



SENATE BILL No. 640

September 12, 1995, Introduced by Senator BERRYMAN
and referred to the Committee on Families, Mental
Health and Human Services.

A bill to amend the title of Act No. 270 of the Public Acts
of 1992, entitled as amended

"An act to prohibit certain acts pertaining to the assistance of
suicide; to provide for the development of legislative recommen-
dations concerning certain issues related to death and dying,
including assistance of suicide; to create the Michigan commis-
sion on death and dying; to prescribe its membership, powers, and
duties; to prescribe penalties; and to repeal certain parts of
this act on a specific date,"

as amended, being sections 752.1021 to 752.1027 of the Michigan
Compiled Laws; to add section 8; and to repeal acts and parts of
acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. The title of Act No. 270 of the Public Acts of
2 1992, as amended, being sections 752.1021 to 752.1027 of the
3 Michigan Compiled Laws, is amended and section 8 is added to read
4 as follows:

1 TITLE

2 An act to prohibit certain acts pertaining to the assistance
3 of suicide; TO REGULATE THE PRESCRIBING OF MEDICATION TO END A
4 PERSON'S LIFE IN A HUMANE AND DIGNIFIED MANNER; to provide for
5 the development of legislative recommendations concerning certain
6 issues related to death and dying, including assistance of sui-
7 cide; to create the Michigan commission on death and dying; to
8 prescribe its membership, powers, and duties; to prescribe penal-
9 ties; and to repeal certain parts of this act on a specific
10 date.

11 SEC. 8. (1) A PERSON WHO KNOWS THAT ANOTHER PERSON INTENDS
12 TO COMMIT OR ATTEMPT TO COMMIT SUICIDE AND WHO INTENTIONALLY DOES
13 EITHER OF THE FOLLOWING IS GUILTY OF CRIMINAL ASSISTANCE TO SUI-
14 CIDE, A FELONY PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 4
15 YEARS OR BY A FINE OF NOT MORE THAN \$2,000.00, OR BOTH:

16 (A) PROVIDES THE PHYSICAL MEANS BY WHICH THE OTHER PERSON
17 ATTEMPTS OR COMMITS SUICIDE.

18 (B) PARTICIPATES IN A PHYSICAL ACT BY WHICH THE OTHER PERSON
19 ATTEMPTS OR COMMITS SUICIDE.

20 (2) SUBSECTION (1) DOES NOT APPLY TO WITHHOLDING OR WITH-
21 DRAWING MEDICAL TREATMENT.

22 (3) SUBSECTION (1) DOES NOT APPLY TO PRESCRIBING, DISPENS-
23 ING, OR ADMINISTERING MEDICATIONS OR PROCEDURES IF THE INTENT IS
24 TO RELIEVE PAIN OR DISCOMFORT AND NOT TO CAUSE DEATH, EVEN IF THE
25 MEDICATION OR PROCEDURE MAY HASTEN OR INCREASE THE RISK OF DEATH.

26 (4) SUBSECTION (1) DOES NOT APPLY TO AN ACTION TAKEN IN
27 COMPLIANCE WITH SUBSECTIONS (5) TO (30).

1 (5) A PATIENT MAY MAKE A WRITTEN REQUEST TO HIS OR HER
2 ATTENDING PHYSICIAN FOR MEDICATION TO END HIS OR HER LIFE IN A
3 HUMANE AND DIGNIFIED MANNER IN ACCORDANCE WITH THIS SECTION IF
4 ALL OF THE FOLLOWING CONDITIONS EXIST:

5 (A) THE PATIENT IS 18 YEARS OF AGE OR OLDER.

6 (B) THE PATIENT IS CAPABLE.

7 (C) THE PATIENT IS A RESIDENT OF THIS STATE.

8 (D) THE PATIENT'S ATTENDING PHYSICIAN AND A CONSULTING PHY-
9 SICIAN HAVE DETERMINED THAT THE PATIENT HAS A TERMINAL DISEASE.

10 (E) THE PATIENT HAS VOLUNTARILY EXPRESSED HIS OR HER WISH TO
11 DIE.

12 (F) THE PATIENT HAS COMPLIED WITH SUBSECTIONS (5) TO (30).

13 (6) A PHYSICIAN MAY PRESCRIBE MEDICATION TO END A PATIENT'S
14 LIFE IN A HUMANE AND DIGNIFIED MANNER PURSUANT TO A REQUEST MADE
15 IN ACCORDANCE WITH SUBSECTIONS (5) TO (30). A PHARMACIST MAY
16 FILL A PRESCRIPTION ISSUED IN ACCORDANCE WITH SUBSECTIONS (5) TO
17 (30).

18 (7) TO RECEIVE A PRESCRIPTION FOR MEDICATION TO END HIS OR
19 HER LIFE IN A HUMANE AND DIGNIFIED MANNER, A PATIENT SHALL MAKE
20 AN ORAL REQUEST AND A WRITTEN REQUEST TO HIS OR HER ATTENDING
21 PHYSICIAN. THE PATIENT SHALL REITERATE THE ORAL REQUEST TO HIS
22 OR HER ATTENDING PHYSICIAN WITHIN 15 DAYS AFTER MAKING THE INI-
23 TIAL ORAL REQUEST. WHEN THE PATIENT MAKES HIS OR HER SECOND ORAL
24 REQUEST, THE ATTENDING PHYSICIAN SHALL OFFER THE PATIENT AN
25 OPPORTUNITY TO RESCIND THE REQUEST.

26 (8) A WRITTEN REQUEST FOR MEDICATION UNDER SUBSECTIONS (5)
27 TO (30) SHALL BE SIGNED AND DATED BY THE PATIENT AND WITNESSED BY

1 AT LEAST 2 WITNESSES WHO IN THE PATIENT'S PRESENCE ATTEST THAT TO
2 THE BEST OF THEIR KNOWLEDGE AND BELIEF THE PATIENT IS CAPABLE, IS
3 ACTING VOLUNTARILY, AND IS NOT BEING COERCED TO SIGN THE
4 REQUEST. THE PATIENT'S ATTENDING PHYSICIAN AT THE TIME THE
5 REQUEST IS SIGNED SHALL NOT BE A WITNESS. ONE OF THE WITNESSES
6 SHALL BE AN INDIVIDUAL WHO IS NOT ANY OF THE FOLLOWING:

7 (A) A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE, OR
8 ADOPTION.

9 (B) AN INDIVIDUAL WHO WHEN THE REQUEST IS SIGNED WOULD BE
10 ENTITLED UPON THE PATIENT'S DEATH TO A PORTION OF THE PATIENT'S
11 ESTATE UNDER A WILL OR BY OPERATION OF LAW.

12 (C) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE FACIL-
13 ITY WHERE THE PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A
14 RESIDENT.

15 (9) THE ATTENDING PHYSICIAN RECEIVING A REQUEST FOR MEDICA-
16 TION TO END A PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER
17 SHALL DO ALL OF THE FOLLOWING BEFORE WRITING A PRESCRIPTION TO
18 FULFILL THE REQUEST:

19 (A) MAKE THE INITIAL DETERMINATION OF WHETHER THE PATIENT
20 HAS A TERMINAL DISEASE, IS CAPABLE, AND HAS MADE THE REQUEST
21 VOLUNTARILY.

22 (B) INFORM THE PATIENT OF ALL OF THE FOLLOWING:

23 (i) HIS OR HER MEDICAL DIAGNOSIS.

24 (ii) HIS OR HER PROGNOSIS.

25 (iii) THE NATURE OF THE MEDICATION TO BE PRESCRIBED AND THE
26 POTENTIAL RISKS ASSOCIATED WITH TAKING IT.

1 (iv) THE PROBABLE RESULT OF TAKING THE MEDICATION.

2 (v) THE FEASIBLE ALTERNATIVES, INCLUDING BUT NOT LIMITED TO
3 COMFORT CARE, HOSPICE CARE, AND PAIN CONTROL.

4 (C) REFER THE PATIENT TO A CONSULTING PHYSICIAN PURSUANT TO
5 SUBSECTION (10).

6 (D) IF APPROPRIATE, REFER THE PATIENT FOR COUNSELING PURSU-
7 ANT TO SUBSECTION (11).

8 (E) REQUEST THAT THE PATIENT NOTIFY HIS OR HER NEXT OF KIN
9 OF THE REQUEST.

10 (F) INFORM THE PATIENT THAT HE OR SHE HAS AN OPPORTUNITY TO
11 RESCIND THE REQUEST AT ANY TIME AND IN ANY MANNER.

12 (G) OFFER THE PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST
13 WHEN THE PATIENT MAKES HIS OR HER SECOND ORAL REQUEST PURSUANT TO
14 SUBSECTION (7).

15 (H) IMMEDIATELY BEFORE WRITING THE PRESCRIPTION, VERIFY THAT
16 THE PATIENT IS MAKING AN INFORMED DECISION.

17 (I) BEFORE WRITING A PRESCRIPTION FOR MEDICATION TO ENABLE
18 THE PATIENT TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED
19 MANNER, ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN
20 ACCORDANCE WITH SUBSECTIONS (5) TO (30).

21 (10) A CONSULTING PHYSICIAN SHALL EXAMINE THE PATIENT AND
22 HIS OR HER RELEVANT MEDICAL RECORDS AND CONFIRM IN WRITING THE
23 ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE PATIENT SUFFERS FROM A
24 TERMINAL DISEASE AND VERIFY THAT THE PATIENT IS CAPABLE, IS
25 ACTING VOLUNTARILY, AND HAS MADE AN INFORMED DECISION.

26 (11) IF IN THE OPINION OF THE ATTENDING OR CONSULTING
27 PHYSICIAN THE PATIENT MAY BE SUFFERING FROM A MENTAL DISORDER OR

1 DEPRESSION THAT CAUSES IMPAIRED JUDGMENT, HE OR SHE SHALL REFER
2 THE PATIENT TO A PSYCHIATRIST OR FULLY LICENSED PSYCHOLOGIST FOR
3 COUNSELING. AN ATTENDING PHYSICIAN SHALL NOT PRESCRIBE MEDICA-
4 TION TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER
5 UNTIL THE PSYCHIATRIST OR PSYCHOLOGIST DETERMINES THAT THE
6 PATIENT IS NOT SUFFERING FROM A MENTAL DISORDER OR DEPRESSION
7 THAT CAUSES IMPAIRED JUDGMENT.

8 (12) A PERSON SHALL NOT RECEIVE A PRESCRIPTION FOR MEDICA-
9 TION TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER
10 UNLESS HE OR SHE HAS MADE AN INFORMED DECISION TO REQUEST THAT
11 MEDICATION.

12 (13) AN ATTENDING PHYSICIAN SHALL NOT DENY A PATIENT'S
13 REQUEST FOR MEDICATION TO END HIS OR HER LIFE IN A HUMANE AND
14 DIGNIFIED MANNER FOR THE REASON THAT THE PATIENT DECLINES OR IS
15 UNABLE TO NOTIFY HIS OR HER NEXT OF KIN OF THE REQUEST.

16 (14) A PATIENT MAY RESCIND HIS OR HER REQUEST AT ANY TIME
17 AND IN ANY MANNER NOTWITHSTANDING HIS OR HER MENTAL STATE. AN
18 ATTENDING PHYSICIAN SHALL NOT WRITE A PRESCRIPTION FOR MEDICATION
19 TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER WITH-
20 OUT OFFERING THE PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST.

21 (15) AT LEAST 15 DAYS SHALL ELAPSE BETWEEN THE PATIENT'S
22 INITIAL ORAL REQUEST AND THE WRITING OF A PRESCRIPTION UNDER THIS
23 SECTION. AT LEAST 48 HOURS SHALL ELAPSE BETWEEN THE PATIENT'S
24 WRITTEN REQUEST AND THE WRITING OF A PRESCRIPTION UNDER THIS
25 SECTION.

26 (16) ALL OF THE FOLLOWING SHALL BE DOCUMENTED OR FILED IN
27 THE PATIENT'S MEDICAL RECORD:

1 (A) ALL ORAL REQUESTS BY THE PATIENT FOR MEDICATION TO END
2 HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER.

3 (B) ALL WRITTEN REQUESTS BY THE PATIENT FOR MEDICATION TO
4 END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER.

5 (C) THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS FOR
6 THE PATIENT AND DETERMINATION THAT THE PATIENT IS CAPABLE, IS
7 ACTING VOLUNTARILY, AND HAS MADE AN INFORMED DECISION.

8 (D) THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS FOR
9 THE PATIENT AND VERIFICATION THAT THE PATIENT IS CAPABLE, IS
10 ACTING VOLUNTARILY, AND HAS MADE AN INFORMED DECISION.

11 (E) A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE
12 DURING COUNSELING IF PERFORMED.

13 (F) THE ATTENDING PHYSICIAN'S OFFER TO THE PATIENT TO
14 RESCIND HIS OR HER REQUEST WHEN THE PATIENT MAKES HIS OR HER
15 SECOND ORAL REQUEST.

16 (G) A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL
17 REQUIREMENTS OF SUBSECTIONS (5) TO (30) HAVE BEEN MET AND THE
18 STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF THE
19 MEDICATION PRESCRIBED.

20 (17) A REQUEST FOR MEDICATION TO END A PATIENT'S LIFE IN A
21 HUMANE AND DIGNIFIED MANNER SHALL BE IN SUBSTANTIALLY THE FOLLOW-
22 ING FORM:

23 "REQUEST FOR MEDICATION
24 TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER
25 I, _____, AM AN ADULT OF SOUND MIND.

1 I AM SUFFERING FROM _____, WHICH MY
2 ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL DISEASE AND
3 WHICH HAS BEEN MEDICALLY CONFIRMED BY A CONSULTING PHYSICIAN.

4 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS AND PROGNOSIS,
5 THE NATURE OF MEDICATION TO BE PRESCRIBED AND POTENTIAL ASSOCI-
6 ATED RISKS, THE EXPECTED RESULT, AND THE FEASIBLE ALTERNATIVES,
7 INCLUDING COMFORT CARE, HOSPICE CARE, AND PAIN CONTROL.

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

10 INITIAL ONE:

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

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

15 _____ I HAVE NO FAMILY TO INFORM OF MY DECISION.

16 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST
17 AT ANY TIME.

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

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

22 SIGNED: _____

23 DATED: _____

24

25

DECLARATION OF WITNESSES

1

2 WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

3 (A) IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
4 IDENTITY.

5 (B) SIGNED THIS REQUEST IN OUR PRESENCE.

6 (C) APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS, FRAUD,
7 OR UNDUE INFLUENCE.

8 (D) IS NOT A PATIENT FOR WHOM EITHER OF US IS ATTENDING
9 PHYSICIAN.

10 _____ WITNESS 1/DATE

11 _____ WITNESS 2/DATE

12 NOTE: ONE WITNESS SHALL NOT BE A RELATIVE (BY BLOOD, MARRIAGE,
13 OR ADOPTION) OF THE PERSON SIGNING THIS REQUEST, SHALL NOT BE
14 ENTITLED TO ANY PORTION OF THE PERSON'S ESTATE UPON DEATH, AND
15 SHALL NOT OWN, OPERATE, OR BE EMPLOYED AT A HEALTH CARE FACILITY
16 WHERE THE PERSON IS A PATIENT OR RESIDENT."

17 (18) A WRITTEN OR ORAL PROVISION IN A CONTRACT, WILL, OR
18 OTHER AGREEMENT THAT AFFECTS WHETHER AN INDIVIDUAL MAY MAKE OR
19 RESCIND A REQUEST FOR MEDICATION TO END HIS OR HER LIFE IN A
20 HUMANE AND DIGNIFIED MANNER IS NOT VALID.

21 (19) AN OBLIGATION UNDER AN EXISTING CONTRACT SHALL NOT BE
22 CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A
23 REQUEST FOR MEDICATION TO END AN INDIVIDUAL'S LIFE IN A HUMANE
24 AND DIGNIFIED MANNER.

25 (20) THE SALE, PROCUREMENT, OR ISSUANCE OF A LIFE, HEALTH,
26 OR ACCIDENT INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR
27 SUCH A POLICY SHALL NOT BE CONDITIONED ON OR AFFECTED BY THE

1 MAKING OR RESCINDING OF A REQUEST FOR MEDICATION TO END AN
2 INDIVIDUAL'S LIFE IN A HUMANE AND DIGNIFIED MANNER. AN
3 INDIVIDUAL'S ACT OF INGESTING MEDICATION OBTAINED PURSUANT TO
4 SUBSECTIONS (5) TO (30) TO END HIS OR HER LIFE IN A HUMANE AND
5 DIGNIFIED MANNER SHALL NOT AFFECT A LIFE, HEALTH, OR ACCIDENT
6 INSURANCE OR ANNUITY POLICY.

7 (21) A PERSON SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL
8 LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING
9 IN GOOD-FAITH COMPLIANCE WITH SUBSECTIONS (5) TO (30). THIS
10 INCLUDES BEING PRESENT WHEN AN INDIVIDUAL TAKES MEDICATION PRE-
11 SCRIBED TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER.

12 (22) A PROFESSIONAL ORGANIZATION OR ASSOCIATION OR HEALTH
13 CARE PROVIDER SHALL NOT SUBJECT A PERSON TO CENSURE, DISCIPLINE,
14 SUSPENSION, LOSS OF LICENSE, LOSS OF PRIVILEGES, LOSS OF MEMBER-
15 SHIP, OR ANY OTHER PENALTY FOR PARTICIPATING OR REFUSING TO PAR-
16 TICIPATE IN GOOD-FAITH COMPLIANCE WITH SUBSECTIONS (5) TO (30).

17 (23) A REQUEST BY A PATIENT OR PRESCRIPTION BY AN ATTENDING
18 PHYSICIAN FOR MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE
19 AND DIGNIFIED MANNER IN COMPLIANCE WITH SUBSECTIONS (5) TO (30)
20 DOES NOT CONSTITUTE NEGLIGENCE FOR ANY PURPOSE OF LAW OR PROVIDE THE
21 SOLE BASIS FOR APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

22 (24) A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY TO PARTIC-
23 IPATE IN THE PROVISION OF MEDICATION TO END A PATIENT'S LIFE IN A
24 HUMANE AND DIGNIFIED MANNER. IF A HEALTH CARE PROVIDER IS UNABLE
25 OR UNWILLING TO CARRY OUT THE PATIENT'S REQUEST AND THE PATIENT
26 TRANSFERS HIS OR HER CARE TO A NEW HEALTH CARE PROVIDER, THE
27 PRIOR HEALTH CARE PROVIDER SHALL TRANSFER UPON REQUEST THE

1 PATIENT'S RELEVANT MEDICAL RECORDS TO THE NEW HEALTH CARE
2 PROVIDER.

3 (25) A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT WILL-
4 FULLY ALTERS OR FORGES A REQUEST FOR MEDICATION UNDER THIS SEC-
5 TION OR DESTROYS A RESCISSION OF A REQUEST WITH THE INTENT OF
6 CAUSING THE PATIENT'S DEATH IS GUILTY OF A FELONY PUNISHABLE BY
7 IMPRISONMENT FOR NOT MORE THAN 4 YEARS OR A FINE OF NOT MORE THAN
8 \$2,000.00, OR BOTH.

9 (26) A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A
10 PATIENT TO REQUEST MEDICATION TO END THE PATIENT'S LIFE OR TO
11 DESTROY OR WITHDRAW A RESCISSION OF SUCH A REQUEST IS GUILTY OF A
12 FELONY PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 4 YEARS OR A
13 FINE OF NOT MORE THAN \$2,000.00, OR BOTH.

14 (27) SUBSECTIONS (5) TO (30) DO NOT LIMIT CIVIL LIABILITY
15 FOR DAMAGES RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL
16 MISCONDUCT BY A PERSON.

17 (28) SUBSECTIONS (5) TO (30) DO NOT PRECLUDE CRIMINAL PENAL-
18 TIES FOR CONDUCT INCONSISTENT WITH THOSE SUBSECTIONS.

19 (29) SUBSECTIONS (5) TO (30) DO NOT AUTHORIZE ANY PERSON TO
20 END A PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING, OR
21 ACTIVE EUTHANASIA.

22 (30) AS USED IN THIS SECTION:

23 (A) "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS PRI-
24 MARY RESPONSIBILITY FOR CARE AND TREATMENT OF A PATIENT.

25 (B) "CAPABLE" MEANS THAT A PATIENT HAS THE ABILITY TO MAKE
26 AND COMMUNICATE HEALTH CARE DECISIONS TO HEALTH CARE PROVIDERS,

1 INCLUDING COMMUNICATION THROUGH INDIVIDUALS FAMILIAR WITH THE
2 PATIENT'S MANNER OF COMMUNICATION.

3 (C) "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALI-
4 FIED BY SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS
5 AND PROGNOSIS REGARDING A PATIENT'S DISEASE.

6 (D) "HEALTH CARE PROVIDER" MEANS A PERSON LICENSED OR AUTHO-
7 RIZED IN THIS STATE TO ADMINISTER HEALTH CARE IN THE ORDINARY
8 COURSE OF BUSINESS OR PRACTICE OF A PROFESSION, INCLUDING A
9 HEALTH CARE FACILITY.

10 (E) "INFORMED DECISION" MEANS A DECISION BY A PATIENT TO
11 REQUEST AND OBTAIN A PRESCRIPTION FOR MEDICATION TO END HIS OR
12 HER LIFE IN A HUMANE AND DIGNIFIED MANNER BASED ON AN APPRECI-
13 TION OF THE RELEVANT FACTS AND AFTER BEING FULLY INFORMED BY THE
14 ATTENDING PHYSICIAN OF ALL OF THE INFORMATION DESCRIBED IN SUB-
15 SECTION (9)(B).

16 (F) "MEDICALLY CONFIRMED" MEANS THE MEDICAL OPINION OF THE
17 ATTENDING PHYSICIAN HAS BEEN CONFIRMED BY A CONSULTING PHYSICIAN
18 WHO HAS EXAMINED THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL
19 RECORDS.

20 (G) "PATIENT" MEANS AN INDIVIDUAL UNDER THE CARE OF A
21 PHYSICIAN.

22 (H) "TERMINAL DISEASE" MEANS AN INCURABLE AND IRREVERSIBLE
23 DISEASE THAT HAS BEEN MEDICALLY CONFIRMED AND WILL IN REASONABLE
24 MEDICAL JUDGMENT RESULT IN DEATH WITHIN 6 MONTHS.

25 Section 2. Section 7 of Act No. 270 of the Public Acts of
26 1992, being section 752.1027 of the Michigan Compiled Laws, is
27 repealed.

1 Section 3. This amendatory act shall not take effect unless
2 submitted to the qualified electors of the state at the general
3 election to be held November 5, 1996, in the same manner as pro-
4 vided by law for proposed amendments to the state constitution of
5 1963, and approved by a majority of the electors voting on the
6 question. If approved by the electors in the manner prescribed
7 in this section, this amendatory act shall take effect January 1,
8 1997.