

**Senate File 2051 - Introduced**

SENATE FILE 2051

BY BOLKCOM, TAYLOR, DEARDEN,  
and McCOY

**A BILL FOR**

1 An Act creating the Iowa death with dignity Act and providing  
2 penalties.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 142E.1 Short title.

2 This chapter shall be known and may be cited as the "*Iowa*  
3 *Death with Dignity Act*".

4 Sec. 2. NEW SECTION. 142E.2 Definitions.

5 As used in this chapter, unless the context otherwise  
6 requires:

7 1. "*Adult*" means an individual who is eighteen years of age  
8 or older.

9 2. "*Attending physician*" means the physician who has primary  
10 responsibility for the care of the patient and treatment of the  
11 patient's terminal disease.

12 3. "*Competent*" means that in the opinion of a court or in  
13 the opinion of the patient's attending physician or consulting  
14 physician, psychiatrist, or psychologist, a patient has the  
15 ability to make and communicate health care decisions to  
16 health care providers, including communication through persons  
17 familiar with the patient's manner of communicating if those  
18 persons are available.

19 4. "*Consulting physician*" means a physician who is qualified  
20 by specialty or experience to make a professional diagnosis and  
21 prognosis regarding the patient's disease.

22 5. "*Counseling*" means one or more consultations as necessary  
23 between a licensed psychiatrist or psychologist and a patient  
24 for the purpose of determining that the patient is competent  
25 and not suffering from a psychiatric or psychological disorder  
26 or depression causing impaired judgment.

27 6. "*Department*" means the department of public health.

28 7. "*Health care facility*" means a health care facility as  
29 defined in section 135C.1.

30 8. "*Health care provider*" means a person licensed,  
31 certified, or otherwise authorized or permitted by the law of  
32 this state to administer health care or dispense medication in  
33 the ordinary course of business or practice of a profession,  
34 and includes a health care facility.

35 9. "*Informed decision*" means a decision by a qualified

1 patient to request and obtain a prescription to end the  
2 patient's life that is based on an appreciation of the relevant  
3 facts and after being fully informed by the attending physician  
4 of all of the following:

5 a. The patient's medical diagnosis.

6 b. The patient's prognosis.

7 c. The potential risks associated with taking the medication  
8 to be prescribed.

9 d. The probable result of taking the medication to be  
10 prescribed.

11 e. The feasible alternatives, including but not limited to  
12 comfort care, hospice care, and pain control.

13 10. "*Long-term care facility*" means a long-term care unit  
14 of a hospital, a health care facility, an elder group home as  
15 defined in section 231B.1, or an assisted living program as  
16 defined in section 231C.2.

17 11. "*Medically confirmed*" means the medical opinion of  
18 the attending physician has been confirmed by a consulting  
19 physician who has examined the patient and the patient's  
20 relevant medical records.

21 12. "*Patient*" means a person who is under the care of a  
22 physician.

23 13. "*Physician*" means a person licensed to practice medicine  
24 and surgery or osteopathic medicine and surgery under chapter  
25 148.

26 14. "*Qualified patient*" means a competent adult who is a  
27 resident of Iowa and has satisfied the requirements of this  
28 chapter to obtain a prescription for medication to end the  
29 individual's life.

30 15. "*Self-administer*" means a qualified patient's act of  
31 ingesting medication to end the patient's life.

32 16. "*Terminal disease*" means an incurable and irreversible  
33 disease that has been medically confirmed and that will, within  
34 reasonable medical judgment, produce death within six months.

35 Sec. 3. NEW SECTION. 142E.3 Request for medication.

1 1. An adult patient who is competent, is a resident of  
2 this state, has been determined by the patient's attending  
3 physician and consulting physician to be suffering from a  
4 terminal disease, and has voluntarily expressed a wish to die,  
5 may make a written request for medication that the patient may  
6 self-administer to end the patient's life in accordance with  
7 this chapter.

8 2. A person shall not qualify to make a written request  
9 under this section solely because of age or disability.

10 Sec. 4. NEW SECTION. 142E.4 Oral and written requests —  
11 right to rescind.

12 1. To receive a prescription for medication that a qualified  
13 patient may self-administer to end the qualified patient's life  
14 pursuant to this chapter, the qualified patient shall make an  
15 initial oral request, followed by a subsequent oral request  
16 at least fifteen days after the initial oral request, and a  
17 written request to the qualified patient's attending physician.

18 2. At least fifteen days shall elapse between a qualified  
19 patient's initial oral request and the writing of a  
20 prescription under this chapter.

21 3. At least forty-eight hours shall elapse between the  
22 submission of a qualified patient's written request and the  
23 writing of a prescription under this chapter.

24 4. a. At the time the qualified patient makes the second  
25 oral request, the attending physician shall offer the qualified  
26 patient an opportunity to rescind the request.

27 b. A patient may rescind a request for a prescription for  
28 medication under this chapter at any time and in any manner  
29 without regard to the patient's mental state. A prescription  
30 for medication under this chapter shall not be written prior  
31 to the attending physician offering the qualified patient an  
32 opportunity to rescind the request.

33 Sec. 5. NEW SECTION. 142E.5 Procedure for request —  
34 witnesses.

35 1. A qualified patient who is unable to orally communicate

1 may make a valid oral request under this chapter by reducing  
2 the oral request to writing for submission to the qualified  
3 patient's attending physician. Such writing is not subject  
4 to the requirements otherwise applicable to a written request  
5 under this chapter.

6 2. *a.* A valid written request for medication under this  
7 chapter shall be in substantially the form described in section  
8 142E.17, shall be signed and dated by the patient, and shall  
9 be witnessed by at least two individuals who, in the presence  
10 of the patient, attest that to the best of their knowledge and  
11 belief the patient is competent, acting voluntarily, and is not  
12 being coerced to sign the request.

13 *b.* One of the witnesses shall be a person who is not any of  
14 the following:

15 (1) A relative of the patient by blood, marriage, or  
16 adoption.

17 (2) A person who at the time the request is signed would be  
18 entitled to any portion of the estate of the patient upon death  
19 under any will or by operation of law.

20 (3) An owner, operator, or employee of a long-term care  
21 facility where the patient is receiving medical treatment or  
22 is a resident.

23 *c.* The patient's attending physician at the time the request  
24 is signed shall not be a witness.

25 *d.* If the patient is a patient in a long-term care facility  
26 at the time the written request is made, one of the witnesses  
27 shall be an individual designated by the facility and having  
28 the qualifications specified by the department by rule.

29 **Sec. 6. NEW SECTION. 142E.6 Attending physician**  
30 **responsibilities.**

31 1. The attending physician shall do all of the following:

32 *a.* Make the initial determination of whether a patient has  
33 a terminal disease, is competent, and has made the request for  
34 medication under this chapter voluntarily.

35 *b.* Request that the patient demonstrate residency in the

1 state. Factors demonstrating residency in this state include  
2 but are not limited to:

3 (1) Possession of an Iowa driver's license.

4 (2) Registration to vote in Iowa.

5 (3) Evidence that the person owns or leases property in  
6 Iowa.

7 (4) Filing of an Iowa tax return for the most recent tax  
8 year.

9 *c.* Verify immediately prior to writing the prescription for  
10 medication, that the patient is making an informed decision.

11 *d.* Refer the patient to a consulting physician for medical  
12 confirmation of the diagnosis, and for a determination that the  
13 patient is competent and acting voluntarily.

14 *e.* Refer the patient for counseling if appropriate under  
15 section 142E.8.

16 *f.* Recommend that the patient notify next of kin. However,  
17 a qualified patient's request for medication shall not  
18 be denied based on the qualified patient's declination or  
19 inability to notify next of kin.

20 *g.* Counsel the patient about the importance of having  
21 another person present when the patient takes the medication  
22 prescribed and of not taking the medication in a public place.

23 *h.* Inform the patient that the patient has an opportunity  
24 to rescind the request at any time and in any manner, and offer  
25 the patient an opportunity to rescind the request at the end of  
26 the fifteen-day waiting period under section 142E.4.

27 *i.* Fulfill the medical record documentation requirements  
28 under section 142E.9.

29 *j.* Ensure that all appropriate steps are carried out in  
30 accordance with this chapter prior to writing a prescription  
31 for medication to enable a qualified patient to end the  
32 patient's life.

33 *k.* Do either of the following:

34 (1) Dispense medications directly, including ancillary  
35 medications intended to facilitate the desired effect to

1 minimize the patient's discomfort, if the attending physician  
2 is authorized under law and rule to dispense such medication  
3 and has a current valid drug enforcement administration number,  
4 if required under chapter 124.

5 (2) With the patient's written consent:

6 (a) Contact a pharmacist and inform the pharmacist of the  
7 prescription.

8 (b) Deliver the written prescription personally, by  
9 mail, or by facsimile to the pharmacist who will dispense the  
10 medications to either the patient, the attending physician, or  
11 an expressly identified agent of the patient.

12 2. Notwithstanding any other provision of law to the  
13 contrary, the attending physician may sign the patient's death  
14 certificate.

15 Sec. 7. NEW SECTION. 142E.7 Consulting physician  
16 confirmation.

17 A consulting physician shall do all of the following in  
18 confirming that a patient is a qualified patient under this  
19 chapter:

20 1. Examine the patient and the patient's relevant medical  
21 records and confirm, in writing, the attending physician's  
22 diagnosis that the patient is suffering from a terminal  
23 disease.

24 2. Verify that the patient is competent, acting  
25 voluntarily, and has made an informed decision.

26 Sec. 8. NEW SECTION. 142E.8 Counseling referral.

27 1. If, in the opinion of the attending physician or the  
28 consulting physician, a patient may be suffering from a  
29 psychiatric or psychological disorder or depression causing  
30 impaired judgment, either physician shall refer the patient for  
31 counseling.

32 2. An attending physician shall not prescribe medication to  
33 end a patient's life pursuant to this chapter until the person  
34 performing the counseling determines and verifies that the  
35 patient is not suffering from a psychiatric or psychological

1 disorder or depression causing impaired judgment.

2     Sec. 9. NEW SECTION. 142E.9 Medical record documentation  
3 requirements.

4     All of the following shall be documented or filed in a  
5 patient's medical record in regard to a request for medication  
6 under this chapter:

7     1. All oral requests by a patient for medication to end the  
8 patient's life pursuant to this chapter.

9     2. All written requests by a patient for medication to end  
10 the patient's life pursuant to this chapter.

11     3. The attending physician's diagnosis and prognosis  
12 and determinations that the patient is competent, is acting  
13 voluntarily, and has made an informed decision.

14     4. The consulting physician's diagnosis and prognosis  
15 and verification that the patient is competent, is acting  
16 voluntarily, and has made an informed decision.

17     5. A report of the outcome and determinations made during  
18 counseling, if performed.

19     6. The attending physician's offer to the patient to rescind  
20 the patient's request at the time of the patient's second oral  
21 request pursuant to section 142E.4.

22     7. A note by the attending physician indicating that all  
23 requirements under this chapter have been met and indicating  
24 the steps taken to carry out the request, including a notation  
25 of the medication prescribed.

26     Sec. 10. NEW SECTION. 142E.10 Reporting requirements.

27     1. a. The department shall require any health care  
28 provider, upon dispensing medication pursuant to this chapter,  
29 to file a copy of the dispensing record with the department.

30     b. The department shall annually review a sample of records  
31 maintained under this chapter.

32     2. The department shall adopt rules to facilitate the  
33 collection of information regarding compliance with this  
34 chapter. Except as otherwise required by law, the information  
35 collected shall not be a public record and shall not be made



1 available for inspection by the public.

2 3. The department shall generate and make available to the  
3 public an annual statistical report of information collected  
4 under subsection 2.

5 Sec. 11. NEW SECTION. 142E.11 **Effect on construction of**  
6 **wills, contracts, and other agreements.**

7 1. A provision in a contract, will, or other agreement,  
8 whether written or oral, to the extent the provision would  
9 affect whether a person may make or rescind a request for  
10 medication to end the person's life pursuant to this chapter,  
11 shall not be valid.

12 2. An obligation owing under any contract shall not be  
13 conditioned or affected by the making or rescinding of a  
14 request by a person for medication to end the person's life  
15 pursuant to this chapter.

16 Sec. 12. NEW SECTION. 142E.12 **Insurance or annuity**  
17 **policies.**

18 The sale, procurement, or issuance of any life, health,  
19 or accident insurance or annuity policy or the rate charged  
20 for any such policy shall not be conditioned upon or affected  
21 by the making or rescinding of a request by a person for  
22 medication that may be self-administered to end the person's  
23 life pursuant to this chapter. A qualified patient's act of  
24 self-administering medication to end the qualified patient's  
25 life pursuant to this chapter shall not have an effect upon a  
26 life, health, or accident insurance or annuity policy.

27 Sec. 13. NEW SECTION. 142E.13 **Construction of chapter.**

28 1. Nothing in this chapter shall be construed to authorize  
29 a physician or any other person to end a patient's life by  
30 lethal injection, mercy killing, or active euthanasia. An  
31 action taken in accordance with this chapter shall not, for any  
32 purpose, constitute suicide, assisted suicide, mercy killing,  
33 or homicide under the law.

34 2. Nothing in this chapter shall be interpreted to lessen  
35 the applicable standard of care for an attending physician,

1 consulting physician, psychiatrist, psychologist, or other  
2 health care provider acting under this chapter.

3     Sec. 14. NEW SECTION. 142E.14 Immunities — basis  
4 for prohibiting health care provider from participation —  
5 notification — permissible sanctions.

6     Except as otherwise provided in this chapter:

7     1. A person shall not be subject to civil or criminal  
8 liability or professional disciplinary action for acting  
9 in good-faith compliance with this chapter, including  
10 being present when a qualified patient self-administers the  
11 prescribed medication to end the qualified patient's life  
12 pursuant to this chapter.

13     2. A professional organization or association, or  
14 health care provider, shall not subject a person to censure,  
15 discipline, suspension, loss of license, loss of privileges,  
16 loss of membership, or other penalty for acting or refusing to  
17 act in good-faith compliance with this chapter.

18     3. A request by a patient for or provision by an attending  
19 physician of medication in good-faith compliance with this  
20 chapter shall not constitute neglect under the law or provide  
21 the sole basis for the appointment of a guardian or conservator  
22 for the patient.

23     4. A health care provider shall not be under any duty,  
24 whether by contract, statute, or any other legal requirement,  
25 to participate in the provision to a qualified patient of  
26 medication to end the patient's life pursuant to this chapter.  
27 If a health care provider is unable or unwilling to carry out a  
28 patient's request under this chapter and the patient transfers  
29 the patient's care to a new health care provider, the prior  
30 health care provider shall transfer, upon request, a copy of  
31 the patient's relevant medical records to the new health care  
32 provider.

33     5. a. Notwithstanding any other provision of law to the  
34 contrary, a health care provider may prohibit another health  
35 care provider from acting under this chapter on the premises

1 of the prohibiting provider if the prohibiting provider has  
2 notified the health care provider of the prohibiting provider's  
3 policy regarding actions under this chapter. Nothing in this  
4 paragraph shall prevent a health care provider from providing  
5 health care services to a patient that do not constitute action  
6 under this chapter.

7     *b.* Notwithstanding the provisions of this section to the  
8 contrary, a health care provider may subject another health  
9 care provider to the following sanctions if the sanctioning  
10 health care provider has notified the sanctioned provider prior  
11 to action under this chapter that the health care provider  
12 prohibits actions under this chapter:

13     (1) Loss of privileges, loss of membership, or other  
14 sanction provided pursuant to the medical staff bylaws,  
15 policies, or procedures of the sanctioning health care provider  
16 if the sanctioned provider is a member of the sanctioning  
17 provider's medical staff and acts under this chapter while on  
18 the health care facility premises of the sanctioning health  
19 care provider, but not including the private medical office of  
20 a physician or other provider.

21     (2) Termination of a lease or other property contract or  
22 other nonmonetary remedies provided by a lease or contract,  
23 not including loss or restriction of medical staff privileges  
24 or exclusion from a provider panel, if the sanctioned  
25 provider acts under this chapter while on the premises of the  
26 sanctioning health care provider or on property that is owned  
27 by or under the direct control of the sanctioning health care  
28 provider.

29     (3) Termination of a contract or other nonmonetary remedies  
30 provided by a contract if the sanctioned provider acts under  
31 this chapter while acting in the course and scope of the  
32 sanctioned provider's capacity as an employee or independent  
33 contractor of the sanctioning health care provider. Nothing  
34 in this subparagraph shall be construed to prevent any of the  
35 following:

1 (a) A health care provider from acting under this chapter  
2 while acting outside the course and scope of the provider's  
3 capacity as an employee or independent contractor.

4 (b) A patient from contracting with the patient's attending  
5 physician and consulting physician to act outside the course  
6 and scope of the provider's capacity as an employee or  
7 independent contractor of the sanctioning health care provider.

8 c. A health care provider that imposes sanctions pursuant to  
9 paragraph "b" shall follow all due process and other procedures  
10 the sanctioning health care provider uses for the imposition of  
11 sanctions on other health care providers under the authority of  
12 the sanctioning health care provider.

13 d. For the purposes of this subsection:

14 (1) "*Action under this chapter*" means to perform the  
15 duties of an attending physician, the consulting physician  
16 function, or the counseling function as specified under this  
17 chapter. "*Action under this chapter*" does not include any of  
18 the following:

19 (a) Making an initial determination that a patient has  
20 a terminal disease and informing the patient of the medical  
21 prognosis.

22 (b) Providing information about this chapter to a patient  
23 upon the request of the patient.

24 (c) Providing a patient, upon the request of the patient,  
25 with a referral to another physician.

26 (d) A patient contracting with the patient's attending  
27 physician and consulting physician to act outside of the  
28 course and scope of the provider's capacity as an employee or  
29 independent contractor of the sanctioning health care provider.

30 (2) "*Notify*" means a separate statement in writing to the  
31 health care provider specifically informing the health care  
32 provider prior to the provider's action under this chapter of  
33 the sanctioning health care provider's policy about actions  
34 under this chapter.

35 Sec. 15. NEW SECTION. 142E.15 Liabilities — penalties.

1 1. A person who without authorization of the patient  
2 willfully alters or forges a request for medication under this  
3 chapter or conceals or destroys a recision of a request for  
4 medication under this chapter with the intent or effect of  
5 causing the patient's death is guilty of a class "A" felony.

6 2. A person who coerces or exerts undue influence on a  
7 patient to request medication for the purpose of ending the  
8 patient's life pursuant to this chapter, or to destroy a  
9 recision of such a request, is guilty of a class "A" felony.

10 3. Nothing in this chapter shall be construed to limit  
11 a person's liability for civil damages resulting from the  
12 person's negligent conduct or intentional misconduct applicable  
13 under other law for conduct which is inconsistent with the  
14 provisions of this chapter.

15 4. The penalties specified in this section shall not  
16 preclude criminal penalties applicable under other law for  
17 conduct which is inconsistent with the provisions of this  
18 chapter.

19 **Sec. 16. NEW SECTION. 142E.16 Claims by governmental entity**  
20 **for costs incurred.**

21 A governmental entity that incurs costs resulting from a  
22 person terminating the person's life pursuant to this chapter  
23 in a public place shall have a claim against the estate of  
24 the person to recover such costs and reasonable attorney fees  
25 related to enforcing the claim.

26 **Sec. 17. NEW SECTION. 142E.17 Form of written request.**

27 A written request for medication as authorized by this  
28 chapter shall be in substantially the following form:

29 **REQUEST FOR MEDICATION**  
30 **TO END MY LIFE IN A HUMANE**  
31 **AND DIGNIFIED MANNER**

32 I, \_\_\_\_\_, am an adult of sound mind.

33 I am suffering from \_\_\_\_\_, which my attending physician has  
34 determined is a terminal disease and which has been medically  
35 confirmed by a consulting physician.

1 I have been fully informed of my diagnosis, prognosis, the  
2 nature of medication to be prescribed and potential associated  
3 risks, the expected result, and the feasible alternatives,  
4 including comfort care, hospice care, and pain control.  
5 I request that my attending physician prescribe medication that  
6 will end my life in a humane and dignified manner.

7 INITIAL ONE OF THE FOLLOWING:

8 \_\_\_\_\_ I have informed my family of my decision and taken their  
9 opinions into consideration.

10 \_\_\_\_\_ I have decided not to inform my family of my decision.

11 \_\_\_\_\_ I have no family to inform of my decision.

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

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

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

21 Signed: \_\_\_\_\_

22 Dated: \_\_\_\_\_

23 DECLARATION OF WITNESSES

24 By initialing and signing below on or after the date the person  
25 named above signs, we declare that the person making and  
26 signing the above request:

27 (a) Is personally known to us or has provided proof of  
28 identity.

29 (b) Signed this request in our presence on the date of the  
30 person's signature.

31 (c) Appears to be of sound mind and not under duress, fraud, or  
32 undue influence.

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

35 Printed name of Witness 1 \_\_\_\_\_

1 Signed name of Witness 1/Date \_\_\_\_\_

2 Printed name of Witness 2 \_\_\_\_\_

3 Signed name of Witness 2/Date \_\_\_\_\_

4 NOTE: One witness shall not be a relative by blood, marriage,  
5 or adoption of the person signing this request, shall not be  
6 entitled to any portion of the person's estate upon death,  
7 and shall not own, operate, or be employed at a health care  
8 facility where the person is a patient or resident. If the  
9 patient is an inpatient at a health care facility, one of the  
10 witnesses shall be an individual designated by the facility.

11

EXPLANATION

12

The inclusion of this explanation does not constitute agreement with

13

the explanation's substance by the members of the general assembly.

14 This bill provides for a competent adult patient, who is  
15 a resident of the state of Iowa, who is terminally ill with  
16 less than six months to live as verified by two physicians, to  
17 voluntarily request medication that will end the person's life.  
18 The bill provides that the patient must make an oral request, a  
19 subsequent oral request no less than 15 days after the initial  
20 request, and a written request for the medication. There is  
21 also a 48-hour waiting period between the submission of the  
22 written request and the writing of the prescription. The bill  
23 specifies the responsibilities of the attending physician and  
24 the consulting physician. The bill includes a provision for  
25 counseling if the attending physician deems it appropriate, the  
26 notification of next of kin, the right to rescind a request at  
27 any time, and documentation requirements. The bill provides  
28 for the effect of a request for medication to end the person's  
29 life on the construction of wills, contracts, and statutes as  
30 well as on insurance and annuity policies.

31 The bill provides that the provisions of the bill are not  
32 to be construed to authorize a physician or any other person  
33 to end a patient's life by lethal injection, mercy killing,  
34 or active euthanasia, and that actions taken in accordance  
35 with the bill shall not, for any purpose, constitute suicide,

1 assisted suicide, mercy killing, or homicide under the  
2 law. Additionally, the provisions of the bill are not to be  
3 interpreted to lessen the applicable standard of care for the  
4 attending physician, consulting physician, psychiatrist, or  
5 psychologist, or other health care provider acting under the  
6 bill.

7 The bill provides immunities for a person who acts in  
8 good-faith compliance with the bill, including being present  
9 when a patient takes the prescribed medication to end the  
10 patient's life.

11 The bill provides that a professional organization or  
12 association, or health care provider, shall not subject a  
13 person to censure, discipline, suspension, loss of license,  
14 loss of privileges, loss of membership, or other penalty for  
15 acting or refusing to act in good-faith compliance with the  
16 bill, but does provide for prohibitions by a health care  
17 provider on the premises of the health care provider relative  
18 to the bill. The bill provides that a request by a patient  
19 for or provision by an attending physician of medication in  
20 good-faith compliance with the bill does not constitute neglect  
21 under the law or provide the sole basis for the appointment  
22 of a guardian or conservator for the patient. Under the  
23 bill, a health care provider is not to be under any duty,  
24 whether by contract, statute, or any other legal requirement  
25 to participate in the provision to a patient of medication to  
26 end the patient's life. If a health care provider is unable  
27 or unwilling to carry out a patient's request under the bill,  
28 however, and the patient transfers the patient's care to a  
29 new health care provider, the prior health care provider is  
30 required to transfer, upon request, a copy of the patient's  
31 relevant medical records to the new health care provider.

32 The bill provides that a person who without authorization of  
33 the patient willfully alters or forges a request for medication  
34 under the bill or conceals or destroys a recision of such a  
35 request with the intent or effect of causing the patient's



1 death is guilty of a class "A" felony. Additionally, a person  
2 who coerces or exerts undue influence on a patient to request  
3 medication for the purpose of ending the patient's life under  
4 the bill, or to destroy a recision of such a request, is guilty  
5 of a class "A" felony. A class "A" felony is punishable by  
6 confinement for life without possibility of parole.

7 The bill provides that the provisions of the bill are  
8 not to be construed to limit a person's liability for civil  
9 damages resulting from other negligent conduct or intentional  
10 misconduct by the person and that the penalties specified in  
11 the bill shall not preclude criminal penalties applicable under  
12 other law for conduct which is inconsistent with the provisions  
13 of the bill.

14 The bill provides that if a governmental entity incurs costs  
15 resulting from a person terminating the person's life under the  
16 bill in a public place, the governmental entity has a claim  
17 against the estate of the person to recover such costs and  
18 reasonable attorney fees related to enforcing the claim.

19 The bill also provides the form for the request for  
20 medication to end a person's life.