

Representative Jennifer Dailey-Provost proposes the following substitute bill:

END OF LIFE PRESCRIPTION AMENDMENTS

2022 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 (the "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;
- ▶ describes when an individual may make a request for a prescription for aid-in-dying medication;
- ▶ establishes attending and consulting physician responsibilities if an individual requests a prescription for aid-in-dying medication;
- ▶ includes documentation and reporting requirements;
- ▶ establishes the effect of the decision to utilize aid-in-dying medication on an individual's will, contracts, and insurance and annuity contracts;
- ▶ provides limited immunities for good faith application of the Act;
- ▶ prohibits euthanasia or mercy killing;
- ▶ establishes criminal penalties and civil liability for certain actions;



- 26 ▶ provides that a health care provider does not commit manslaughter by following the
- 27 procedures established in the Act;
- 28 ▶ provides a uniform form for an individual's written request for a prescription for
- 29 aid-in-dying medication;
- 30 ▶ provides safe disposal requirements for unused aid-in-dying medication;
- 31 ▶ includes a severability clause; and
- 32 ▶ makes technical changes.

33 **Money Appropriated in this Bill:**

34 None

35 **Other Special Clauses:**

36 None

37 **Utah Code Sections Affected:**

38 AMENDS:

39 **63G-2-302**, as last amended by Laws of Utah 2021, Chapters 100, 143, and 367

40 **76-5-205**, as last amended by Laws of Utah 2018, Chapter 372

41 ENACTS:

42 **75-2c-101**, Utah Code Annotated 1953

43 **75-2c-102**, Utah Code Annotated 1953

44 **75-2c-103**, Utah Code Annotated 1953

45 **75-2c-104**, Utah Code Annotated 1953

46 **75-2c-105**, Utah Code Annotated 1953

47 **75-2c-106**, Utah Code Annotated 1953

48 **75-2c-107**, Utah Code Annotated 1953

49 **75-2c-108**, Utah Code Annotated 1953

50 **75-2c-109**, Utah Code Annotated 1953

51 **75-2c-110**, Utah Code Annotated 1953

52 **75-2c-111**, Utah Code Annotated 1953

53 **75-2c-112**, Utah Code Annotated 1953

54 **75-2c-113**, Utah Code Annotated 1953

55 **75-2c-114**, Utah Code Annotated 1953

56 **75-2c-115**, Utah Code Annotated 1953

- 57 [75-2c-116](#), Utah Code Annotated 1953
- 58 [75-2c-117](#), Utah Code Annotated 1953
- 59 [75-2c-118](#), Utah Code Annotated 1953
- 60 [75-2c-119](#), Utah Code Annotated 1953
- 61 [75-2c-120](#), Utah Code Annotated 1953
- 62 [75-2c-121](#), Utah Code Annotated 1953
- 63 [75-2c-122](#), Utah Code Annotated 1953
- 64 [75-2c-123](#), Utah Code Annotated 1953
- 65 [75-2c-124](#), Utah Code Annotated 1953
- 66 [75-2c-125](#), Utah Code Annotated 1953



67
68 *Be it enacted by the Legislature of the state of Utah:*

69 Section 1. Section **63G-2-302** is amended to read:

70 **63G-2-302. Private records.**

71 (1) The following records are private:

72 (a) records concerning an individual's eligibility for unemployment insurance benefits,
73 social services, welfare benefits, or the determination of benefit levels;

74 (b) records containing data on individuals describing medical history, diagnosis,
75 condition, treatment, evaluation, or similar medical data;

76 (c) records of publicly funded libraries that when examined alone or with other records
77 identify a patron;

78 (d) records received by or generated by or for:

79 (i) the Independent Legislative Ethics Commission, except for:

80 (A) the commission's summary data report that is required under legislative rule; and

81 (B) any other document that is classified as public under legislative rule; or

82 (ii) a Senate or House Ethics Committee in relation to the review of ethics complaints,
83 unless the record is classified as public under legislative rule;

84 (e) records received by, or generated by or for, the Independent Executive Branch
85 Ethics Commission, except as otherwise expressly provided in Title 63A, Chapter 14, Review
86 of Executive Branch Ethics Complaints;

87 (f) records received or generated for a Senate confirmation committee concerning

88 character, professional competence, or physical or mental health of an individual:

89 (i) if, prior to the meeting, the chair of the committee determines release of the records:

90 (A) reasonably could be expected to interfere with the investigation undertaken by the
91 committee; or

92 (B) would create a danger of depriving a person of a right to a fair proceeding or
93 impartial hearing; and

94 (ii) after the meeting, if the meeting was closed to the public;

95 (g) employment records concerning a current or former employee of, or applicant for
96 employment with, a governmental entity that would disclose that individual's home address,
97 home telephone number, social security number, insurance coverage, marital status, or payroll
98 deductions;

99 (h) records or parts of records under Section 63G-2-303 that a current or former
100 employee identifies as private according to the requirements of that section;

101 (i) that part of a record indicating a person's social security number or federal employer
102 identification number if provided under Section 31A-23a-104, 31A-25-202, 31A-26-202,
103 58-1-301, 58-55-302, 61-1-4, or 61-2f-203;

104 (j) that part of a voter registration record identifying a voter's:

105 (i) driver license or identification card number;

106 (ii) social security number, or last four digits of the social security number;

107 (iii) email address;

108 (iv) date of birth; or

109 (v) phone number;

110 (k) a voter registration record that is classified as a private record by the lieutenant
111 governor or a county clerk under Subsection 20A-2-101.1(5)(a), 20A-2-104(4)(h), or
112 20A-2-204(4)(b);

113 (l) a voter registration record that is withheld under Subsection 20A-2-104(7);

114 (m) a withholding request form described in Subsections 20A-2-104(7) and (8) and any
115 verification submitted in support of the form;

116 (n) a record that:

117 (i) contains information about an individual;

118 (ii) is voluntarily provided by the individual; and

- 119 (iii) goes into an electronic database that:
- 120 (A) is designated by and administered under the authority of the Chief Information
- 121 Officer; and
- 122 (B) acts as a repository of information about the individual that can be electronically
- 123 retrieved and used to facilitate the individual's online interaction with a state agency;
- 124 (o) information provided to the Commissioner of Insurance under:
- 125 (i) Subsection 31A-23a-115(3)(a);
- 126 (ii) Subsection 31A-23a-302(4); or
- 127 (iii) Subsection 31A-26-210(4);
- 128 (p) information obtained through a criminal background check under Title 11, Chapter
- 129 40, Criminal Background Checks by Political Subdivisions Operating Water Systems;
- 130 (q) information provided by an offender that is:
- 131 (i) required by the registration requirements of Title 77, Chapter 41, Sex and Kidnap
- 132 Offender Registry or Title 77, Chapter 43, Child Abuse Offender Registry; and
- 133 (ii) not required to be made available to the public under Subsection 77-41-110(4) or
- 134 77-43-108(4);
- 135 (r) a statement and any supporting documentation filed with the attorney general in
- 136 accordance with Section 34-45-107, if the federal law or action supporting the filing involves
- 137 homeland security;
- 138 (s) electronic toll collection customer account information received or collected under
- 139 Section 72-6-118 and customer information described in Section 17B-2a-815 received or
- 140 collected by a public transit district, including contact and payment information and customer
- 141 travel data;
- 142 (t) an email address provided by a military or overseas voter under Section
- 143 20A-16-501;
- 144 (u) a completed military-overseas ballot that is electronically transmitted under Title
- 145 20A, Chapter 16, Uniform Military and Overseas Voters Act;
- 146 (v) records received by or generated by or for the Political Subdivisions Ethics Review
- 147 Commission established in Section 63A-15-201, except for:
- 148 (i) the commission's summary data report that is required in Section 63A-15-202; and
- 149 (ii) any other document that is classified as public in accordance with Title 63A,

150 Chapter 15, Political Subdivisions Ethics Review Commission;

151 (w) a record described in Section 53G-9-604 that verifies that a parent was notified of
152 an incident or threat;

153 (x) a criminal background check or credit history report conducted in accordance with
154 Section 63A-3-201;

155 (y) a record described in Subsection 53-5a-104(7);

156 (z) on a record maintained by a county for the purpose of administering property taxes,
157 an individual's:

158 (i) email address;

159 (ii) phone number; or

160 (iii) personal financial information related to a person's payment method;

161 (aa) a record submitted by a taxpayer to establish the taxpayer's eligibility for an
162 exemption, deferral, abatement, or relief under:

163 (i) Title 59, Chapter 2, Part 11, Exemptions, Deferrals, and Abatements;

164 (ii) Title 59, Chapter 2, Part 12, Property Tax Relief;

165 (iii) Title 59, Chapter 2, Part 18, Tax Deferral and Tax Abatement; or

166 (iv) Title 59, Chapter 2, Part 19, Armed Forces Exemptions; [~~and~~]

167 (bb) a record provided by the State Tax Commission in response to a request under
168 Subsection 59-1-403(4)(y)(iii)[~~;~~]; and

169 (cc) a dispensing or medical record that is classified as a private record under Section
170 75-2c-114.

171 (2) The following records are private if properly classified by a governmental entity:

172 (a) records concerning a current or former employee of, or applicant for employment
173 with a governmental entity, including performance evaluations and personal status information
174 such as race, religion, or disabilities, but not including records that are public under Subsection
175 63G-2-301(2)(b) or 63G-2-301(3)(o) or private under Subsection (1)(b);

176 (b) records describing an individual's finances, except that the following are public:

177 (i) records described in Subsection 63G-2-301(2);

178 (ii) information provided to the governmental entity for the purpose of complying with
179 a financial assurance requirement; or

180 (iii) records that must be disclosed in accordance with another statute;

181 (c) records of independent state agencies if the disclosure of those records would
182 conflict with the fiduciary obligations of the agency;

183 (d) other records containing data on individuals the disclosure of which constitutes a
184 clearly unwarranted invasion of personal privacy;

185 (e) records provided by the United States or by a government entity outside the state
186 that are given with the requirement that the records be managed as private records, if the
187 providing entity states in writing that the record would not be subject to public disclosure if
188 retained by it;

189 (f) any portion of a record in the custody of the Division of Aging and Adult Services,
190 created in Section 62A-3-102, that may disclose, or lead to the discovery of, the identity of a
191 person who made a report of alleged abuse, neglect, or exploitation of a vulnerable adult; and

192 (g) audio and video recordings created by a body-worn camera, as defined in Section
193 77-7a-103, that record sound or images inside a home or residence except for recordings that:

194 (i) depict the commission of an alleged crime;

195 (ii) record any encounter between a law enforcement officer and a person that results in
196 death or bodily injury, or includes an instance when an officer fires a weapon;

197 (iii) record any encounter that is the subject of a complaint or a legal proceeding
198 against a law enforcement officer or law enforcement agency;

199 (iv) contain an officer involved critical incident as defined in Subsection
200 76-2-408(1)(f); or

201 (v) have been requested for reclassification as a public record by a subject or
202 authorized agent of a subject featured in the recording.

203 (3) (a) As used in this Subsection (3), "medical records" means medical reports,
204 records, statements, history, diagnosis, condition, treatment, and evaluation.

205 (b) Medical records in the possession of the University of Utah Hospital, its clinics,
206 doctors, or affiliated entities are not private records or controlled records under Section
207 63G-2-304 when the records are sought:

208 (i) in connection with any legal or administrative proceeding in which the patient's
209 physical, mental, or emotional condition is an element of any claim or defense; or

210 (ii) after a patient's death, in any legal or administrative proceeding in which any party
211 relies upon the condition as an element of the claim or defense.

212 (c) Medical records are subject to production in a legal or administrative proceeding
213 according to state or federal statutes or rules of procedure and evidence as if the medical
214 records were in the possession of a nongovernmental medical care provider.

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

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

217 **75-2c-101. Title.**

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

219 Section 3. Section **75-2c-102** is enacted to read:

220 **75-2c-102. Definitions.**

221 As used in this chapter:

222 (1) "Adult" means an individual who is 18 years old or older.

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

225 (3) "Capable" means that in the opinion of the patient's attending physician, consulting
226 physician, and licensed mental health professional, if any, the patient has the ability to make
227 and communicate health care decisions to a health care provider, including communication
228 through an individual familiar with the patient's manner of communicating.

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

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

234 (6) "Health care provider" means an individual licensed, certified, or otherwise
235 authorized or permitted by the law of this state to administer health care or dispense medication
236 in the ordinary course of business or practice of a profession.

237 (7) "Informed decision" means a decision that is made by a patient to request
238 aid-in-dying medication to end the patient's life in a humane and dignified manner that is based
239 on an appreciation of the relevant facts, after being fully informed by the attending physician:

240 (a) of the patient's medical diagnosis;

241 (b) of the patient's prognosis;

242 (c) of the potential risks associated with taking the aid-in-dying medication;

243 (d) of the probable result of taking the aid-in-dying medication; and
244 (e) of the feasible alternatives, including concurrent or additional treatment
245 alternatives, palliative care, comfort care, hospice care, disability resources available in the
246 community, and pain control.

247 (8) "Medically confirmed" means the medical opinion of the attending physician is
248 confirmed by a consulting physician who examined the patient and the patient's relevant
249 medical records.

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

251 (10) "Physician" means an individual licensed to practice under Title 58, Chapter 67,
252 Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.

253 (11) "Qualified patient" means a capable adult who has satisfied the requirements of
254 this chapter to obtain a prescription for aid-in-dying medication to end the patient's life in a
255 humane and dignified manner.

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

259 (13) "Terminal disease" means an incurable and irreversible disease that is medically
260 confirmed and will, within reasonable medical judgment, produce death within six months
261 after the day on which the disease is medically confirmed.

262 Section 4. Section **75-2c-103** is enacted to read:

263 **75-2c-103. Requests for medication -- Opportunity to rescind.**

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

266 (a) make an initial oral request for the aid-in-dying medication to the patient's attending
267 physician;

268 (b) make a written request for the aid-in-dying medication to the patient's attending
269 physician in accordance with Section [75-2c-104](#); and

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

272 (2) At the time the patient repeats the oral request as described in Subsection (1)(c), the
273 attending physician shall offer the patient an opportunity to rescind the request.

274 (3) (a) A patient may rescind the patient's oral or written request at any time and in any
275 manner without regard to the patient's mental state.

276 (b) A physician may not write a prescription for aid-in-dying medication under this
277 chapter unless the attending physician offers the patient an opportunity to rescind the patient's
278 request in accordance with Subsection [75-2c-106\(1\)\(g\)](#).

279 Section 5. Section **75-2c-104** is enacted to read:

280 **75-2c-104. Written request for medication.**

281 (1) A patient may make a written request for aid-in-dying medication to end the
282 patient's life in a humane and dignified manner if the patient:

283 (a) is suffering from a terminal disease;

284 (b) is capable;

285 (c) is a resident of Utah; and

286 (d) has voluntarily made an oral request for aid-in-dying medication under Subsection
287 [75-2c-103\(1\)\(a\)](#).

288 (2) A patient may not make a written request under Subsection (1) solely because of
289 age or disability.

290 (3) (a) Only the patient may make a written request under Subsection (1).

291 (b) A written request under Subsection (1) may not be made by the patient's qualified
292 power of attorney, durable medical power of attorney, advanced health care directive, or any
293 other means.

294 Section 6. Section **75-2c-105** is enacted to read:

295 **75-2c-105. Form of written request for medication -- Witnesses.**

296 (1) A written request for aid-in-dying medication under Section [75-2c-103](#) shall be in
297 substantially the form described in Section [75-2c-124](#), signed and dated by the patient, and
298 witnessed by at least two adults who, in the presence of the patient, attest that to the best of
299 each adult's knowledge and belief the patient:

300 (a) is capable;

301 (b) is acting voluntarily; and

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

303 (2) At least one witness to the patient's written request may not:

304 (a) be a relative of the patient by blood, marriage, or adoption;

305 (b) at the time the request is signed, be entitled to any portion of the estate of the
306 patient upon death under any will or by operation of law; or

307 (c) be an owner, operator, or employee of a health care facility where the patient is
308 receiving medical treatment or is a resident.

309 (3) The patient's attending physician at the time the patient's written request is signed
310 may not be a witness.

311 Section 7. Section **75-2c-106** is enacted to read:

312 **75-2c-106. Attending physician responsibilities.**

313 (1) The attending physician for a patient who requests aid-in-dying medication under
314 Section [75-2c-103](#) shall:

315 (a) make an initial determination of whether the patient:

316 (i) has a terminal disease;

317 (ii) is capable; and

318 (iii) is acting voluntarily;

319 (b) request that the patient attest to Utah residency under Section [75-2c-113](#);

320 (c) inform the patient:

321 (i) of the patient's medical diagnosis;

322 (ii) of the patient's prognosis;

323 (iii) of the potential risks associated with taking the aid-in-dying medication;

324 (iv) of the probable result of taking the aid-in-dying medication; and

325 (v) of the feasible alternatives, including concurrent or additional treatments, palliative
326 care, comfort care, hospice care, disability resources available in the community, and pain
327 control;

328 (d) refer the patient to a consulting physician for confirmation under Section

329 [75-2c-107](#);

330 (e) counsel the patient about the importance of having another individual present when
331 the patient takes the aid-in-dying medication and not taking the aid-in-dying medication in a
332 public place;

333 (f) inform the patient upon the patient's initial request under Section [75-2c-103](#) that the
334 patient may rescind the patient's request for aid-in-dying medication at any time and in any
335 manner;

336 (g) at the end of the 15-day waiting period described in Section 75-2c-111 and as
337 described in Section 75-2c-109, offer the patient an opportunity to rescind the patient's request
338 for aid-in-dying medication; and

339 (h) comply with the other requirements of this chapter.

340 (2) (a) The attending physician shall ensure that all appropriate steps are carried out in
341 accordance with this chapter before:

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

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

345 (b) If the attending physician writes a prescription for aid-in-dying medication, the
346 attending physician shall:

347 (i) electronically contact a pharmacist and inform the pharmacist of the prescription for
348 the aid-in-dying medication;

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

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

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

355 (i) the qualified patient;

356 (ii) the attending physician; or

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

358 Section 8. Section **75-2c-107** is enacted to read:

359 **75-2c-107. Consulting physician confirmation.**

360 Before an attending physician may determine a patient is a qualified patient, a
361 consulting physician shall:

362 (1) examine the patient and the patient's relevant medical records and confirm, in
363 writing, the attending physician's diagnosis that the patient is suffering from a terminal disease;
364 and

365 (2) verify that the patient:

366 (a) is capable;

367 (b) is acting voluntarily; and
368 (c) is making an informed decision.

369 Section 9. Section **75-2c-108** is enacted to read:

370 **75-2c-108. Counseling referral.**

371 (1) If the attending physician or the consulting physician determines a patient who
372 makes a request for aid-in-dying medication under Section [75-2c-103](#) may be suffering from
373 impaired judgment, the physician who makes the determination shall refer the patient for
374 counseling.

375 (2) The attending physician may not prescribe aid-in-dying medication to enable the
376 patient described in Subsection (1) to end the patient's life in a humane and dignified manner
377 unless a counselor determines that the patient:

378 (a) is capable;
379 (b) is acting voluntarily; and
380 (c) is making an informed decision.

381 Section 10. Section **75-2c-109** is enacted to read:

382 **75-2c-109. Informed decision.**

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

386 (2) Immediately before prescribing a patient aid-in-dying medication under this
387 chapter, the attending physician shall verify that the patient is making an informed decision.

388 Section 11. Section **75-2c-110** is enacted to read:

389 **75-2c-110. Family notification.**

390 (1) The attending physician shall recommend that the patient notify the patient's next of
391 kin of the patient's request for aid-in-dying medication under Section [75-2c-103](#).

392 (2) The attending physician may not deny a patient's request for aid-in-dying
393 medication on the basis of the patient's declination or inability to notify the patient's next of
394 kin.

395 Section 12. Section **75-2c-111** is enacted to read:

396 **75-2c-111. Waiting periods.**

397 A physician may not prescribe aid-in-dying medication to enable a patient to end the

398 patient's life in a humane and dignified manner unless:

399 (1) no less than 15 days have passed since the day on which the patient made the initial
400 oral request for aid-in-dying medication under Section [75-2c-103](#);

401 (2) the patient repeats the oral request for aid-in-dying medication as described in
402 Section [75-2c-103](#); and

403 (3) at least 48 hours have passed since the patient made the patient's written request for
404 aid-in-dying medication under Section [75-2c-103](#).

405 Section 13. Section **75-2c-112** is enacted to read:

406 **75-2c-112. Medical record documentation requirements.**

407 The following shall be documented or filed in the medical record of a patient who
408 requests aid-in-dying medication under Section [75-2c-103](#):

409 (1) all oral and written requests by the patient for aid-in-dying medication;

410 (2) the attending physician's diagnosis, prognosis, and determination whether the
411 patient:

412 (a) is capable;

413 (b) is acting voluntarily; and

414 (c) has made an informed decision;

415 (3) the consulting physician's diagnosis, prognosis, and determination whether the
416 patient:

417 (a) is capable;

418 (b) is acting voluntarily; and

419 (c) has made an informed decision;

420 (4) if applicable, a report of the outcome and determinations made during the patient's
421 counseling under Section [75-2c-108](#);

422 (5) the attending physician's offer to the patient to rescind the patient's request under
423 Subsection [75-2c-106](#)(1)(g); and

424 (6) a note by the attending physician indicating that all requirements under this chapter
425 have been met and describing the steps taken to carry out the patient's request, including a
426 notation of the aid-in-dying medication prescribed.

427 Section 14. Section **75-2c-113** is enacted to read:

428 **75-2c-113. Residency requirement.**

429 (1) A patient who requests aid-in-dying medication under Section [75-2c-103](#) shall
430 attest to the attending physician that the patient:

431 (a) is a resident of Utah; and

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

433 (ii) is registered to vote in Utah;

434 (iii) owns or leases property in Utah;

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

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

438 (2) A patient who relies on Subsection (1)(b)(v) to attest to residency in Utah shall
439 specifically describe the factors that the patient is relying upon in the attestation to the
440 attending physician.

441 (3) An attending physician may rely on the patient's attestation under this section to
442 determine that the patient is a qualified patient.

443 Section 15. Section **75-2c-114** is enacted to read:

444 **75-2c-114. Reporting requirements -- Rulemaking.**

445 (1) A health care provider who dispenses aid-in-dying medication under this chapter
446 shall file a copy of the dispensing record with the Department of Health in accordance with
447 Subsection (3).

448 (2) (a) The Department of Health may review a sample of the medical records of
449 patients who receive aid-in-dying medication under this chapter.

450 (b) Except as otherwise provided by law, information collected by the Department of
451 Health under Subsections (1) and (2)(a) is a private record under Section [63G-2-302](#).

452 (3) The Department of Health shall:

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

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

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

459 Section 16. Section **75-2c-115** is enacted to read:

460 **75-2c-115. Effect on construction of wills, contracts, and statutes.**

461 (1) A provision in a contract, will, or other agreement, whether oral or written, is not
462 valid to the extent the provision would affect whether an individual may make or rescind a
463 request for aid-in-dying under this chapter.

464 (2) An obligation owing under any currently existing contract is not conditioned or
465 affected by the making or rescinding of a request for aid-in-dying medication under this
466 chapter.

467 Section 17. Section **75-2c-116** is enacted to read:

468 **75-2c-116. Insurance or annuity policies.**

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

472 (2) An insurer may not:

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

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

477 Section 18. Section **75-2c-117** is enacted to read:

478 **75-2c-117. Construction of chapter.**

479 (1) This chapter does not authorize a physician or another person to end a patient's life
480 by lethal injection, mercy killing, or euthanasia.

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

483 Section 19. Section **75-2c-118** is enacted to read:

484 **75-2c-118. Immunity for action in good faith -- Prohibition against reprisal --**
485 **Acceptable prohibitions.**

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

490 (2) A professional organization or association, or health care provider, may not subject

491 a person to censure, discipline, suspension, loss of license, loss of
492 membership, or other penalty for participating or refusing to participate in good faith
493 compliance with this chapter.

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

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

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

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

507 Section 20. Section **75-2c-119** is enacted to read:

508 **75-2c-119. Liabilities.**

509 (1) A person may not:

510 (a) without authorization of the patient, willfully alter or forge a request for
511 aid-in-dying medication or conceal or destroy a rescission of the request with the intent or
512 effect of causing the patient's death; or

513 (b) coerce or exert undue influence on a patient to request aid-in-dying medication or
514 destroy a rescission of the request.

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

516 (3) This chapter does not limit further liability for civil damages resulting from other
517 negligent conduct or intentional misconduct by any person.

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

520 Section 21. Section **75-2c-120** is enacted to read:

521 **75-2c-120. Claims by governmental entity for costs incurred.**

522 A governmental entity that incurs costs resulting from an individual ending the
523 individual's life under this chapter in a public place shall have a claim against the estate of the
524 individual to recover the costs and reasonable attorney fees related to enforcing the claim.

525 Section 22. Section **75-2c-121** is enacted to read:

526 **75-2c-121. No duty to provide medical aid-in-dying care.**

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

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

533 (3) If a health care provider transfers the care of a patient under Subsection (2), the
534 health care provider shall coordinate the transfer of the patient's medical records to the new
535 health care provider.

536 Section 23. Section **75-2c-122** is enacted to read:

537 **75-2c-122. Death certificate.**

538 (1) Unless otherwise prohibited, the attending physician or the hospice medical director
539 shall sign the death certificate of a qualified patient who obtained and self-administered
540 aid-in-dying medication under this chapter.

541 (2) If a death occurs as a result of aid-in-dying medication prescribed under this
542 chapter:

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

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

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

548 Section 24. Section **75-2c-123** is enacted to read:

549 **75-2c-123. Safe disposal of unused aid-in-dying medication.**

550 A person who has custody or control of aid-in-dying medication that is dispensed under
551 this chapter and that is unused after the qualified patient who obtained the aid-in-dying
552 medication has died shall dispose of the aid-in-dying medication by any lawful means,

553 including taking the unused aid-in-dying medication to:

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

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

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

559 Section 25. Section **75-2c-124** is enacted to read:

560 **75-2c-124. Form of the request.**

561 A request for aid-in-dying medication under this chapter shall be in substantially the
562 following form:

563 REQUEST FOR MEDICATION

564 TO END MY LIFE IN A HUMANE

565 AND DIGNIFIED MANNER

566 I, _____, am an adult of sound mind.

567 I am suffering from _____, which my attending physician has determined is a
568 terminal disease and which has been medically confirmed by a consulting physician.

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

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

575 INITIAL ONE:

576 _____ I have informed my family of my decision and taken their opinions into
577 consideration.

578 _____ I have decided not to inform my family of my decision.

579 _____ I have no family to inform of my decision.

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

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

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

586 Signed: _____

587 Dated: _____

588 DECLARATION OF WITNESSES

589 We declare that the individual signing this request:

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

591 (b) signed this request in our presence;

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

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

594 _____
Witness 1/Date

595 _____
Witness 2/Date

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

600 Section 26. Section **75-2c-125** is enacted to read:

601 **75-2c-125. Severability.**

602 (1) If a final decision of a court of competent jurisdiction holds invalid any provision
603 of this chapter or the application of any provision to any person or circumstance, the remaining
604 provisions of this chapter remain effective without the invalidated provision or application.

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

606 Section 27. Section **76-5-205** is amended to read:

607 **76-5-205. Manslaughter.**

608 (1) As used in this section:

609 (a) (i) "Aid" means the act of providing the physical means.

610 (ii) "Aid" does not include the withholding or withdrawal of life sustaining treatment
611 procedures to the extent allowed under Title 75, Chapter 2a, Advance Health Care Directive
612 Act, or any other laws of this state.

613 (b) "Practitioner" means an individual currently licensed, registered, or otherwise
614 authorized by law to administer, dispense, distribute, or prescribe medications or procedures in

615 the course of professional practice.

616 (c) "Provides" means to administer, prescribe, distribute, or dispense.

617 (2) Except as provided in Subsection (5), criminal homicide constitutes manslaughter if
618 the actor:

619 (a) recklessly causes the death of another;

620 (b) intentionally, and with knowledge that another individual intends to commit suicide
621 or attempt to commit suicide, aids the other individual to commit suicide;

622 (c) commits a homicide which would be murder, but the offense is reduced [~~pursuant~~
623 ~~to~~] under Subsection 76-5-203(4); or

624 (d) commits murder, but special mitigation is established under Section 76-5-205.5.

625 (3) Manslaughter is a felony of the second degree.

626 (4) (a) In addition to the penalty described under this section or any other section, an
627 individual who is convicted of violating this section shall have the individual's driver license
628 revoked under Section 53-3-220 if the death of another individual results from driving a motor
629 vehicle.

630 (b) The court shall forward the report of the conviction resulting from driving a motor
631 vehicle to the Driver License Division in accordance with Section 53-3-218.

632 (5) (a) A practitioner does not violate Subsection (2)(b) if the practitioner provides
633 medication or a procedure to treat an individual's illness or relieve an individual's pain or
634 discomfort, regardless of whether the medication or procedure may hasten or increase the risk
635 of death to the individual to whom the practitioner provides the medication or procedure[;
636 ~~unless~~].

637 (b) Notwithstanding Subsection (5)(a), a practitioner violates Subsection (2)(b) if the
638 practitioner intentionally and knowingly provides [the] medication or a procedure to aid [the]
639 an individual to commit suicide or attempt to commit suicide[-] in a manner not authorized
640 under Title 75, Chapter 2c, End of Life Options Act.