J1, E1, J2 5lr1204 CF SB 676

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Introduced and read first time: February 13, 2015

Assigned to: Health and Government Operations and Judiciary

A BILL ENTITLED

1 AN ACT concerning

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Richard E. Israel and Roger "Pip" Moyer Death with Dignity Act

FOR the purpose of authorizing a qualified patient to request aid in dying by making certain requests; prohibiting an individual from requesting aid in dying on behalf of a patient; requiring a written request for aid in dying to meet certain requirements; establishing certain requirements for witnesses to a written request for aid in dying; requiring a written request for aid in dying to be in a certain form; requiring an attending physician who receives a written request for aid in dying to make a certain determination and to accept certain documents or certain knowledge as proof of certain residency; requiring an attending physician to provide certain information to a patient for a certain purpose and to refer a patient to a consulting physician, under certain circumstances; requiring a consulting physician to fulfill certain duties; requiring an attending physician or a consulting physician to refer a patient to a certain individual for a competency evaluation, under certain circumstances; prohibiting an attending physician from providing a patient with medication for aid in dying until a certain individual providing the competency evaluation makes a certain determination and communicates the determination to certain individuals in a certain manner; requiring an attending physician to take certain actions, under certain circumstances; requiring a pharmacist to dispense medication for aid in dying, under certain circumstances; authorizing an attending physician to sign a qualified patient's death certificate, under certain circumstances; requiring the qualified patient's death certificate to list a certain cause of death; requiring an attending physician to ensure that the medical record of a qualified patient documents or contains certain information; providing that certain records or information are not subject to subpoena or discovery and may not be introduced into evidence in certain proceedings, except for a certain purpose; requiring a certain



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individual to dispose of certain medication in a lawful manner; providing that the death of a patient by reason of self-administration of certain medication shall be deemed to be a death from certain natural causes, for certain purposes; making void a certain provision of certain legal instruments; prohibiting a certain provision of law enacted by this Act from being construed to prohibit a certain cause of action; providing that this Act does not authorize certain individuals to end a patient's life by certain means; providing that actions taken in accordance with this Act do not constitute certain actions; making certain provisions in an insurance policy or certain other agreements issued on or after a certain date invalid; prohibiting certain obligations existing on a certain date or certain actions taken in relation to certain insurance policies from being conditioned on or affected by the making or rescinding of a request for aid in dying; prohibiting a qualified patient's act of self-administering medication for aid in dying from having certain effects under certain insurance policies; prohibiting a person from being subject to certain liability or certain action for participating in good faith compliance with this Act; prohibiting certain persons or entities from subjecting a person to certain actions for participating or refusing to participate in good faith compliance with this Act; providing that a patient's request for aid in dying or an attending physician's prescription of medication in good faith compliance with this Act does not constitute neglect or provide the sole basis for an appointment of a guardian or conservator; authorizing a health care provider to prohibit another health care provider from participating in aid in dying on certain premises, under certain circumstances; authorizing a health care provider to subject another health care provider to certain sanctions, under certain circumstances; providing that certain authorization does not prohibit a health care provider from participating in aid in dying, under certain circumstances, or prohibit a patient from contracting with a certain physician for a certain purpose; providing that participation by a health care provider in aid in dying is voluntary; prohibiting a health care facility from requiring certain physicians to participate in aid in dying; requiring an attending physician to provide certain information to a patient and transfer a copy of certain medical records, under certain circumstances; authorizing a health care facility to adopt certain policies; establishing certain penalties for certain violations; providing that certain provisions of this Act do not limit certain liability; providing that certain penalties do not preclude certain penalties applicable under other law for certain conduct; establishing that a licensed health care professional does not violate the statutory prohibition on assisted suicide by taking certain actions in accordance with this Act; defining certain terms; and generally relating to aid in dying.

- BY repealing and reenacting, without amendments,
- 39 Article Criminal Law
- 40 Section 3–102
- 41 Annotated Code of Maryland
- 42 (2012 Replacement Volume and 2014 Supplement)
- 43 BY repealing and reenacting, with amendments.
- 44 Article Criminal Law
- 45 Section 3–103

$\frac{1}{2}$	Annotated Code of Maryland (2012 Replacement Volume and 2014 Supplement)
3 4 5 6 7 8	BY adding to Article – Health – General Section 5–6A–01 through 5–6A–16 to be under the new subtitle "Subtitle 6A. The Richard E. Israel and Roger "Pip" Moyer Death with Dignity Act" Annotated Code of Maryland (2009 Replacement Volume and 2014 Supplement)
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
11	Article - Criminal Law
12	3–102.
13 14	With the purpose of assisting another individual to commit or attempt to commit suicide, an individual may not:
15 16	(1) by coercion, duress, or deception, knowingly cause another individual to commit suicide or attempt to commit suicide;
17 18 19	(2) knowingly provide the physical means by which another individual commits or attempts to commit suicide with knowledge of that individual's intent to use the physical means to commit suicide; or
20 21	(3) knowingly participate in a physical act by which another individual commits or attempts to commit suicide.
22	3–103.
23 24 25 26 27 28	(a) A licensed health care professional does not violate § 3–102 of this subtitle by administering or prescribing a procedure or administering, prescribing, or dispensing a medication to relieve pain, even if the medication or procedure may hasten death or increase the risk of death, unless the licensed health care professional knowingly administers or prescribes the procedure or administers, prescribes, or dispenses the medication to cause death.
29 30	(b) A licensed health care professional does not violate § 3–102 of this subtitle by withholding or withdrawing a medically administered life–sustaining procedure:
31 32	(1) in compliance with Title 5, Subtitle 6 of the Health – General Article; or
33	(2) in accordance with reasonable medical practice.

- A LICENSED HEALTH CARE PROFESSIONAL DOES NOT VIOLATE § 3–102 1 2 OF THIS SUBTITLE BY TAKING ANY ACTION IN ACCORDANCE WITH TITLE 5, 3 SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.
- 4 [(c)] **(D)** Unless the family member knowingly administers a procedure or (1) 5 administers or dispenses a medication to cause death, a family member does not violate §
- 6 3–102 of this subtitle if the family member:
- 7 (i) is a caregiver for a patient enrolled in a licensed hospice program; and 8
- 9 administers the procedure or administers or dispenses the (ii) medication to relieve pain under the supervision of a health care professional. 10
- 11 **(2)** Paragraph (1) of this subsection applies even if the medication or procedure hastens death or increases the risk of death. 12

13 Article - Health - General

- 14 SUBTITLE 6A. THE RICHARD E. ISRAEL AND ROGER "PIP" MOYER DEATH WITH DIGNITY ACT. 15
- 5-6A-01.16
- 17 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 18 INDICATED.
- 19 "AID IN DYING" MEANS THE MEDICAL PRACTICE OF A PHYSICIAN (B) 20 PRESCRIBING MEDICATION TO A QUALIFIED PATIENT THAT THE QUALIFIED
- 21PATIENT MAY SELF-ADMINISTER TO BRING ABOUT THE QUALIFIED PATIENT'S
- 22 DEATH.
- "ATTENDING PHYSICIAN" MEANS THE LICENSED PHYSICIAN WHO HAS 23 24PRIMARY RESPONSIBILITY FOR THE MEDICAL CARE OF A PATIENT.
- "COMPETENCY EVALUATION" MEANS ONE OR MORE CONSULTATIONS AS 25
- NECESSARY BETWEEN A LICENSED MENTAL HEALTH PROFESSIONAL AND A PATIENT 26
- 27 FOR THE PURPOSE OF DETERMINING WHETHER THE PATIENT IS COMPETENT AND
- 28 NOT SUFFERING FROM A DISORDER THAT CAUSES IMPAIRED JUDGMENT.
- "COMPETENT" MEANS A PATIENT'S CAPACITY TO: 29 **(E)**
- 30 **(1)** UNDERSTAND AND **ACKNOWLEDGE** THE **NATURE AND**
- 31 CONSEQUENCES OF HEALTH CARE DECISIONS, INCLUDING THE BENEFITS AND
- 32 **DISADVANTAGES OF TREATMENT;**

1	(2) MAKE AN INFORMED DECISION;
2 3 4	(3) COMMUNICATE THE INFORMED DECISION TO A HEALTH CARE PROVIDER, INCLUDING COMMUNICATING THROUGH AN INDIVIDUAL FAMILIAR WITH THE PATIENT'S MANNER OF COMMUNICATING; AND
5	(4) SELF-ADMINISTER MEDICATION.
6 7 8	(F) "CONSULTING PHYSICIAN" MEANS A LICENSED PHYSICIAN WHO IS QUALIFIED BY SPECIALTY OR EXPERIENCE TO CONFIRM A PROFESSIONAL DIAGNOSIS AND PROGNOSIS REGARDING A PATIENT'S TERMINAL ILLNESS.
9	(G) "HEALTH CARE FACILITY" MEANS:
10	(1) A HOSPITAL, AS DEFINED IN § 19–301 OF THIS ARTICLE;
11	(2) A HOSPICE FACILITY, AS DEFINED IN § 19–901 OF THIS ARTICLE;
12 13	(3) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19–1801 OF THIS ARTICLE; OR
14	(4) A NURSING HOME, AS DEFINED IN § 19–1401 OF THIS ARTICLE.
15	(H) "HEALTH CARE PROVIDER" MEANS:
16 17 18	(1) AN INDIVIDUAL LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION; OR
19	(2) A HEALTH CARE FACILITY.
20	(I) "INFORMED DECISION" MEANS A DECISION BY A PATIENT THAT IS:
21 22	(1) BASED ON AN UNDERSTANDING AND ACKNOWLEDGMENT OF THE RELEVANT FACTS; AND
23 24	(2) Made after receiving the information required under § $5-6A-04({\rm C})$ of this subtitle.
25	(J) "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A LICENSED

PSYCHIATRIST OR A LICENSED PSYCHOLOGIST.

- 1 (K) "LICENSED PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED TO 2 PRACTICE MEDICINE IN THE STATE.
- 3 (L) "LICENSED PSYCHIATRIST" MEANS A PSYCHIATRIST WHO IS LICENSED 4 TO PRACTICE MEDICINE IN THE STATE.
- 5 (M) "LICENSED PSYCHOLOGIST" MEANS A PSYCHOLOGIST WHO IS LICENSED 6 TO PRACTICE PSYCHOLOGY IN THE STATE.
- 7 (N) "PALLIATIVE CARE" MEANS HEALTH CARE CENTERED ON A 8 TERMINALLY ILL PATIENT AND THE PATIENT'S FAMILY THAT:
- 9 (1) OPTIMIZES THE PATIENT'S QUALITY OF LIFE BY ANTICIPATING, 10 PREVENTING, AND TREATING THE PATIENT'S SUFFERING THROUGHOUT THE 11 CONTINUUM OF THE PATIENT'S TERMINAL ILLNESS;
- 12 **(2)** ADDRESSES THE PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL 13 NEEDS OF THE PATIENT;
- 14 (3) FACILITATES PATIENT AUTONOMY, THE PATIENT'S ACCESS TO 15 INFORMATION AND PATIENT CHOICE; AND
- 16 (4) INCLUDES DISCUSSIONS BETWEEN THE PATIENT AND A HEALTH
 17 CARE PROVIDER CONCERNING THE PATIENT'S GOALS FOR TREATMENT AND
 18 APPROPRIATE TREATMENT OPTIONS AVAILABLE TO THE PATIENT, INCLUDING
 19 HOSPICE CARE AND COMPREHENSIVE PAIN AND SYMPTOM MANAGEMENT.
- 20 (O) "PATIENT" MEANS AN INDIVIDUAL WHO IS UNDER THE CARE OF A 21 PHYSICIAN.
- 22 (P) "PHARMACIST" MEANS A PHARMACIST WHO IS LICENSED TO PRACTICE 23 PHARMACY IN THE STATE.
- (Q) "QUALIFIED PATIENT" MEANS A PATIENT WHO:
- 25 **(1)** IS AN ADULT;
- 26 **(2)** IS COMPETENT;
- 27 (3) IS A RESIDENT OF THE STATE; AND
- 28 (4) HAS A TERMINAL ILLNESS.

1	(R)	"RELATIVE" MEANS:
2		(1) A SPOUSE;
3		(2) A CHILD;
4		(3) A GRANDCHILD;
5		(4) A SIBLING;
6		(5) A PARENT; OR
7		(6) A GRANDPARENT.
8	` ,	"Self-administer" means a qualified patient's act of taking on prescribed under § $5-6A-07(A)$ of this subtitle.
10 11 12		"TERMINAL ILLNESS" MEANS A MEDICAL CONDITION THAT, WITHIN LE MEDICAL JUDGMENT, INVOLVES A PROGNOSIS FOR A PATIENT THAT LL RESULT IN THE PATIENT'S DEATH WITHIN 6 MONTHS.
13	(U)	"WRITTEN REQUEST" MEANS A WRITTEN REQUEST FOR AID IN DYING.
14	5-6A-02.	
15	(A)	A QUALIFIED PATIENT MAY REQUEST AID IN DYING BY:
16 17	ATTENDIN	(1) MAKING AN INITIAL ORAL REQUEST TO THE PATIENT'S G PHYSICIAN;
18 19 20		(2) AFTER MAKING AN INITIAL ORAL REQUEST, MAKING A WRITTEN TO THE PATIENT'S ATTENDING PHYSICIAN, IN ACCORDANCE WITH § F THIS SUBTITLE; AND
21 22	PHYSICIAN	(3) MAKING A SECOND ORAL REQUEST TO THE PATIENT'S ATTENDING 1, AT LEAST:
23		(I) 15 DAYS AFTER MAKING THE INITIAL ORAL REQUEST; AND
24		(II) 48 HOURS AFTER MAKING THE WRITTEN REQUEST.
25 26	(B) INDIVIDUA	NOTWITHSTANDING ANY OTHER PROVISION OF LAW, NO OTHER L, INCLUDING AN AGENT UNDER AN ADVANCE DIRECTIVE, AN

- 1 ATTORNEY-IN-FACT UNDER A DURABLE POWER OF ATTORNEY, A GUARDIAN, OR A
- 2 CONSERVATOR, MAY REQUEST AID IN DYING ON BEHALF OF A PATIENT.
- 3 **5-6A-03**.
- 4 (A) A WRITTEN REQUEST FOR AID IN DYING REQUIRED UNDER § 5 5-6A-02(A)(2) OF THIS SECTION SHALL BE:
- 6 (1) IN SUBSTANTIALLY THE SAME FORM SET FORTH IN SUBSECTION 7 (C) OF THIS SECTION;
- 8 (2) SIGNED AND DATED BY THE PATIENT; AND
- 9 (3) WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE
- 10 PRESENCE OF THE PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND
- 11 BELIEF THE PATIENT IS:
- 12 (I) OF SOUND MIND; AND
- 13 (II) ACTING VOLUNTARILY AND NOT BEING COERCED TO SIGN
- 14 THE WRITTEN REQUEST.
- 15 (B) (1) ONLY ONE OF THE WITNESSES UNDER SUBSECTION (A)(3) OF THIS
- 16 SECTION MAY BE:
- 17 (I) A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE, OR
- 18 ADOPTION;
- 19 (II) AT THE TIME THE WRITTEN REQUEST IS SIGNED BY THE
- 20 PATIENT, ENTITLED TO ANY BENEFIT ON THE PATIENT'S DEATH; OR
- 21 (III) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE
- 22 FACILITY IN WHICH THE PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A
- 23 RESIDENT.
- 24 (2) (I) 1. SUBJECT TO SUBPARAGRAPH (II) OF THIS
- 25 PARAGRAPH, IF A PATIENT IS AN INPATIENT OR A RESIDENT OF A HEALTH CARE
- 26 FACILITY AT THE TIME THE WRITTEN REQUEST TO THE PATIENT'S ATTENDING
- 27 PHYSICIAN IS SIGNED, ONE OF THE WITNESSES SHALL BE AN INDIVIDUAL
- 28 DESIGNATED BY THE HEALTH CARE FACILITY; AND

1 2 3	2. AT LEAST 48 HOURS BEFORE SIGNING THE WRITTEN REQUEST TO THE PATIENT'S ATTENDING PHYSICIAN, THE PATIENT SHALL SUBMIT A WRITTEN REQUEST TO THE HEALTH CARE FACILITY TO DESIGNATE A WITNESS.
4 5 6 7	(II) IF A HEALTH CARE FACILITY FAILS TO DESIGNATE A WITNESS WITHIN 48 HOURS AFTER RECEIVING A WRITTEN REQUEST FROM A PATIENT TO DESIGNATE A WITNESS, NO WITNESS IS REQUIRED TO BE AN INDIVIDUAL DESIGNATED BY THE HEALTH CARE FACILITY.
8	(3) THE PATIENT'S ATTENDING PHYSICIAN MAY NOT BE A WITNESS.
9 10	
11	MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING
12	BY: DATE OF BIRTH:
13	(PRINT NAME) (MONTH/DAY/YEAR)
114 115 116 117 118 119 220 221 222 223 224 225 226	I,
27 28 29 30 31	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 IF AND WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I FURTHER UNDERSTAND THAT,

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- ALTHOUGH MOST DEATHS OCCUR WITHIN 3 HOURS, MY DEATH MAY TAKE LONGER, 1 AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY. 3 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I ACCEPT FULL RESPONSIBILITY FOR MY DECISION TO REQUEST AID IN DYING. SIGNED: DATED: 5 **DECLARATION OF WITNESSES** I UNDERSTAND THAT, UNDER MARYLAND LAW, A WITNESS TO A REQUEST FOR 7 MEDICATION FOR AID IN DYING MAY NOT BE THE PATIENT'S ATTENDING PHYSICIAN. 8 FURTHER, ONLY ONE OF THE WITNESSES MAY BE: 9 10 1. A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE, OR ADOPTION; 11 AT THE TIME THE WRITTEN REQUEST IS SIGNED BY THE PATIENT, ENTITLED TO ANY BENEFIT ON THE PATIENT'S DEATH; OR 12 AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE FACILITY IN 13 3. WHICH THE PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT. 14 15 BY SIGNING BELOW ON THE DATE THE PERSON NAMED ABOVE SIGNS, I DECLARE 16 THAT: (CHECK ONE) 17 18 I AM: I AM NOT: 19 1. A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE, OR ADOPTION; 20 21AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY BENEFIT ON
- 3. AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE FACILITY AT
- 24 WHICH THE PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT; AND
- 25 THE PERSON MAKING AND SIGNING THE ABOVE REQUEST:

THE PATIENT'S DEATH; OR

1. IS PERSONALLY KNOWN TO ME OR HAS PROVIDED PROOF OF IDENTITY;

1 2. SIGNED THIS REQUEST IN MY PRESENCE ON THE DATE OF THE PERSON'S 2 SIGNATURE; 3 3. APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS, FRAUD, OR 4 **UNDUE INFLUENCE; AND** 4. IS NOT A PATIENT FOR WHOM I AM THE ATTENDING PHYSICIAN. 5 PRINTED NAME OF WITNESS 1 SIGNATURE OF WITNESS 1 DATE PRINTED NAME OF WITNESS 2 8 SIGNATURE OF WITNESS 2 ______ DATE 9 10 5-6A-04.(A) (1) WHEN AN ATTENDING PHYSICIAN IS PRESENTED WITH A 11 PATIENT'S WRITTEN REQUEST, THE ATTENDING PHYSICIAN SHALL DETERMINE 12 WHETHER THE PATIENT: 13 14 **(I)** IS A QUALIFIED PATIENT; (II) HAS MADE AN INFORMED DECISION; AND 15 16 (III) HAS VOLUNTARILY REQUESTED AID IN DYING. 17 A PATIENT IS NOT A QUALIFIED PATIENT SOLELY DUE TO AGE, 18 DISABILITY, OR A SPECIFIC ILLNESS. FOR PURPOSES OF DETERMINING THAT A PATIENT IS A QUALIFIED 19 PATIENT, AN ATTENDING PHYSICIAN SHALL ACCEPT AS PROOF OF THE PATIENT'S 20 RESIDENCY IN THE STATE: 21 22POSSESSION OF A VALID MARYLAND DRIVER'S LICENSE OR IDENTIFICATION CARD ISSUED BY THE MOTOR VEHICLE ADMINISTRATION; 2324**(2)** REGISTRATION TO VOTE IN THE STATE; 25**(3)** EVIDENCE OF OWNING OR LEASING PROPERTY IN THE STATE; (4) A COPY OF A MARYLAND RESIDENT TAX RETURN FOR THE MOST 2627RECENT TAX YEAR; OR

- 1 (5) BASED ON THE PATIENT'S TREATMENT HISTORY AND MEDICAL
- 2 RECORDS, THE ATTENDING PHYSICIAN'S PERSONAL KNOWLEDGE OF THE PATIENT'S
- 3 RESIDENCY IN THE STATE.
- 4 (C) AN ATTENDING PHYSICIAN SHALL ENSURE A PATIENT MAKES AN 5 INFORMED DECISION BY INFORMING THE PATIENT OF:
- 6 (1) THE PATIENT'S MEDICAL DIAGNOSIS;
- 7 (2) THE PATIENT'S PROGNOSIS;
- 8 (3) THE POTENTIAL RISKS ASSOCIATED WITH SELF-ADMINISTERING
- 9 THE MEDICATION TO BE PRESCRIBED FOR AID IN DYING;
- 10 (4) THE PROBABLE RESULT OF SELF-ADMINISTERING THE
- 11 MEDICATION TO BE PRESCRIBED FOR AID IN DYING; AND
- 12 (5) ANY FEASIBLE ALTERNATIVES AND HEALTH CARE TREATMENT
- 13 OPTIONS, INCLUDING PALLIATIVE CARE AND HOSPICE.
- 14 (D) SUBJECT TO § 5-6A-06 OF THIS SUBTITLE, IF THE ATTENDING
- 15 PHYSICIAN DETERMINES THAT A PATIENT IS A QUALIFIED PATIENT, HAS MADE AN
- 16 INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING, THE
- 17 ATTENDING PHYSICIAN SHALL REFER THE PATIENT TO A CONSULTING PHYSICIAN
- 18 TO CARRY OUT THE DUTIES REQUIRED UNDER § 5-6A-05 OF THIS SUBTITLE.
- 19 **5–6A–05.**
- A CONSULTING PHYSICIAN TO WHOM A PATIENT HAS BEEN REFERRED UNDER
- 5-6A-04(D) OF THIS SUBTITLE SHALL:
- 22 (1) EXAMINE THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL
- 23 **RECORDS**:
- 24 (2) CONFIRM THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE
- 25 PATIENT HAS A TERMINAL ILLNESS;
- 26 (3) IF REQUIRED UNDER § 5–6A–06 OF THIS SUBTITLE, REFER THE
- 27 PATIENT FOR A COMPETENCY EVALUATION:
- 28 (4) VERIFY THAT THE PATIENT IS A QUALIFIED PATIENT, HAS MADE
- 29 AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING; AND

- 1 (5) DOCUMENT THE FULFILLMENT OF THE CONSULTING PHYSICIAN'S 2 DUTIES UNDER THIS SECTION IN WRITING.
- 2 DOTTED ONDER THIS SECTION IN WRITE
- 3 **5–6A–06**.
- 4 (A) IF, IN THE MEDICAL OPINION OF THE ATTENDING PHYSICIAN OR THE
- 5 CONSULTING PHYSICIAN, A PATIENT MAY BE SUFFERING FROM A CONDITION THAT
- 6 IS CAUSING IMPAIRED JUDGMENT OR IS OTHERWISE NOT COMPETENT, THE
- 7 ATTENDING PHYSICIAN OR THE CONSULTING PHYSICIAN SHALL REFER THE
- 8 PATIENT TO A LICENSED MENTAL HEALTH PROFESSIONAL FOR A COMPETENCY
- 9 EVALUATION.
- 10 (B) AN ATTENDING PHYSICIAN MAY NOT PROVIDE THE PATIENT
- 11 MEDICATION FOR AID IN DYING UNTIL THE LICENSED MENTAL HEALTH
- 12 PROFESSIONAL PROVIDING THE COMPETENCY EVALUATION:
- 13 (1) DETERMINES THAT THE PATIENT IS COMPETENT AND IS NOT
- 14 SUFFERING FROM A CONDITION THAT IS CAUSING IMPAIRED JUDGMENT; AND
- 15 (2) COMMUNICATES THIS DETERMINATION TO THE ATTENDING
- 16 PHYSICIAN AND THE CONSULTING PHYSICIAN IN WRITING.
- 17 **5–6A–07.**
- 18 (A) AFTER THE ATTENDING PHYSICIAN AND THE CONSULTING PHYSICIAN
- 19 HAVE FULFILLED THE REQUIREMENTS IN §§ 5-6A-04 AND 5-6A-05 OF THIS
- 20 SUBTITLE, AND AFTER THE QUALIFIED PATIENT SUBMITS A SECOND ORAL REQUEST
- 21 FOR AID IN DYING, AS REQUIRED IN § 5-6A-02 OF THIS SUBTITLE, THE ATTENDING
- 22 PHYSICIAN SHALL:
- 23 (1) Inform the qualified patient that it is the decision of
- 24 THE QUALIFIED PATIENT AS TO WHETHER AND WHEN TO SELF-ADMINISTER THE
- 25 MEDICATION PRESCRIBED FOR AID IN DYING;
- 26 (2) (I) Inform the qualified patient that the qualified
- 27 PATIENT MAY WISH TO NOTIFY NEXT OF KIN OF THE REQUEST FOR AID IN DYING;
- 28 AND
- 29 (II) INFORM THE QUALIFIED PATIENT THAT A FAILURE TO
- 30 NOTIFY NEXT OF KIN IS NOT A BASIS FOR DENIAL OF THE REQUEST FOR AID IN
- 31 **DYING**;

1	(3) COUNSEL THE QUALIFIED PATIENT CONCERNING THE
2	IMPORTANCE OF:
3	(I) HAVING ANOTHER INDIVIDUAL PRESENT WHEN THE
$\frac{4}{5}$	QUALIFIED PATIENT SELF-ADMINISTERS THE MEDICATION PRESCRIBED FOR AID IN DYING; AND
6	(II) NOT TAKING THE MEDICATION IN A PUBLIC PLACE;
7	(4) INFORM THE QUALIFIED PATIENT THAT THE QUALIFIED PATIENT
8	MAY RESCIND THE REQUEST FOR AID IN DYING AT ANY TIME AND IN ANY MANNER;
9	(5) VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR
10 11	MEDICATION FOR AID IN DYING, THAT THE QUALIFIED PATIENT IS MAKING AN INFORMED DECISION;
12 13	(6) FULFILL THE DOCUMENTATION REQUIREMENTS ESTABLISHED UNDER § 5–6A–08 OF THIS SUBTITLE; AND
14	(7) (I) IF THE ATTENDING PHYSICIAN HOLDS A DISPENSING
15 16	PERMIT FROM THE STATE BOARD OF PHYSICIANS AND WISHES TO DISPENSE THE MEDICATION, DISPENSE TO THE PATIENT:
17 18	1. THE PRESCRIBED MEDICATION FOR AID IN DYING; AND
19 20	2. ANY ANCILLARY MEDICATIONS NEEDED TO MINIMIZE THE PATIENT'S DISCOMFORT; OR
21	(II) IF THE ATTENDING PHYSICIAN DOES NOT HOLD A
2223	DISPENSING PERMIT, OR DOES NOT WISH TO DISPENSE THE MEDICATION FOR AID IN
24 24	DYING, AND THE PATIENT REQUESTS AND PROVIDES WRITTEN CONSENT FOR THE MEDICATION FOR AID IN DYING TO BE DISPENSED BY A PHARMACIST:
25	1. CONTACT A PHARMACIST;
26	2. Inform the pharmacist of the prescription
27	FOR MEDICATION FOR AID IN DYING; AND
28	3. Submit the prescription for medication for

AID IN DYING TO THE PHARMACIST BY ANY MEANS AUTHORIZED BY LAW.

- 1 (B) A PHARMACIST WHO HAS BEEN CONTACTED AND INFORMED BY AN
- $2\,$ $\,$ ATTENDING PHYSICIAN AND TO WHOM AN ATTENDING PHYSICIAN HAS SUBMITTED A
- 3 PRESCRIPTION FOR MEDICATION FOR AID IN DYING IN ACCORDANCE WITH THE
- 4 REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION, SHALL DISPENSE THE
- 5 MEDICATION FOR AID IN DYING AND ANY ANCILLARY MEDICATION TO THE
- 6 QUALIFIED PATIENT, THE ATTENDING PHYSICIAN, OR AN EXPRESSLY-IDENTIFIED
- 7 AGENT OF THE QUALIFIED PATIENT.
- 8 (C) IF THE QUALIFIED PATIENT SELF-ADMINISTERS MEDICATION FOR AID
- 9 IN DYING AND DIES:
- 10 (1) THE ATTENDING PHYSICIAN MAY SIGN THE QUALIFIED PATIENT'S
- 11 DEATH CERTIFICATE; AND
- 12 (2) THE QUALIFIED PATIENT'S DEATH CERTIFICATE SHALL LIST THE
- 13 UNDERLYING TERMINAL ILLNESS AS THE CAUSE OF DEATH.
- 14 **5-6A-08.**
- WITH RESPECT TO A REQUEST BY A QUALIFIED PATIENT FOR AID IN DYING,
- 16 THE ATTENDING PHYSICIAN SHALL ENSURE THAT THE MEDICAL RECORD OF THE
- 17 QUALIFIED PATIENT DOCUMENTS OR CONTAINS:
- 18 (1) THE BASIS FOR DETERMINING THAT THE QUALIFIED PATIENT IS
- 19 AN ADULT AND A RESIDENT OF THE STATE;
- 20 (2) ALL ORAL AND WRITTEN REQUESTS BY THE QUALIFIED PATIENT
- 21 FOR MEDICATION FOR AID IN DYING;
- 22 (3) THE ATTENDING PHYSICIAN'S:
- 23 (I) DIAGNOSIS OF THE QUALIFIED PATIENT'S TERMINAL
- 24 ILLNESS AND PROGNOSIS; AND
- 25 (II) DETERMINATION THAT THE QUALIFIED PATIENT IS
- 26 COMPETENT, HAS MADE AN INFORMED DECISION, AND HAS VOLUNTARILY
- 27 REQUESTED AID IN DYING;
- 28 (4) DOCUMENTATION THAT THE CONSULTING PHYSICIAN HAS
- 29 FULFILLED THE PHYSICIAN'S DUTIES UNDER § 5–6A–05 OF THIS SUBTITLE;
- 30 (5) A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE
- 31 DURING THE COMPETENCY EVALUATION, IF:

- 1 (I) THE QUALIFIED PATIENT WAS REFERRED FOR A 2 COMPETENCY EVALUATION IN ACCORDANCE WITH § 5–6A–06 OF THIS SUBTITLE;
- 3 **AND**
- 4 (II) THE COMPETENCY EVALUATION WAS PROVIDED;
- 5 (6) DOCUMENTATION OF THE ATTENDING PHYSICIAN'S OFFER TO
- 6 THE QUALIFIED PATIENT TO RESCIND THE QUALIFIED PATIENT'S REQUEST FOR
- 7 MEDICATION FOR AID IN DYING AT THE TIME THE ATTENDING PHYSICIAN WROTE
- 8 THE PRESCRIPTION FOR THE MEDICATION FOR THE QUALIFIED PATIENT; AND
- 9 (7) A STATEMENT BY THE ATTENDING PHYSICIAN:
- 10 (I) INDICATING THAT ALL REQUIREMENTS FOR AID IN DYING
- 11 UNDER THIS SUBTITLE HAVE BEEN MET; AND
- 12 (II) SPECIFYING THE STEPS TAKEN TO CARRY OUT THE
- 13 QUALIFIED PATIENT'S REQUEST FOR AID IN DYING, INCLUDING THE MEDICATION
- 14 PRESCRIBED FOR AID IN DYING.
- 15 **5-6A-09**.
- 16 RECORDS OR INFORMATION COLLECTED OR MAINTAINED UNDER THIS
- 17 SUBTITLE ARE NOT SUBJECT TO SUBPOENA OR DISCOVERY AND MAY NOT BE
- 18 INTRODUCED INTO EVIDENCE IN ANY JUDICIAL OR ADMINISTRATIVE PROCEEDING,
- 19 EXCEPT TO RESOLVE MATTERS CONCERNING COMPLIANCE WITH THIS SUBTITLE OR
- 20 AS OTHERWISE SPECIFICALLY PROVIDED BY LAW.
- 21 **5-6A-10.**
- AN INDIVIDUAL WHO, AFTER A PATIENT'S DEATH, IS IN POSSESSION OF
- 23 MEDICATION PRESCRIBED FOR AID IN DYING THAT HAS NOT BEEN
- 24 SELF-ADMINISTERED SHALL DISPOSE OF THE MEDICATION IN A LAWFUL MANNER.
- 25 **5-6A-11**.
- 26 (A) FOR ALL LEGAL RIGHTS AND OBLIGATIONS AND OTHER PURPOSES
- 27 GOVERNED BY THE LAWS OF THE STATE, WHETHER CONTRACTUAL, CIVIL,
- 28 CRIMINAL, OR OTHERWISE, THE DEATH OF A PATIENT BY REASON OF
- 29 SELF-ADMINISTRATION OF MEDICATION PRESCRIBED UNDER THIS SUBTITLE SHALL
- 30 BE DEEMED TO BE A DEATH FROM NATURAL CAUSES, SPECIFICALLY AS A RESULT OF
- 31 THE TERMINAL ILLNESS FROM WHICH THE PATIENT SUFFERED.

- 1 (B) A PROVISION IN A CONTRACT OR OTHER LEGAL INSTRUMENT THAT IS 2 CONTRARY TO SUBSECTION (A) OF THIS SECTION IS VOID.
- 3 (C) SUBSECTION (A) OF THIS SECTION MAY NOT BE CONSTRUED TO 4 PROHIBIT THE PROSECUTION OF A PERSON FOR MURDER OR ATTEMPTED MURDER 5 IF THE PERSON, WITH THE INTENT OR EFFECT OF CAUSING THE PATIENT'S DEATH:
- 6 (1) WILLFULLY ALTERS OR FORGES A REQUEST FOR AID IN DYING;
- 7 (2) CONCEALS OR DESTROYS A RESCISSION OF A REQUEST FOR AID IN 8 DYING;
- 9 (3) COERCES OR EXERTS UNDUE INFLUENCE ON A PATIENT TO 10 COMPLETE A REQUEST FOR AID IN DYING; OR
- 11 (4) COERCES OR EXERTS UNDUE INFLUENCE ON A PATIENT TO DESTROY A RESCISSION OF A REQUEST FOR AID IN DYING.
- 13 (D) (1) THIS SUBTITLE DOES NOT AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO END A PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING, 15 OR ACTIVE EUTHANASIA.
- 16 (2) ACTIONS TAKEN IN ACCORDANCE WITH THIS SUBTITLE DO NOT, 17 FOR ANY PURPOSE, CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, OR 18 HOMICIDE.
- 19 **5-6A-12.**
- 20 (A) A PROVISION IN AN INSURANCE POLICY, AN ANNUITY, A CONTRACT, OR
 21 ANY OTHER AGREEMENT, ISSUED OR MADE ON OR AFTER OCTOBER 1, 2015, IS NOT
 22 VALID TO THE EXTENT THAT THE PROVISION WOULD ATTACH CONSEQUENCES TO OR
 23 OTHERWISE RESTRICT OR INFLUENCE AN INDIVIDUAL'S DECISION TO MAKE OR
 24 RESCIND A REQUEST FOR AID IN DYING UNDER THIS SUBTITLE.
- 25 (B) AN OBLIGATION UNDER A CONTRACT EXISTING ON OCTOBER 1, 2015, 26 MAY NOT BE CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A 27 REQUEST FOR AID IN DYING UNDER THIS SUBTITLE.
- 28 (C) THE SALE, PROCUREMENT, OR ISSUANCE OF A LIFE, A HEALTH, OR AN 29 ACCIDENT INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR A LIFE, A 30 HEALTH, OR AN ACCIDENT INSURANCE OR ANNUITY POLICY MAY NOT BE

- 1 CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST FOR
- 2 AID IN DYING UNDER THIS SUBTITLE.
- 3 (D) A QUALIFIED PATIENT'S ACT OF SELF-ADMINISTERING MEDICATION
- 4 FOR AID IN DYING MAY NOT HAVE AN EFFECT UNDER A LIFE, A HEALTH, OR AN
- 5 ACCIDENT INSURANCE OR ANNUITY POLICY THAT DIFFERS FROM THE EFFECT
- 6 UNDER THE POLICY OF THE PATIENT'S DEATH FROM NATURAL CAUSES.
- 7 **5-6A-13.**
- 8 (A) EXCEPT AS PROVIDED IN § 5–6A–14(C) OF THIS SUBTITLE:
- 9 (1) A PERSON MAY NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY
- 10 OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN GOOD FAITH
- 11 COMPLIANCE WITH THIS SUBTITLE, INCLUDING BEING PRESENT WHEN A QUALIFIED
- 12 PATIENT SELF-ADMINISTERS MEDICATION PRESCRIBED FOR AID IN DYING; AND
- 13 (2) A PROFESSIONAL ORGANIZATION OR ASSOCIATION, A HEALTH
- 14 CARE PROVIDER, OR A HEALTH OCCUPATION BOARD MAY NOT SUBJECT A PERSON
- 15 TO CENSURE, DISCIPLINE, SUSPENSION, LOSS OF LICENSE, LOSS OF PRIVILEGES,
- 16 LOSS OF MEMBERSHIP, OR OTHER PENALTY FOR PARTICIPATING OR REFUSING TO
- 17 PARTICIPATE IN GOOD FAITH COMPLIANCE WITH THIS SUBTITLE.
- 18 (B) A PATIENT'S REQUEST FOR AID IN DYING OR AN ATTENDING
- 19 PHYSICIAN'S PRESCRIPTION OF MEDICATION MADE IN GOOD FAITH COMPLIANCE
- 20 WITH THIS SUBTITLE DOES NOT:
- 21 (1) CONSTITUTE NEGLECT FOR ANY PURPOSE OF LAW; OR
- 22 (2) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A
- 23 GUARDIAN OR CONSERVATOR.
- 24 **5-6A-14.**
- 25 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
- 26 INDICATED.
- 27 (2) "NOTIFY" MEANS PROVIDE A SEPARATE STATEMENT IN WRITING
- 28 TO A HEALTH CARE PROVIDER SPECIFICALLY INFORMING THE HEALTH CARE
- 29 PROVIDER, BEFORE THE HEALTH CARE PROVIDER'S PARTICIPATION IN AID IN
- 30 DYING, OF A HEALTH CARE PROVIDER'S POLICY ABOUT PARTICIPATION IN AID IN
- 31 **DYING.**

- 1 (3) (I) "PARTICIPATE IN AID IN DYING" MEANS PERFORM THE 2 DUTIES OF AN ATTENDING PHYSICIAN, A CONSULTING PHYSICIAN, OR A LICENSED
- 3 MENTAL HEALTH PROFESSIONAL UNDER THIS SUBTITLE.
- 4 (II) "PARTICIPATE IN AID IN DYING" DOES NOT INCLUDE:
- 5 1. MAKING AN INITIAL DETERMINATION THAT A 6 PATIENT HAS A TERMINAL DISEASE AND INFORMING THE PATIENT OF THE MEDICAL 7 PROGNOSIS;
- PROVIDING INFORMATION ABOUT THIS SUBTITLE TO
 A PATIENT, ON THE REQUEST OF THE PATIENT; OR
- 3. PROVIDING A PATIENT, ON REQUEST OF THE PATIENT, WITH A REFERRAL TO ANOTHER PHYSICIAN.
- 12 (B) (1) A HEALTH CARE PROVIDER MAY PROHIBIT ANOTHER HEALTH
 13 CARE PROVIDER FROM PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE ON
 14 THE PREMISES OF THE PROHIBITING HEALTH CARE PROVIDER, IF THE PROHIBITING
 15 HEALTH CARE PROVIDER HAS NOTIFIED ALL HEALTH CARE PROVIDERS WITH
 16 PRIVILEGES TO PRACTICE ON THE PREMISES OF THE PROHIBITING HEALTH CARE
 17 PROVIDER'S POLICY REGARDING PARTICIPATING IN AID IN DYING.
- 18 (2) THIS SUBSECTION DOES NOT PROHIBIT A HEALTH CARE
 19 PROVIDER FROM PROVIDING HEALTH CARE SERVICES TO A PATIENT THAT DO NOT
 20 CONSTITUTE PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE.
- 21 (C) A HEALTH CARE PROVIDER MAY SUBJECT ANOTHER HEALTH CARE
 22 PROVIDER TO THE FOLLOWING SANCTIONS IF THE SANCTIONING HEALTH CARE
 23 PROVIDER HAS NOTIFIED THE SANCTIONED HEALTH CARE PROVIDER, BEFORE THE
 24 SANCTIONED HEALTH CARE PROVIDER PARTICIPATES IN AID IN DYING, THAT THE
 25 SANCTIONING HEALTH CARE PROVIDER PROHIBITS PARTICIPATION IN AID IN
 26 DYING:
- 27 (1) Loss of privileges, loss of membership, or other 28 SANCTIONS PROVIDED UNDER THE MEDICAL STAFF BYLAWS, POLICIES, AND 29 PROCEDURES OF THE SANCTIONING HEALTH CARE PROVIDER IF THE SANCTIONED 30 HEALTH CARE PROVIDER IS A MEMBER OF THE SANCTIONING HEALTH CARE 31 PROVIDER'S MEDICAL STAFF AND PARTICIPATES IN AID IN DYING WHILE ON THE 32 HEALTH CARE FACILITY PREMISES OF THE SANCTIONING HEALTH CARE PROVIDER;
- 33 (2) TERMINATION OF A LEASE OR OTHER PROPERTY CONTRACT OR 34 OTHER NONMONETARY REMEDIES PROVIDED BY A LEASE CONTRACT, NOT

- 1 INCLUDING LOSS OR RESTRICTION OF MEDICAL STAFF PRIVILEGES OR EXCLUSION
- 2 FROM A PROVIDER PANEL IF THE SANCTIONED HEALTH CARE PROVIDER
- 3 PARTICIPATES IN AID IN DYING WHILE ON THE PREMISES OF THE SANCTIONING
- 4 HEALTH CARE PROVIDER OR ON PROPERTY THAT IS OWNED BY OR UNDER THE
- 5 DIRECT CONTROL OF THE SANCTIONING HEALTH CARE PROVIDER; OR
- 6 (3) TERMINATION OF A CONTRACT OR OTHER NONMONETARY
- 7 REMEDIES PROVIDED BY CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER
- 8 PARTICIPATES IN AID IN DYING WHILE ACTING IN THE COURSE AND SCOPE OF THE
- 9 SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR
- 10 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE PROVIDER.
- 11 (D) SUBSECTION (B) OF THIS SECTION DOES NOT PROHIBIT:
- 12 (1) A HEALTH CARE PROVIDER FROM PARTICIPATING IN AID IN
- 13 **DYING:**
- 14 (I) WHILE ACTING OUTSIDE THE COURSE AND SCOPE OF THE
- 15 HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT
- 16 CONTRACTOR OF THE SANCTIONING HEALTH CARE PROVIDER; OR
- 17 (II) OFF THE PREMISES OF THE SANCTIONING HEALTH CARE
- 18 PROVIDER OR OFF OF ANY PROPERTY THAT IS OWNED BY OR UNDER THE DIRECT
- 19 CONTROL OF THE SANCTIONING HEALTH CARE PROVIDER; OR
- 20 (2) A PATIENT FROM CONTRACTING WITH THE PATIENT'S ATTENDING
- 21 PHYSICIAN OR CONSULTING PHYSICIAN TO ACT OUTSIDE THE COURSE AND SCOPE
- 22 OF THE HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT
- 23 CONTRACTOR OF THE SANCTIONING HEALTH CARE PROVIDER.
- 24 **5-6A-15.**
- 25 (A) (1) PARTICIPATION BY A HEALTH CARE PROVIDER IN AID IN DYING
- 26 UNDER THIS SUBTITLE IS VOLUNTARY; AND
- 27 (2) A HEALTH CARE FACILITY MAY NOT REQUIRE THE PHYSICIANS ON
- 28 THE MEDICAL STAFF OF THE FACILITY TO PARTICIPATE IN AID IN DYING.
- 29 (B) IF A PATIENT REQUESTS OR INDICATES AN INTEREST IN AID IN DYING,
- 30 AND THE ATTENDING PHYSICIAN OF THE PATIENT DOES NOT WISH TO PARTICIPATE
- 31 IN AID IN DYING, THE ATTENDING PHYSICIAN SHALL INFORM THE PATIENT THAT
- 32 THE ATTENDING PHYSICIAN DOES NOT WISH TO PARTICIPATE.

- 1 (C) ON REQUEST, AN ATTENDING PHYSICIAN EXPEDITIOUSLY SHALL
- 2 TRANSFER A COPY OF A PATIENT'S RELEVANT MEDICAL RECORDS TO ANOTHER
- 3 ATTENDING PHYSICIAN, IF:
- 4 (1) THE PATIENT REQUESTS OR INDICATES AN INTEREST IN AID IN
- 5 DYING;
- 6 (2) THE ORIGINAL ATTENDING PHYSICIAN IS UNABLE OR UNWILLING
- 7 TO PARTICIPATE IN AID IN DYING FOR THE PATIENT; AND
- 8 (3) THE PATIENT TRANSFERS THE PATIENT'S CARE TO ANOTHER
- 9 ATTENDING PHYSICIAN.
- 10 (D) A HEALTH CARE FACILITY MAY ADOPT WRITTEN POLICIES PROHIBITING
- 11 A PHYSICIAN ASSOCIATED WITH THE HEALTH CARE FACILITY FROM PARTICIPATING
- 12 IN AID IN DYING, IN ACCORDANCE WITH THIS SUBTITLE.
- 13 **5-6A-16.**
- 14 (A) A PERSON WHO WILLFULLY ALTERS OR FORGES A WRITTEN REQUEST
- 15 MADE UNDER §§ 5-6A-02 AND 5-6A-03 OF THIS SUBTITLE OR CONCEALS OR
- 16 DESTROYS A RESCISSION OF A WRITTEN REQUEST WITHOUT THE AUTHORIZATION
- 17 OF THE PATIENT AND WITH THE INTENT OR EFFECT OF CAUSING THE PATIENT'S
- 18 DEATH IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT TO IMPRISONMENT
- 19 NOT EXCEEDING 10 YEARS OR A FINE NOT EXCEEDING \$10,000 OR BOTH.
- 20 (B) A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A PATIENT
- 21 TO MAKE A WRITTEN REQUEST UNDER §§ 5–6A–02 AND 5–6A–03 OF THIS SUBTITLE
- 22 FOR THE PURPOSE OF ENDING THE PATIENT'S LIFE OR TO DESTROY A RESCISSION
- 23 OF A WRITTEN REQUEST IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT
- 24 TO IMPRISONMENT NOT EXCEEDING 10 YEARS OR A FINE NOT EXCEEDING \$10,000
- 25 **OR BOTH.**
- 26 (C) THIS SUBTITLE DOES NOT LIMIT ANY LIABILITY FOR CIVIL DAMAGES
- 27 RESULTING FROM ANY OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT
- 28 BY ANY PERSON.
- 29 (D) THE PENALTIES PROVIDED IN THIS SECTION DO NOT PRECLUDE
- 30 CRIMINAL PENALTIES APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS
- 31 INCONSISTENT WITH THE PROVISIONS OF THIS SUBTITLE.
- 32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 33 October 1, 2015.