Death with dignity.
Sponsored by: Representative(s) Zwonitzer, Dn. and Connolly

A BILL

for

AN ACT relating to public health; providing that a capable patient with a terminal disease may request prescription of self-administered medication for the purpose of hastening death; providing that patients have a right to information as specified; specifying duties and responsibilities of physicians as specified; specifying waiting periods and residency requirements; specifying the effect of the act on insurance policies; providing immunities for participation in the act; specifying limitations; providing definitions; granting rulemaking authority; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 35-22-501 through 35-22-510 are created to read:
ARTICLE 5

DEATH WITH DIGNITY


(a) As used in this article:

(i) "Bona fide physician-patient relationship" means a treating or consulting relationship in the course of which a physician has completed a full assessment of the patient's medical history and current medical condition, including a personal physical examination;

(ii) "Capable" means that a patient has the ability to make and communicate health care decisions to a physician, including communication through persons familiar with the patient's manner of communicating if those persons are available;

(iii) "Health care facility" means as defined in W.S. 35-2-901(a)(x);
(iv) "Health care provider" means a person, partnership, corporation, facility or institution, licensed or certified or authorized by law to administer health care or dispense medication in the ordinary course of business or practice of a profession;

(v) "Impaired judgment" means that a person does not sufficiently understand or appreciate the relevant facts necessary to make an informed decision;

(vi) "Interested person" means:

(A) The patient's physician;

(B) A person who knows that the patient is the person's relative by blood, civil marriage, civil union or adoption;

(C) A person who knows that, upon the patient's death, the person would be entitled to any portion of the estate or assets of the patient under any will or trust, by operation of law or by contract; or
(D) An owner, operator or employee of a health care facility, nursing home or residential care facility where the patient is receiving medical treatment or is a resident.

(vii) "Palliative care" means health care that is intended to relieve symptoms, pain, physical stress and mental stress of a serious illness without intending to cure the illness;

(viii) "Patient" means a person who is eighteen (18) years of age or older, a resident of Wyoming and under the care of a physician;

(ix) "Physician" means an individual licensed to practice medicine under W.S. 33-26-101 et seq.;

(x) "Terminal condition" means an incurable and irreversible disease which would, within reasonable medical judgment, result in death within six (6) months.

A patient, regardless of the purpose of the inquiry or the nature of the information, has the right to be informed of all available options related to terminal care and to receive answers to any specific question about the foreseeable risks and benefits of medication without the physician's withholding any requested information. A physician who engages in discussions with a patient related to risks and benefits in the circumstances described in this article shall not be construed to be assisting in or contributing to a patient's independent decision to self-administer a lethal dose of medication and the discussions shall not be used to establish civil or criminal liability or professional disciplinary action.

35-22-503. Requirements for prescription and documentation; immunity.

(a) A physician shall not be subject to any civil or criminal liability or professional disciplinary action if the physician prescribes to a patient with a terminal condition medication to be self-administered for the purpose of hastening the patient's death and the physician affirms by documenting in the patient's medical record that
all of the following occurred:

(i) The patient made an oral request to the physician in the physician's physical presence for medication to be self-administered for the purpose of hastening the patient's death;

(ii) No fewer than fifteen (15) days after the first oral request, the patient made a second oral request to the physician in the physician's physical presence for medication to be self-administered for the purpose of hastening the patient's death;

(iii) At the time of the second oral request, the physician offered the patient an opportunity to rescind the request;

(iv) The patient made a written request for medication to be self-administered for the purpose of hastening the patient's death that was signed by the patient in the presence of two (2) or more witnesses who were not interested persons, who were at least eighteen (18) years of age and who signed and affirmed that the
patient appeared to understand the nature of the document and to be free from duress or undue influence at the time the request was signed;

(v) The physician determined that the patient:

(A) Was suffering a terminal condition, based on the physician's physical examination of the patient and review of the patient's relevant medical records;

(B) Was capable;

(C) Was making an informed decision;

(D) Had made a voluntary request for medication to hasten the patient's death; and

(E) Was a Wyoming resident for at least one (1) year.

(vi) The physician informed the patient in person, both verbally and in writing, of all the following:
(A) The patient's medical diagnosis;

(B) The patient's prognosis, including an acknowledgement that the physician's prediction of the patient's life expectancy was an estimate based on the physician's best medical judgment and was not a guarantee of the actual time remaining in the patient's life and that the patient could live longer than the time predicted;

(C) The range of treatment options appropriate for the patient and the patient's diagnosis;

(D) If the patient was not enrolled in hospice care, all feasible end-of-life services, including palliative care, comfort care, hospice care and pain control;

(E) The range of possible results, including potential risks associated with taking the medication to be prescribed; and

(F) The probable result of taking the
medication to be prescribed.

(vii) The physician referred the patient to a second physician for medical confirmation of the diagnosis, prognosis and a determination that the patient was capable, was acting voluntarily and had made an informed decision;

(viii) The physician either verified that the patient did not have impaired judgment or referred the patient for an evaluation by a psychiatrist, psychologist or clinical social worker licensed in Wyoming for confirmation that the patient was capable and did not have impaired judgment;

(ix) If applicable, the physician consulted with the patient's primary care physician with the patient's consent;

(x) The physician informed the patient that the patient may rescind the request at any time and in any manner and offered the patient an opportunity to rescind after the patient's second oral request;
(xi) The physician ensured that all required steps were carried out in accordance with this section and confirmed, immediately prior to writing the prescription for medication, that the patient was making an informed decision;

(xii) The physician wrote the prescription at least forty-eight (48) hours after the last to occur of the following events:

(A) The patient's written request for medication to hasten the patient's death;

(B) The patient's second oral request;

(C) The physician's offering the patient an opportunity to rescind the request.

(xiii) The physician either:

(A) Dispensed the medication directly, provided that the physician was licensed to dispense medication in Wyoming, had a current drug enforcement
administration certificate and complied with any applicable administrative rules; or

(B) With the patient's written consent:

(I) Contacted a pharmacist and informed the pharmacist of the prescription; and

(II) Delivered the written prescription personally or by mail or facsimile to the pharmacist, who dispensed the medication to the patient, the physician or an expressly identified agent of the patient.

(xiv) The physician recorded and filed the following in the patient's medical record:

(A) The date, time and wording of all oral requests of the patient for medication to hasten the patient's death;

(B) All written requests by the patient for medication to hasten the patient's death;
(C) The physician's diagnosis, prognosis and basis for the determination that the patient was capable, was acting voluntarily and had made an informed decision;

(D) The second physician's diagnosis, prognosis and verification that the patient was capable, was acting voluntarily and had made an informed decision;

(E) The physician's attestation that the patient was enrolled in hospice care at the time of the patient's oral and written requests for medication to hasten the patient's death or that the physician informed the patient of all feasible end-of-life services;

(F) The physician's verification that the patient either did not have impaired judgment or that the physician referred the patient for an evaluation and the person conducting the evaluation has determined that the patient did not have impaired judgment;

(G) A report of the outcome and
determinations made during any evaluation which the patient may have received;

(H) The date, time and wording of the physician's offer to the patient to rescind the request for medication at the time of the patient's second oral request; and

(J) A note by the physician indicating that all requirements under this section were satisfied and describing all of the steps taken to carry out the request, including a notation of the medication prescribed.

(xv) After writing the prescription, the physician promptly filed a report with the department of health documenting completion of all of the requirements under this section.

(b) This section shall not be construed to limit civil or criminal liability for gross negligence, recklessness or intentional misconduct.

35-22-504. Limitation on actions.
(a) A physician, nurse, pharmacist or other person shall not be under any duty, by law or contract, to participate in the provision of a lethal dose of medication to a patient.

(b) A health care facility or health care provider shall not subject a physician, nurse, pharmacist or other person to discipline, suspension, loss of license, loss of privileges or other penalty for actions taken in good faith reliance on the provisions of this article or refusals to act under this article.

(c) Except as specifically provided in this article, nothing in this article shall be construed to limit liability for civil damages resulting from negligent conduct or intentional misconduct by any person.

35-22-505. Health care facility exception.

A health care facility may prohibit a physician from writing a prescription for a dose of medication intended to be lethal for a patient who is a resident in its facility
and intends to use the medication on the facility's premises, provided the facility has notified the physician in writing of its policy with regard to the prescriptions. Notwithstanding W.S. 35-22-504(b), any physician who violates a policy established by a health care facility under this section may be subject to sanctions otherwise allowable under law or contract.

35-22-506. Insurance policies; prohibitions.

(a) A person and a person's beneficiaries shall not be denied benefits under a life insurance policy, as defined in W.S. 26-5-102, for actions taken in accordance with this article.

(b) The sale, procurement or issue of any medical malpractice insurance policy or the rate charged for the policy shall not be conditioned upon or affected by whether the physician is willing or unwilling to participate in the provisions of this article.

35-22-507. No effect on palliative sedation.
This article shall not limit or otherwise affect the provision, administration or receipt of palliative sedation consistent with accepted medical standards.


(a) A physician with a bona fide physician-patient relationship with a patient with a terminal condition shall not be considered to have engaged in unprofessional conduct under W.S. 33-26-402 if:

(i) The physician determines that the patient is capable and does not have impaired judgment;

(ii) The physician informs the patient of all feasible end-of-life services, including palliative care, comfort care, hospice care and pain control;

(iii) The physician prescribes a dose of medication that may be lethal to the patient;

(iv) The physician advises the patient of all
foreseeable risks related to the prescription; and

(v) The patient makes an independent decision to self-administer a lethal dose of the medication.

(b) A physician shall be immune from any civil or criminal liability or professional disciplinary action for actions performed in good faith compliance with the provisions of this article.

35-22-509. Safe disposal of medications.

The department of health shall adopt rules providing for the safe disposal of unused medications prescribed under this article.


Nothing in this article shall be construed to authorize a physician or any other person to end a patient's life by lethal injection, mercy killing or active euthanasia. Action taken in accordance with this article shall not be construed for any purpose to constitute suicide, assisted
suicide, mercy killing or homicide under the law. This section shall not be construed to conflict with section 1553 of the Patient Protection and Affordable Care Act, Public Law No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152.

Section 2. This act is effective July 1, 2015.