISHES. THE HEALTH CARE PROVIDER MUST
10 TRANSFER, ON REQUEST, A COPY OF THE PATIENT'S RELEVANT MEDICAL
11 RECORDS TO THE NEW HEALTH CARE PROVIDER.

12 6. A HEALTH CARE FACILITY THAT REFUSES TO ALLOW DEATH
13 WITH DIGNITY TO BE PRESCRIBED OR ADMINISTERED ON ITS PREMISES
14 MAY NOT DENY STAFF PRIVILEGES OR EMPLOYMENT TO A PERSON FOR THE
15 SOLE REASON THAT THE PERSON PREVIOUSLY PARTICIPATED IN DEATH
16 WITH DIGNITY.

17 7. A LICENSED PHARMACIST WHO DISPENSES LETHAL MEDICINE
18 BASED ON A VALID PRESCRIPTION BY A PHYSICIAN AIDING A PATIENT TO
19 DIE UNDER THIS ARTICLE IS NOT SUBJECT TO CIVIL, CRIMINAL OR
20 ADMINISTRATIVE LIABILITY FOR DOING SO.

21 36-3317. Violations; classification; liability

22 A. A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT
23 WILFULLY ALTERS OR FORGES A REQUEST FOR MEDICATION OR CONCEALS
24 OR DESTROYS A RESCISSION OF THAT REQUEST WITH THE INTENT OR
25 EFFECT OF CAUSING THE PATIENT'S DEATH IS GUILTY OF MANSLAUGHTER.

26 B. A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A
27 PATIENT TO REQUEST MEDICATION FOR THE PURPOSE OF ENDING THE
28 PATIENT'S LIFE OR TO DESTROY A RESCISSION OF SUCH A REQUEST IS
29 GUILTY OF MANSLAUGHTER.

30 C. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR
31 CIVIL DAMAGES RESULTING FROM OTHER NEGLIGENT CONDUCT OR
32 INTENTIONAL MISCONDUCT BY ANY PERSON.

33 D. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL
34 PENALTIES APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS
35 INCONSISTENT WITH THIS ARTICLE.

36 36-3318. Sample form

37 A REQUEST FOR A MEDICATION AS AUTHORIZED BY THIS ARTICLE
38 MUST BE IN SUBSTANTIALLY THE FOLLOWING FORM:

39 REQUEST FOR MEDICATION TO END MY
40 LIFE IN A HUMANE AND DIGNIFIED MANNER
41 I, _____, AM AN ADULT OF SOUND
42 MIND.

43 I AM SUFFERING FROM _____, WHICH
44 MY ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL

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CONDITION AND WHICH HAS BEEN MEDICALLY CONFIRMED BY A CONSULTING PHYSICIAN.

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

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

INITIAL ONE:

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

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

_____ I HAVE NO FAMILY TO INFORM OF MY DECISION. I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME.

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

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

SIGNED: _____

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 _____

DATE _____

WITNESS 2 _____

DATE _____

NOTE: ONE WITNESS MAY NOT BE A RELATIVE (BY BLOOD, MARRIAGE OR ADOPTION) OF THE PERSON SIGNING THIS REQUEST, MAY NOT BE ENTITLED TO ANY PORTION OF THE PERSON'S ESTATE ON DEATH AND MAY NOT OWN,

1 OPERATE OR BE EMPLOYED AT A HEALTH CARE FACILITY
2 WHERE THE PERSON IS A PATIENT OR RESIDENT. IF THE
3 PATIENT IS AN INPATIENT AT A HEALTH CARE FACILITY,
4 ONE OF THE WITNESSES MUST BE AN INDIVIDUAL
5 DESIGNATED BY THE FACILITY.

6 Sec. 2. Short title

7 This act may be cited as the "Death with Dignity Act of
8 2016".

9 2. The Secretary of State shall submit this proposition to the voters
10 at the next general election as provided by article IV, part 1, section 1,
11 Constitution of Arizona.