

REFERENCE TITLE: end-of-life options; right to know

State of Arizona
Senate
Forty-ninth Legislature
Second Regular Session
2010

SB 1298

Introduced by
Senators Lopez, Burton Cahill, Chevront; Representative Heinz: Senators
Aboud, Aguirre, Alvarez, Hale, McCune Davis; Representative Bradley

AN ACT

AMENDING TITLE 32, CHAPTER 32, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 3;
RELATING TO END-OF-LIFE CARE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

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

4 ARTICLE 3. END-OF-LIFE CARE

5 32-3241. Definitions

6 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

7 1. "ACTIVELY DYING" MEANS THE PHASE OF TERMINAL ILLNESS WHEN DEATH IS
8 IMMINENT.

9 2. "DISEASE-TARGETED TREATMENT" MEANS TREATMENT DIRECTED AT THE
10 UNDERLYING DISEASE OR CONDITION THAT IS INTENDED TO ALTER ITS NATURAL HISTORY
11 OR PROGRESSION, IRRESPECTIVE OF WHETHER OR NOT A CURE IS POSSIBLE.

12 3. "HEALTH CARE INSTITUTION" HAS THE SAME MEANING PRESCRIBED IN
13 SECTION 36-401.

14 4. "HEALTH CARE PROVIDER" MEANS AN ATTENDING PHYSICIAN AND SURGEON,
15 AND A NURSE OR PHYSICIAN ASSISTANT WHO IS PRACTICING IN ACCORDANCE WITH
16 STANDARDIZED PROCEDURES OR PROTOCOLS DEVELOPED AND APPROVED BY THE
17 SUPERVISING PHYSICIAN AND SURGEON.

18 5. "HOSPICE" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-401.

19 6. "PALLIATIVE CARE" MEANS MEDICAL TREATMENT, INTERDISCIPLINARY CARE
20 OR CONSULTATION PROVIDED TO A PATIENT OR FAMILY MEMBERS, OR BOTH, THAT HAS AS
21 ITS PRIMARY PURPOSE THE PREVENTION OF, OR RELIEF FROM, SUFFERING AND THE
22 ENHANCEMENT OF THE QUALITY OF LIFE, RATHER THAN TREATMENT AIMED AT
23 INVESTIGATION AND INTERVENTION FOR THE PURPOSE OF CURE OR PROLONGATION OF
24 LIFE. PALLIATIVE CARE MAY INCLUDE, WHEN APPROPRIATE, DISEASE-TARGETED
25 TREATMENT.

26 7. "REFUSAL OF OR WITHDRAWAL FROM LIFE-SUSTAINING TREATMENT" MEANS
27 FORGOING TREATMENT OR MEDICAL PROCEDURES THAT REPLACE OR SUPPORT AN ESSENTIAL
28 BODILY FUNCTION, INCLUDING CARDIOPULMONARY RESUSCITATION, MECHANICAL
29 VENTILATION, ARTIFICIAL NUTRITION AND HYDRATION, DIALYSIS AND ANY OTHER
30 TREATMENT, OR DISCONTINUING ANY OR ALL OF THOSE TREATMENTS AFTER THEY HAVE
31 BEEN USED FOR A REASONABLE TIME.

32 32-3242. End-of-life care

33 A. IF A HEALTH CARE PROVIDER MAKES A DIAGNOSIS THAT A PATIENT HAS A
34 TERMINAL ILLNESS, THE HEALTH CARE PROVIDER, ON THE PATIENT'S REQUEST, SHALL
35 PROVIDE THE PATIENT WITH COMPREHENSIVE INFORMATION AND COUNSELING REGARDING
36 LEGAL END-OF-LIFE CARE OPTIONS PURSUANT TO THIS SECTION. IF A TERMINALLY ILL
37 PATIENT IS IN A HEALTH CARE INSTITUTION, THE HEALTH CARE PROVIDER, OR MEDICAL
38 DIRECTOR OF THE HEALTH CARE INSTITUTION IF THE PATIENT'S HEALTH CARE PROVIDER
39 IS NOT AVAILABLE, MAY REFER THE PATIENT TO A HOSPICE PROVIDER OR PRIVATE OR
40 PUBLIC AGENCIES AND COMMUNITY-BASED ORGANIZATIONS THAT SPECIALIZE IN
41 END-OF-LIFE CARE CASE MANAGEMENT AND CONSULTATION TO RECEIVE COMPREHENSIVE
42 INFORMATION AND COUNSELING REGARDING LEGAL END-OF-LIFE CARE OPTIONS.

43 B. IF THE PATIENT INDICATES A DESIRE TO RECEIVE THE INFORMATION AND
44 COUNSELING, THE COMPREHENSIVE INFORMATION SHALL INCLUDE, AT A MINIMUM, THE
45 FOLLOWING:

1 1. INFORMATION REGARDING HOSPICE CARE AT HOME OR IN A HEALTH CARE
2 SETTING.

3 2. A PROGNOSIS WITH AND WITHOUT THE CONTINUATION OF DISEASE-TARGETED
4 TREATMENT.

5 3. THE PATIENT'S RIGHT TO REFUSAL OF OR WITHDRAWAL FROM
6 LIFE-SUSTAINING TREATMENT.

7 4. THE PATIENT'S RIGHT TO CONTINUE TO PURSUE DISEASE-TARGETED
8 TREATMENT, WITH OR WITHOUT CONCURRENT PALLIATIVE CARE.

9 5. THE PATIENT'S RIGHT TO COMPREHENSIVE PAIN AND SYMPTOM MANAGEMENT AT
10 THE END OF LIFE, INCLUDING ADEQUATE PAIN MEDICATION, TREATMENT OF NAUSEA,
11 PALLIATIVE CHEMOTHERAPY, RELIEF OF SHORTNESS OF BREATH AND FATIGUE AND OTHER
12 CLINICAL TREATMENTS USEFUL WHEN A PATIENT IS ACTIVELY DYING.

13 6. THE PATIENT'S RIGHT TO GIVE INDIVIDUAL HEALTH CARE INSTRUCTION
14 PURSUANT TO TITLE 36, CHAPTER 32, WHICH PROVIDES THE MEANS BY WHICH A PATIENT
15 MAY PROVIDE WRITTEN HEALTH CARE INSTRUCTION, SUCH AS AN ADVANCE HEALTH CARE
16 DIRECTIVE.

17 7. THE PATIENT'S RIGHT TO APPOINT A LEGALLY RECOGNIZED HEALTH CARE
18 DECISION MAKER.

19 C. THE INFORMATION DESCRIBED IN SUBSECTION B MAY BE IN WRITING.
20 HEALTH CARE PROVIDERS MAY PROVIDE FACTSHEETS, INTERNET WEBSITES AND OTHER
21 INFORMATION FROM ORGANIZATIONS SPECIALIZING IN END-OF-LIFE CARE TO CONVEY THE
22 INFORMATION DESCRIBED IN SUBSECTION B.

23 D. COUNSELING MAY INCLUDE DISCUSSIONS ABOUT THE OUTCOMES FOR THE
24 PATIENT AND THE PATIENT'S FAMILY, BASED ON THE INTEREST OF THE PATIENT.
25 INFORMATION AND COUNSELING AS DESCRIBED IN SUBSECTION B MAY OCCUR OVER A
26 SERIES OF MEETINGS WITH THE HEALTH CARE PROVIDER OR OTHERS WHO MAY BE
27 PROVIDING THE INFORMATION AND COUNSELING BASED ON THE PATIENT'S NEEDS.

28 E. THE INFORMATION AND COUNSELING SESSIONS MAY INCLUDE A DISCUSSION OF
29 TREATMENT OPTIONS IN A MANNER THAT THE PATIENT AND THE PATIENT'S FAMILY CAN
30 EASILY UNDERSTAND. IF THE PATIENT REQUESTS INFORMATION ON THE COSTS OF
31 TREATMENT OPTIONS, INCLUDING THE AVAILABILITY OF INSURANCE AND ELIGIBILITY OF
32 THE PATIENT FOR COVERAGE, THE PATIENT SHALL BE REFERRED TO THE APPROPRIATE
33 ENTITY FOR THAT INFORMATION.

34 32-3243. Health care provider responsibilities

35 IF A HEALTH CARE PROVIDER DOES NOT WISH TO COMPLY WITH A PATIENT'S
36 REQUEST FOR INFORMATION ON END-OF-LIFE OPTIONS, THE HEALTH CARE PROVIDER
37 SHALL DO BOTH OF THE FOLLOWING:

38 1. REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH CARE PROVIDER WHO
39 WILL PROVIDE THE REQUESTED INFORMATION.

40 2. INFORM THE PATIENT HOW TO TRANSFER TO ANOTHER HEALTH CARE PROVIDER
41 WHO WILL PROVIDE THE REQUESTED INFORMATION.