County _____
Page No. _____

It is a class A misdemeanor punishable, notwithstanding provisions of section 560.021, RSMo, to the contrary, for a term of imprisonment not to exceed one year in the county jail or a fine not to exceed ten thousand dollars or both, for anyone to sign any initiative petition with any name other than his or her own, or knowingly to sign his or her name more than once for the same measure for the same election, or to sign a petition when such person knows he or she is not a registered voter.

INITIATIVE PETITION

To the Honorable Jason Kander, Secretary of State for the state of Missouri:

We, the undersigned, registered voters of the state of Missouri and _____County (or city of St. Louis), respectfully order that the following proposed amendment to the constitution shall be submitted to the voters of the state of Missouri, for their approval or rejection, at the general election to be held on the 6th day of November, 2018, and each for himself or herself says: I have personally signed this petition, I am a registered voter of the state of Missouri and _____ County (or city of St. Louis); my registered voting address and the name of the city, town, or village in which I live are correctly written after my name.

[Official Ballot title]

RECEIVED
JAN 03 2017
MO. SECRETARY OF STATE

CIRCULATOR'S AFFIDAVIT

STATE OF MISSOURI, COUNTY OF _____

I, _____, being first duly sworn, say [print or type names of signers]

NAME (Signature)	DATE SIGNED	REGISTERED VOTING ADDRESS (Number)(Street) (City, town, or village)	ZIP CODE	CONGR. DIST.	NAME (Printed or typed)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

signed this page of the foregoing petition, and each of them signed his or her name thereto in my presence; I believe that each has stated his or her name, registered voting address and city, town, or village correctly, and that each signer is a registered voter in the state of Missouri and _____ County.

FURTHERMORE, I HEARBY SWEAR OR AFFIRM UNDER PENALTY OF PREJURY THAT ALL STATEMENTS MADE BY ME ARE TRUE AND CORRECT AND THAT I HAVE NEVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLED GUILTY TO ANY OFFENSE INVOLVING FORGERY.

I am at least 18 years of age. I do____ do not____ (check one) expect to be paid for circulating this petition.

_____
(Name of payer)

_____
Signature of Affiant (person obtaining signatures)

_____
Printed name of Affiant

_____
Address of Affiant (Street, City, State & Zip Code)

Subscribed and sworn to before me this ____ day of _____, A.D. 201___.

_____
Signature of Notary

_____
Address of Notary (Street, City, State & Zip Code)

My commission expires _____.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF MISSOURI:

The proposed initiative will amend Chapter 191 of Missouri Revised Statutes by adding twenty-two new sections.

These twenty-two sections shall be known and cited as the "Missouri Death with Dignity Act".

Section 1.

In said sections, the following terms shall mean:

(1) "Adult", any individual who is eighteen years of age or older.

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

(3) "Capable", in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

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

(5) "Counseling", one or more consultations as necessary between a state licensed psychiatrist or psychologist and a patient for the purpose of determining that the patient is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

(6) "Health care provider", a person licensed, certified or otherwise authorized or permitted by the law of this state to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

(7) "Informed decision", a decision by a qualified patient, to request and obtain a prescription to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

a. His or her medical diagnosis;

b. His or her prognosis;

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

d. The probable result of taking the medication to be prescribed; and

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

(8) "Medically confirmed", the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records.

(9) "Patient", a person who is under the care of a physician.

(10) "Physician", a doctor of medicine or osteopathy licensed to practice medicine in the state of Missouri

(11) "qualified patient", a capable adult who is a resident of this state and has satisfied the requirements of this initiative in order to obtain a prescription for medication to end his or her life in a humane and dignified manner.

(12) "Terminal disease", an incurable and irreversible disease that has been medically confirmed and shall, within reasonable medical judgment, produce death within six months.

Section 2.

1. An adult who:
   a. Is capable;
   b. Is a residence of this state;
   c. Has been determined by the attending physician and consulting physician to be suffering from a terminal disease; and
   d. Has voluntarily expressed his or her wish to die;

may make a written request for medication for the purpose of ending his or her life in a humane and dignified manner in accordance with this initiative.

2. No person shall qualify under this initiative solely because of age or disability.

Section 3.

1. A valid request for medication under this initiative shall be in substantially the form described in section 20, signed and dated by the patient, and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request.
2. One of the witnesses shall be a person who is not:
   a. A relative of the patient by blood, marriage, or adoption;
   b. A person, who at the time the request is signed, would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or
   c. An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident
3. The patient's attending physician at the time the request is signed shall not be a witness.

If the patient is in a long-term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having the qualifications specified by the department of health and senior services by rule.

Section 4

1. The attending physician shall:
   A. Make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily;
   B. Request that the patient demonstrate Missouri state residency under section 13;
   C. To ensure that the patient is making an informed decision, inform the patient of:
      a. His or her medical diagnosis;
      b. His or her prognosis;
      c. The potential risks associated with taking the medication to be prescribed;
      d. The probable result of taking the medication to be prescribed; and
      e. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control;
   D. Refer the patient to a consulting physician for medical confirmation of the diagnosis and for a determination that the patient is capable and acting voluntarily;
   E. Refer the patient for counseling if appropriate under section 6;
   F. Recommend that the patient notify next of kin;
   G. Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under this legislation and of not taking the medication in a public place;
   H. Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the fifteen-day waiting period under section 9;
   I. Verify, immediately before writing the prescription for medication under this initiative, that the patient is making an informed decision;
   J. Fulfill the medical record documentation requirements of section 12;
   K. Ensure that all appropriate steps are carried out in accordance with this initiative prior to writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and
   L. I. Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, provided that the attending physician is authorized under state law and rule to dispense, has a current drug enforcement administration certificate, and complies with any applicable administrative rule; or
      II. With the patient's written consent:
         a. Contact a pharmacist and inform the pharmacist of the prescription; and
         b. Deliver the written prescription personally, by mail, or facsimile to the pharmacist, who shall dispense the medications to either the patient, the attending physician, or an expressly identified agent of the patient.

2. Notwithstanding any other provision of law, the attending physician may sign the patient's death certificate.

Section 5

Before a patient is qualified under this initiative, a consulting physician shall examine the patient and his or her relevant medical records and confirm in writing the attending physician's diagnosis that the patient is suffering from a terminal disease and verify that the patient is capable, is acting voluntarily, and has made an informed decision.

Section 6

If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. No medication to end a patient's life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

Section 7

No person shall receive a prescription for medication to end his or her life in a humane and dignified manner unless he or she has made an informed decision, as defined in section 1. Immediately prior to writing a prescription for medication under this initiative, the attending physician shall verify that the qualified patient is making an informed decision.

Section 8

The attending physician shall recommend that the patient notify the next of kin of his or her request for medication under this initiative. A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason.

Section 9

In order to receive a prescription for medication to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request and reiterate the oral request to his or her attending physician at least fifteen days after making the initial oral request. At the time the qualified patient makes his or her second oral request, the attending physician shall offer the qualified patient an opportunity to rescind the request.

Section 10

A patient may rescind his or her request at any time and in any manner without regard to his or her mental state. No prescription for medication under this initiative shall be written without the attending physician offering the qualified patient an opportunity to rescind the request.

Section 11

No less than fifteen days shall elapse between the patient's initial oral request and the writing of a prescription under this initiative. No less than forty-eight hours shall elapse between the date of the patient's written request and the writing of a prescription under this initiative.

Section 12

The following shall be documented or filed in the patient's medical record:

(1) All oral requests made by the patient for medication to end his or her life in a humane and dignified manner;

(2) All written requests made by the patient for medication to end his or her life in a humane and dignified manner;

(3) The attending physician's diagnosis and prognosis and determination that the patient is capable, is acting voluntarily, and has made an informed decision;

(4) The consulting physician's diagnosis and prognosis and verification that the patient is capable, is acting voluntarily, and has made an informed decision;

(5) A report of the outcome and determinations made during counseling, if performed;

(6) The attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request under section 9; and

(7) A note by the attending physician indicating that all requirements under this initiative have been met and indicating the steps taken to carry out the request including a notation of the medication prescribed.

Section 13

Only requests made by Missouri residents under this initiative shall be granted. Factors demonstrating Missouri residency include, but are not limited to:

(1) Possession of a Missouri driver's license;

(2) Registration to vote in Missouri;

(3) Evidence that the person owns or leases property in Missouri; or

(4) Filing of a Missouri tax return for the most recent tax year.

Section 14

1. a. The department of health and senior services shall annually review all records maintained under this initiative.
   b. The department of health and senior services shall require any health care provider upon dispensing medication under this initiative to file a copy of the dispensing record with the department.

2. The department of health and senior services shall adopt rules to facilitate the collection of information regarding compliance with this initiative. Except as otherwise required by law, the information collected shall not be a public record and shall not be made available for inspection by the public.

3. The department of health and senior services shall generate and make available to the public an annual statistical report of information collected under subsection 2 of this section.

Section 15

1. No provision in a contract, will, or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a request for medication to end his or her life in a humane and dignified manner, shall be valid.

2. No obligation owing under any currently existing contract shall be conditioned or affected by the making or rescinding of a request by a person for medication to end his or her life in a humane and dignified manner.

Section 16

The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon or affected by the making or rescinding of a request by a person for medication to end his or her life in a humane and dignified manner. A qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner shall not have an effect upon a life, health, or accident insurance or annuity policy.

Section 17

Nothing is this initiative 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. Actions taken in accordance with this initiative shall not for any purpose constitute suicide, assisted suicide, mercy killing, or homicide under the law.

Section 18

1. Except as provided in subsection 2 of this section and section 20:
   a. No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this initiative including being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner;
   b. No professional organization or association or health care provider shall subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this initiative;
   c. No request by a patient for or provision by an attending physician of medication in good faith compliance with this initiative shall constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator; and
   d. No health care provider shall be under any duty, whether by contract, statute, or any other legal requirement to participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under this initiative and the patient transfers his or her care to a new health care provider, the prior health care provider shall, upon request, transfer a copy of the patient's relevant medical records to the new health care provider.

2. (1) Notwithstanding any other provision of law, a health care provider may prohibit another health care provider from participating under the Missouri death with dignity act on the premises of the prohibiting provider if the prohibiting provider has notified the health care provider of the prohibiting provider's policy regarding participation in the Missouri death with dignity act. Nothing in this subdivision shall prevent a health care provider from providing health care services to a patient that do not constitute participation in the Missouri death with dignity act.
   (2) Notwithstanding the provisions of subsection 1 of this section, a health care provider may subject another health care provider to the following sanctions if the sanctioning health care provider has notified the sanctioning provider prior to participation under this initiative that it prohibits participation in the Missouri death with dignity act:
   (a) Loss of privileges, loss of membership, or other sanctions provided under the medical staff bylaws, policies, and procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and participates under the Missouri death with dignity act while on the health care facility premises of the sanctioning health care provider, but not including the private medical office of a physician or other provider;
   (b) Termination of a lease or other property contract or other nonmonetary remedies provided by a lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates under the Missouri death with dignity act while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(c) Termination of a contract or other nonmonetary remedies provided by contract if the sanctioned provider participates under the Missouri death with dignity act while acting in the course and scope of the sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this paragraph shall be construed to prevent:

a. A health care provider from participating under the Missouri death with dignity act while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or

b. A patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(3) A health care provider that imposes sanctions under subdivision (2) of this subsection shall follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.

(4) For the purposes of this subsection, the following terms shall mean:

(a) "Notify", a separate statement in writing to the health care provider specifically informing the health care provider before the provider's participation under the Missouri death with dignity act of the sanctioning health care provider's policy about participation in activities covered by the Missouri death with dignity act;

(b) "Participate under the Missouri death with dignity act", to perform the duties of an attending physician under section 5, the consulting physician function under section 5, or the counseling function under section 6. Participate under the Missouri death with dignity act does not include:

a. Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

b. Providing information about the Missouri death with dignity act to a patient upon the request of the patient;

c. Providing a patient, upon the request of the patient, with a referral to another physician; or

d. A patient contracting with his or her attending physician and consulting physician to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

3. Suspension or termination of staff membership or privileges under subsection 2 of this section is not reportable to the department or state board of registration for the healing arts. Action taken under sections 3 to 6 shall not be the sole basis for a report of unprofessional conduct.

4. No provision of this initiative shall be construed to allow a lower standard of care for patients in the community where the patient is treated or a similar community.

Section 19

1. A person, who without authorization of the patient, willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death is guilty of a class A felony.

2. A person who coerces or exerts undue influence on a patient to request medication to end the patient's life or to destroy a rescission of a request is guilty of a class A felony.

3. Nothing in this initiative shall limit further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.

4. The penalties in this initiative do not preclude criminal penalties applicable under other law for conduct that is inconsistent with this initiative.

Section 20

Any governmental entity that incurs costs resulting from a person terminating his or her life under this initiative in a public place has a claim against the estate of the person to recover such costs and reasonable attorneys' fees related to enforcing the claim.

Section 21

A request for a medication as authorized by this initiative shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE

IN A HUMANE AND DIGNIFIED MANNER

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

I am suffering from ....., which my attending physician has determined is a terminal disease and which has been medically confirmed by a consulting physician. I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible

alternatives, including comfort care, hospice care, and pain control. I request that my attending physician prescribe medication that will end my life in a humane and dignified manner.

INITIAL ONE:

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

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

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

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

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

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

Signed: .....

Dated: .....

DECLARATION OF WITNESSES

We declare that the person making and signing the above request:

(1) Is personally known to us or has provided proof of identity;

(2) Signed this request in our presence on the date of the person's signature;

(3) Appears to be of sound mind and not under duress, fraud, or undue influence;

and

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

..... Witness 1/Date

..... Witness 2/Date

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

Section 22

1. Any person who, without authorization of the principal, willfully alters, forges, conceals, or destroys an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests with the intent and effect of causing a withholding or withdrawal of life-sustaining procedures or of artificially administered nutrition and hydration which hastens the death of the principal is guilty of a class A felony.

2. Except as provided in subsection 1 of this section, any person who, without authorization of the principal, willfully alters, forges, conceals, or destroys an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests with the intent and effect of affecting a health care decision is guilty of a class A misdemeanor.