

HOUSE BILL 403

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HB 933/23 – HGO & JUD

4lr0403
CF 4lr0404

By: **Delegates Hill, Pena–Melnyk, Alston, Bagnall, Bartlett, Boyce, Charkoudian, Crutchfield, Cullison, Ebersole, Feldmark, Foley, Forbes, Fraser–Hidalgo, Grossman, Guzzone, A. Johnson, S. Johnson, Kaufman, Korman, Lehman, R. Lewis, Love, Martinez, McCaskill, Palakovich Carr, Smith, Solomon, Stein, Stewart, Taveras, Terrasa, Vogel, Watson, Wu, and Ziegler**

Introduced and read first time: January 18, 2024

Assigned to: Health and Government Operations and Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 **End-of-Life Option Act**
3 **(The Honorable Elijah E. Cummings and the Honorable Shane E.**
4 **Pendergrass Act)**

5 FOR the purpose of authorizing an individual to request aid in dying by making certain
6 requests; establishing requirements and prohibitions governing aid in dying,
7 including requirements related to requests for aid in dying, consulting physicians,
8 mental health assessments, the disposal of drugs prescribed for aid in dying, health
9 care facility policies, and the effect of aid in dying on insurance policies; authorizing
10 a pharmacist to dispense medication for aid in dying only to certain individuals
11 under certain circumstances; providing that the death of a qualified individual by
12 reason of self-administration of certain medication shall be deemed to be a death
13 from certain natural causes for certain purposes; providing that this Act does not
14 authorize certain individuals to end another individual's life by certain means;
15 providing that participation by a health care provider in aid in dying is voluntary;
16 authorizing the Maryland Insurance Commissioner to enforce certain provisions of
17 this Act; establishing that a licensed health care professional does not violate the
18 statutory prohibition on assisted suicide by taking certain actions in accordance with
19 this Act; and generally relating to aid in dying.

20 BY repealing and reenacting, with amendments,
21 Article – Criminal Law
22 Section 3–103
23 Annotated Code of Maryland
24 (2021 Replacement Volume and 2023 Supplement)

25 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Health – General

2 Section 5–6A–01 through 5–6A–16 to be under the new subtitle “Subtitle 6A. The
3 Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass
4 End-of-Life Option Act”

5 Annotated Code of Maryland
6 (2023 Replacement Volume)

7 BY adding to

8 Article – Insurance

9 Section 27–208.1

10 Annotated Code of Maryland

11 (2017 Replacement Volume and 2023 Supplement)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That the Laws of Maryland read as follows:

14 **Article – Criminal Law**

15 3–103.

16 (a) A licensed health care professional does not violate § 3–102 of this subtitle by
17 administering or prescribing a procedure or administering, prescribing, or dispensing a
18 medication to relieve pain, even if the medication or procedure may hasten death or
19 increase the risk of death, unless the licensed health care professional knowingly
20 administers or prescribes the procedure or administers, prescribes, or dispenses the
21 medication to cause death.

22 (b) A licensed health care professional does not violate § 3–102 of this subtitle by
23 withholding or withdrawing a medically administered life–sustaining procedure:

24 (1) in compliance with Title 5, Subtitle 6 of the Health – General Article;
25 or

26 (2) in accordance with reasonable medical practice.

27 **(C) A LICENSED HEALTH CARE PROFESSIONAL DOES NOT VIOLATE § 3–102**
28 **OF THIS SUBTITLE BY TAKING ANY ACTION IN ACCORDANCE WITH TITLE 5,**
29 **SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.**

30 **[(c)] (D)** (1) Unless the family member knowingly administers a procedure or
31 administers or dispenses a medication to cause death, a family member does not violate
32 § 3–102 of this subtitle if the family member:

33 (i) is a caregiver for a patient enrolled in a licensed hospice program;
34 and

35 (ii) administers the procedure or administers or dispenses the

1 medication to relieve pain under the supervision of a health care professional.

2 (2) Paragraph (1) of this subsection applies even if the medication or
3 procedure hastens death or increases the risk of death.

4 **Article – Health – General**

5 **SUBTITLE 6A. THE HONORABLE ELIJAH E. CUMMINGS AND THE HONORABLE**
6 **SHANE E. PENDERGRASS END-OF-LIFE OPTION ACT.**

7 **5-6A-01.**

8 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
9 INDICATED.

10 (B) “AID IN DYING” MEANS THE MEDICAL PRACTICE OF A PHYSICIAN
11 PRESCRIBING MEDICATION TO A QUALIFIED INDIVIDUAL THAT THE QUALIFIED
12 INDIVIDUAL MAY SELF-ADMINISTER TO BRING ABOUT THE QUALIFIED INDIVIDUAL’S
13 DEATH.

14 (C) “ATTENDING PHYSICIAN” MEANS THE LICENSED PHYSICIAN WHO HAS
15 PRIMARY RESPONSIBILITY FOR THE MEDICAL CARE OF THE INDIVIDUAL AND
16 TREATMENT OF THE INDIVIDUAL’S TERMINAL ILLNESS.

17 (D) “CAPACITY TO MAKE MEDICAL DECISIONS” MEANS THE ABILITY OF AN
18 INDIVIDUAL TO:

19 (1) UNDERSTAND THE NATURE AND CONSEQUENCES OF A HEALTH
20 CARE DECISION;

21 (2) UNDERSTAND THE SIGNIFICANT BENEFITS, RISKS, AND
22 ALTERNATIVES OF A HEALTH CARE DECISION; AND

23 (3) MAKE AND COMMUNICATE AN INFORMED DECISION TO HEALTH
24 CARE PROVIDERS, INCLUDING COMMUNICATION THROUGH ANOTHER INDIVIDUAL
25 FAMILIAR WITH THE INDIVIDUAL’S MANNER OF COMMUNICATING, IF THE OTHER
26 INDIVIDUAL IS AVAILABLE.

27 (E) “CONSULTING PHYSICIAN” MEANS A LICENSED PHYSICIAN WHO IS
28 QUALIFIED BY SPECIALTY OR EXPERIENCE TO CONFIRM A PROFESSIONAL
29 DIAGNOSIS AND PROGNOSIS REGARDING AN INDIVIDUAL’S TERMINAL ILLNESS.

30 (F) “HEALTH CARE FACILITY” MEANS:

31 (1) A HOSPITAL, AS DEFINED IN § 19-301 OF THIS ARTICLE;

1 (2) A HOSPICE FACILITY, AS DEFINED IN § 19-901 OF THIS ARTICLE;

2 (3) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19-1801 OF THIS
3 ARTICLE; OR

4 (4) A NURSING HOME, AS DEFINED IN § 19-1401 OF THIS ARTICLE.

5 (G) “HEALTH CARE PROVIDER” MEANS AN INDIVIDUAL LICENSED OR
6 CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH
7 CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR
8 PRACTICE OF A PROFESSION.

9 (H) “INFORMED DECISION” MEANS A DECISION BY AN INDIVIDUAL THAT IS:

10 (1) BASED ON AN UNDERSTANDING AND ACKNOWLEDGMENT OF THE
11 RELEVANT FACTS; AND

12 (2) MADE AFTER RECEIVING THE INFORMATION REQUIRED UNDER
13 § 5-6A-04(C) OF THIS SUBTITLE.

14 (I) “LICENSED MENTAL HEALTH PROFESSIONAL” MEANS A LICENSED
15 PSYCHIATRIST OR A LICENSED PSYCHOLOGIST.

16 (J) “LICENSED PHYSICIAN” MEANS A PHYSICIAN WHO IS LICENSED TO
17 PRACTICE MEDICINE IN THE STATE.

18 (K) “LICENSED PSYCHIATRIST” MEANS A PSYCHIATRIST WHO IS LICENSED
19 TO PRACTICE MEDICINE IN THE STATE.

20 (L) “LICENSED PSYCHOLOGIST” MEANS A PSYCHOLOGIST WHO IS LICENSED
21 TO PRACTICE PSYCHOLOGY IN THE STATE.

22 (M) “MENTAL HEALTH PROFESSIONAL ASSESSMENT” MEANS ONE OR MORE
23 CONSULTATIONS BETWEEN AN INDIVIDUAL AND A LICENSED MENTAL HEALTH
24 PROFESSIONAL FOR THE PURPOSE OF DETERMINING THAT THE INDIVIDUAL:

25 (1) HAS THE CAPACITY TO MAKE MEDICAL DECISIONS; AND

26 (2) IS NOT SUFFERING FROM IMPAIRED JUDGMENT DUE TO A MENTAL
27 DISORDER.

28 (N) “PALLIATIVE CARE” MEANS HEALTH CARE CENTERED ON A
29 TERMINALLY ILL INDIVIDUAL AND THE INDIVIDUAL’S FAMILY THAT:

1 **(1) OPTIMIZES THE INDIVIDUAL'S QUALITY OF LIFE BY**
2 **ANTICIPATING, PREVENTING, AND TREATING THE INDIVIDUAL'S SUFFERING**
3 **THROUGHOUT THE CONTINUUM OF THE INDIVIDUAL'S TERMINAL ILLNESS;**

4 **(2) ADDRESSES THE PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL**
5 **NEEDS OF THE INDIVIDUAL;**

6 **(3) FACILITATES INDIVIDUAL AUTONOMY, THE INDIVIDUAL'S ACCESS**
7 **TO INFORMATION, AND INDIVIDUAL CHOICE; AND**

8 **(4) INCLUDES DISCUSSIONS BETWEEN THE INDIVIDUAL AND A**
9 **HEALTH CARE PROVIDER CONCERNING THE INDIVIDUAL'S GOALS FOR TREATMENT**
10 **AND APPROPRIATE TREATMENT OPTIONS AVAILABLE TO THE INDIVIDUAL,**
11 **INCLUDING HOSPICE CARE AND COMPREHENSIVE PAIN AND SYMPTOM**
12 **MANAGEMENT.**

13 **(O) "PHARMACIST" MEANS A PHARMACIST WHO IS LICENSED TO PRACTICE**
14 **PHARMACY IN THE STATE.**

15 **(P) "QUALIFIED INDIVIDUAL" MEANS AN INDIVIDUAL WHO:**

16 **(1) IS AN ADULT;**

17 **(2) HAS THE CAPACITY TO MAKE MEDICAL DECISIONS;**

18 **(3) IS A RESIDENT OF THE STATE;**

19 **(4) HAS A TERMINAL ILLNESS; AND**

20 **(5) HAS THE ABILITY TO SELF-ADMINISTER MEDICATION.**

21 **(Q) "RELATIVE" MEANS:**

22 **(1) A SPOUSE;**

23 **(2) A CHILD;**

24 **(3) A GRANDCHILD;**

25 **(4) A SIBLING;**

26 **(5) A PARENT; OR**

27 **(6) A GRANDPARENT.**

1 (R) (1) "SELF-ADMINISTER" MEANS A QUALIFIED INDIVIDUAL'S
2 AFFIRMATIVE, CONSCIOUS, AND VOLUNTARY ACT OF INGESTING MEDICATION
3 PRESCRIBED UNDER § 5-6A-07(A) OF THIS SUBTITLE TO BRING ABOUT THE
4 INDIVIDUAL'S DEATH.

5 (2) "SELF-ADMINISTER" DOES NOT INCLUDE TAKING MEDICATION BY
6 PARENTERAL INJECTION OR INFUSION.

7 (S) "TERMINAL ILLNESS" MEANS A MEDICAL CONDITION THAT, WITHIN
8 REASONABLE MEDICAL JUDGMENT, INVOLVES A PROGNOSIS FOR AN INDIVIDUAL
9 THAT LIKELY WILL RESULT IN THE INDIVIDUAL'S DEATH WITHIN 6 MONTHS.

10 (T) "WRITTEN REQUEST" MEANS A WRITTEN REQUEST FOR AID IN DYING.

11 5-6A-02.

12 (A) AN INDIVIDUAL MAY REQUEST AID IN DYING BY:

13 (1) MAKING AN INITIAL ORAL REQUEST TO THE INDIVIDUAL'S
14 ATTENDING PHYSICIAN;

15 (2) AFTER MAKING AN INITIAL ORAL REQUEST, MAKING A WRITTEN
16 REQUEST TO THE INDIVIDUAL'S ATTENDING PHYSICIAN, IN ACCORDANCE WITH
17 § 5-6A-03 OF THIS SUBTITLE; AND

18 (3) MAKING A SECOND ORAL REQUEST TO THE INDIVIDUAL'S
19 ATTENDING PHYSICIAN AT LEAST:

20 (I) 15 DAYS AFTER MAKING THE INITIAL ORAL REQUEST; AND

21 (II) 48 HOURS AFTER MAKING THE WRITTEN REQUEST.

22 (B) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, NO OTHER
23 INDIVIDUAL, INCLUDING AN AGENT UNDER AN ADVANCE DIRECTIVE, AN ATTORNEY
24 IN FACT UNDER A DURABLE POWER OF ATTORNEY, A GUARDIAN, OR A
25 CONSERVATOR, MAY REQUEST AID IN DYING ON BEHALF OF AN INDIVIDUAL.

26 (C) AT LEAST ONE OF THE ORAL REQUESTS MADE UNDER SUBSECTION (A)
27 OF THIS SECTION SHALL BE MADE WHILE THE INDIVIDUAL IS ALONE WITH THE
28 ATTENDING PHYSICIAN.

29 5-6A-03.

30 (A) A WRITTEN REQUEST FOR AID IN DYING REQUIRED UNDER

1 § 5-6A-02(A)(2) OF THIS SUBTITLE SHALL BE:

2 (1) IN SUBSTANTIALLY THE SAME FORM SET FORTH IN SUBSECTION
3 (C) OF THIS SECTION;

4 (2) SIGNED AND DATED BY THE INDIVIDUAL; AND

5 (3) WITNESSED BY AT LEAST TWO OTHER INDIVIDUALS WHO, IN THE
6 PRESENCE OF THE INDIVIDUAL, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE
7 AND BELIEF THE INDIVIDUAL IS:

8 (i) OF SOUND MIND; AND

9 (ii) ACTING VOLUNTARILY AND NOT BEING COERCED TO SIGN
10 THE WRITTEN REQUEST.

11 (B) (1) ONLY ONE OF THE WITNESSES UNDER SUBSECTION (A)(3) OF THIS
12 SECTION MAY BE:

13 (i) A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR
14 ADOPTION; OR

15 (ii) AT THE TIME THE WRITTEN REQUEST IS SIGNED BY THE
16 INDIVIDUAL, ENTITLED TO ANY BENEFIT ON THE INDIVIDUAL'S DEATH.

17 (2) THE INDIVIDUAL'S ATTENDING PHYSICIAN MAY NOT BE A
18 WITNESS.

19 (C) A WRITTEN REQUEST UNDER THIS SECTION SHALL BE IN
20 SUBSTANTIALLY THE FOLLOWING FORM:

21 MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING

22 BY: _____ DATE OF BIRTH: _____
23 (PRINT NAME) (MONTH/DAY/YEAR)

24 I, _____, AM AN ADULT OF SOUND MIND.
25 I AM A RESIDENT OF THE STATE OF MARYLAND.
26 I AM SUFFERING FROM _____, WHICH MY ATTENDING
27 PHYSICIAN HAS DETERMINED WILL, MORE LIKELY THAN NOT, RESULT IN DEATH
28 WITHIN 6 MONTHS. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY
29 PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED TO AID ME IN DYING,
30 THE POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, THE FEASIBLE
31 ALTERNATIVES, AND THE ADDITIONAL HEALTH CARE TREATMENT OPTIONS,

1 INCLUDING PALLIATIVE CARE AND HOSPICE.
 2 I HAVE ORALLY REQUESTED THAT MY ATTENDING PHYSICIAN PRESCRIBE
 3 MEDICATION THAT I MAY SELF-ADMINISTER FOR AID IN DYING, AND I NOW CONFIRM
 4 THIS REQUEST. I AUTHORIZE MY ATTENDING PHYSICIAN TO CONTACT A
 5 PHARMACIST TO FILL THE PRESCRIPTION FOR THE MEDICATION ON MY REQUEST.

6 INITIAL ONE:

7 _____ I HAVE INFORMED MY FAMILY OF MY DECISION AND TAKEN THEIR OPINIONS
 8 INTO CONSIDERATION.

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

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

11 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME.
 12 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST AND I EXPECT TO DIE IF AND
 13 WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I FURTHER UNDERSTAND THAT,
 14 ALTHOUGH MOST DEATHS OCCUR WITHIN 3 HOURS, MY DEATH MAY TAKE LONGER,
 15 AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY.
 16 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I ACCEPT
 17 FULL RESPONSIBILITY FOR MY DECISION TO REQUEST AID IN DYING.

18 SIGNED: _____ DATED: _____

19 DECLARATION OF WITNESSES

20 I UNDERSTAND THAT, UNDER MARYLAND LAW, A WITNESS TO A REQUEST FOR
 21 MEDICATION FOR AID IN DYING MAY NOT BE THE INDIVIDUAL'S ATTENDING
 22 PHYSICIAN. FURTHER, ONLY ONE OF THE WITNESSES MAY BE:

23 1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;
 24 OR

25 2. AT THE TIME THE WRITTEN REQUEST IS SIGNED BY THE INDIVIDUAL,
 26 ENTITLED TO ANY BENEFIT ON THE INDIVIDUAL'S DEATH.

27 BY SIGNING BELOW ON THE DATE THE INDIVIDUAL NAMED ABOVE SIGNS, I DECLARE
 28 THAT:

29 THE INDIVIDUAL MAKING AND SIGNING THE ABOVE REQUEST:

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

31 2. SIGNED THIS REQUEST IN MY PRESENCE ON THE DATE OF THE
 32 INDIVIDUAL'S SIGNATURE;

1 (II) HAS MADE AN INFORMED DECISION; AND

2 (III) HAS VOLUNTARILY REQUESTED AID IN DYING.

3 (2) AN INDIVIDUAL IS NOT A QUALIFIED INDIVIDUAL SOLELY DUE TO
4 AGE, DISABILITY, OR A SPECIFIC ILLNESS.

5 (B) FOR PURPOSES OF DETERMINING THAT AN INDIVIDUAL IS A QUALIFIED
6 INDIVIDUAL, AN ATTENDING PHYSICIAN SHALL ACCEPT AS PROOF OF THE
7 INDIVIDUAL'S RESIDENCY IN THE STATE:

8 (1) POSSESSION OF A VALID MARYLAND DRIVER'S LICENSE OR
9 IDENTIFICATION CARD ISSUED BY THE MOTOR VEHICLE ADMINISTRATION;

10 (2) REGISTRATION TO VOTE IN THE STATE;

11 (3) EVIDENCE OF OWNING OR LEASING PROPERTY IN THE STATE;

12 (4) A COPY OF A MARYLAND RESIDENT TAX RETURN FOR THE MOST
13 RECENT TAX YEAR; OR

14 (5) BASED ON THE INDIVIDUAL'S TREATMENT HISTORY AND MEDICAL
15 RECORDS, THE ATTENDING PHYSICIAN'S PERSONAL KNOWLEDGE OF THE
16 INDIVIDUAL'S RESIDENCY IN THE STATE.

17 (C) AN ATTENDING PHYSICIAN SHALL ENSURE THAT AN INDIVIDUAL MAKES
18 AN INFORMED DECISION BY INFORMING THE INDIVIDUAL OF:

19 (1) THE INDIVIDUAL'S MEDICAL DIAGNOSIS;

20 (2) THE INDIVIDUAL'S PROGNOSIS;

21 (3) THE POTENTIAL RISKS ASSOCIATED WITH SELF-ADMINISTERING
22 THE MEDICATION TO BE PRESCRIBED FOR AID IN DYING;

23 (4) THE PROBABLE RESULT OF SELF-ADMINISTERING THE
24 MEDICATION TO BE PRESCRIBED FOR AID IN DYING; AND

25 (5) ANY FEASIBLE ALTERNATIVES AND HEALTH CARE TREATMENT
26 OPTIONS, INCLUDING PALLIATIVE CARE AND HOSPICE.

27 (D) SUBJECT TO § 5-6A-06 OF THIS SUBTITLE, IF THE ATTENDING
28 PHYSICIAN DETERMINES THAT AN INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS
29 MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING,

1 THE ATTENDING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A CONSULTING
2 PHYSICIAN TO CARRY OUT THE DUTIES REQUIRED UNDER § 5-6A-05 OF THIS
3 SUBTITLE.

4 **5-6A-05.**

5 A CONSULTING PHYSICIAN TO WHOM AN INDIVIDUAL HAS BEEN REFERRED
6 UNDER § 5-6A-04(D) OF THIS SUBTITLE SHALL:

7 (1) EXAMINE THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT
8 MEDICAL RECORDS;

9 (2) CONFIRM THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE
10 INDIVIDUAL HAS A TERMINAL ILLNESS;

11 (3) IF REQUIRED UNDER § 5-6A-06 OF THIS SUBTITLE, REFER THE
12 INDIVIDUAL FOR A MENTAL HEALTH PROFESSIONAL ASSESSMENT;

13 (4) VERIFY THAT THE INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS
14 MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING;
15 AND

16 (5) DOCUMENT THE FULFILLMENT OF THE CONSULTING PHYSICIAN'S
17 DUTIES UNDER THIS SECTION IN WRITING.

18 **5-6A-06.**

19 (A) IF, IN THE MEDICAL OPINION OF THE ATTENDING PHYSICIAN OR THE
20 CONSULTING PHYSICIAN, AN INDIVIDUAL MAY BE SUFFERING FROM A CONDITION
21 THAT IS CAUSING IMPAIRED JUDGMENT OR OTHERWISE DOES NOT HAVE THE
22 CAPACITY TO MAKE MEDICAL DECISIONS, THE ATTENDING PHYSICIAN OR THE
23 CONSULTING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A LICENSED MENTAL
24 HEALTH PROFESSIONAL FOR A MENTAL HEALTH PROFESSIONAL ASSESSMENT.

25 (B) IF AN INDIVIDUAL IS REFERRED FOR A MENTAL HEALTH PROFESSIONAL
26 ASSESSMENT UNDER SUBSECTION (A) OF THIS SECTION, AN ATTENDING PHYSICIAN
27 MAY NOT PROVIDE THE INDIVIDUAL MEDICATION FOR AID IN DYING UNTIL THE
28 LICENSED MENTAL HEALTH PROFESSIONAL PROVIDING THE MENTAL HEALTH
29 PROFESSIONAL ASSESSMENT:

30 (1) DETERMINES THAT THE INDIVIDUAL HAS THE CAPACITY TO MAKE
31 MEDICAL DECISIONS AND IS NOT SUFFERING FROM A CONDITION THAT IS CAUSING
32 IMPAIRED JUDGMENT; AND

1 **(2) COMMUNICATES THIS DETERMINATION TO THE ATTENDING**
2 **PHYSICIAN AND THE CONSULTING PHYSICIAN IN WRITING.**

3 **5-6A-07.**

4 **(A) AFTER THE ATTENDING PHYSICIAN AND THE CONSULTING PHYSICIAN**
5 **HAVE FULFILLED THE REQUIREMENTS UNDER §§ 5-6A-04 AND 5-6A-05 OF THIS**
6 **SUBTITLE, AND AFTER THE QUALIFIED INDIVIDUAL SUBMITS A SECOND ORAL**
7 **REQUEST FOR AID IN DYING, AS REQUIRED UNDER § 5-6A-02 OF THIS SUBTITLE,**
8 **THE ATTENDING PHYSICIAN SHALL:**

9 **(1) INFORM THE QUALIFIED INDIVIDUAL THAT IT IS THE DECISION OF**
10 **THE QUALIFIED INDIVIDUAL AS TO WHETHER AND WHEN TO SELF-ADMINISTER THE**
11 **MEDICATION PRESCRIBED FOR AID IN DYING;**

12 **(2) (I) INFORM THE QUALIFIED INDIVIDUAL THAT THE QUALIFIED**
13 **INDIVIDUAL MAY WISH TO NOTIFY NEXT OF KIN OF THE REQUEST FOR AID IN DYING;**
14 **AND**

15 **(II) INFORM THE QUALIFIED INDIVIDUAL THAT A FAILURE TO**
16 **NOTIFY NEXT OF KIN IS NOT A BASIS FOR DENIAL OF THE REQUEST FOR AID IN**
17 **DYING;**

18 **(3) COUNSEL THE QUALIFIED INDIVIDUAL CONCERNING THE**
19 **IMPORTANCE OF:**

20 **(I) HAVING ANOTHER INDIVIDUAL PRESENT WHEN THE**
21 **QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE MEDICATION PRESCRIBED FOR**
22 **AID IN DYING;**

23 **(II) NOT TAKING THE MEDICATION IN A PUBLIC PLACE; AND**

24 **(III) PARTICIPATING IN A HOSPICE PROGRAM;**

25 **(4) ENCOURAGE THE QUALIFIED INDIVIDUAL TO PREPARE AN**
26 **ADVANCE DIRECTIVE;**

27 **(5) CONFIRM THAT THE QUALIFIED INDIVIDUAL'S REQUEST DOES**
28 **NOT ARISE FROM COERCION OR UNDUE INFLUENCE BY ANOTHER INDIVIDUAL BY**
29 **DISCUSSING WITH THE QUALIFIED INDIVIDUAL, OUTSIDE THE PRESENCE OF ANY**
30 **OTHER INDIVIDUAL EXCEPT FOR AN INTERPRETER, WHETHER THE QUALIFIED**
31 **INDIVIDUAL IS FEELING COERCED OR UNDULY INFLUENCED BY ANOTHER**
32 **INDIVIDUAL;**

1 **(6) INFORM THE QUALIFIED INDIVIDUAL THAT THE QUALIFIED**
2 **INDIVIDUAL MAY RESCIND THE REQUEST FOR AID IN DYING AT ANY TIME AND IN ANY**
3 **MANNER;**

4 **(7) VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR**
5 **MEDICATION FOR AID IN DYING, THAT THE QUALIFIED INDIVIDUAL IS MAKING AN**
6 **INFORMED DECISION;**

7 **(8) FULFILL THE DOCUMENTATION REQUIREMENTS ESTABLISHED**
8 **UNDER § 5-6A-08 OF THIS SUBTITLE; AND**

9 **(9) (I) IF THE ATTENDING PHYSICIAN HOLDS A DISPENSING**
10 **PERMIT FROM THE STATE BOARD OF PHYSICIANS AND WISHES TO DISPENSE THE**
11 **MEDICATION, DISPENSE TO THE QUALIFIED INDIVIDUAL:**

12 **1. THE PRESCRIBED MEDICATION FOR AID IN DYING;**
13 **AND**

14 **2. ANY ANCILLARY MEDICATIONS NEEDED TO MINIMIZE**
15 **THE QUALIFIED INDIVIDUAL'S DISCOMFORT; OR**

16 **(II) IF THE ATTENDING PHYSICIAN DOES NOT HOLD A**
17 **DISPENSING PERMIT OR DOES NOT WISH TO DISPENSE THE MEDICATION FOR AID IN**
18 **DYING, AND THE QUALIFIED INDIVIDUAL REQUESTS AND PROVIDES WRITTEN**
19 **CONSENT FOR THE MEDICATION FOR AID IN DYING TO BE DISPENSED BY A**
20 **PHARMACIST:**

21 **1. CONTACT A PHARMACIST;**

22 **2. INFORM THE PHARMACIST OF THE PRESCRIPTION**
23 **FOR MEDICATION FOR AID IN DYING; AND**

24 **3. SUBMIT THE PRESCRIPTION FOR MEDICATION FOR**
25 **AID IN DYING TO THE PHARMACIST BY ANY MEANS AUTHORIZED BY LAW.**

26 **(B) A PHARMACIST WHO HAS BEEN CONTACTED AND INFORMED BY AN**
27 **ATTENDING PHYSICIAN AND TO WHOM AN ATTENDING PHYSICIAN HAS SUBMITTED A**
28 **PRESCRIPTION FOR MEDICATION FOR AID IN DYING IN ACCORDANCE WITH THE**
29 **REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION MAY DISPENSE THE**
30 **MEDICATION FOR AID IN DYING AND ANY ANCILLARY MEDICATION ONLY TO THE**
31 **QUALIFIED INDIVIDUAL, THE ATTENDING PHYSICIAN, OR AN EXPRESSLY IDENTIFIED**
32 **AGENT OF THE QUALIFIED INDIVIDUAL.**

33 **(C) IF A QUALIFIED INDIVIDUAL SELF-ADMINISTERS MEDICATION FOR AID**

1 IN DYING AND DIES, THE ATTENDING PHYSICIAN MAY SIGN THE QUALIFIED
2 INDIVIDUAL'S DEATH CERTIFICATE.

3 **5-6A-08.**

4 (A) WITH RESPECT TO A REQUEST BY A QUALIFIED INDIVIDUAL FOR AID IN
5 DYING, THE ATTENDING PHYSICIAN SHALL ENSURE THAT THE MEDICAL RECORD OF
6 THE QUALIFIED INDIVIDUAL DOCUMENTS OR CONTAINS:

7 (1) THE BASIS FOR DETERMINING THAT THE QUALIFIED INDIVIDUAL
8 IS AN ADULT AND A RESIDENT OF THE STATE;

9 (2) ALL ORAL AND WRITTEN REQUESTS BY THE QUALIFIED
10 INDIVIDUAL FOR MEDICATION FOR AID IN DYING;

11 (3) THE ATTENDING PHYSICIAN'S:

12 (I) DIAGNOSIS OF THE QUALIFIED INDIVIDUAL'S TERMINAL
13 ILLNESS AND PROGNOSIS; AND

14 (II) DETERMINATION THAT THE QUALIFIED INDIVIDUAL HAS
15 THE CAPACITY TO MAKE MEDICAL DECISIONS, HAS MADE AN INFORMED DECISION,
16 AND HAS VOLUNTARILY REQUESTED AID IN DYING;

17 (4) DOCUMENTATION THAT THE CONSULTING PHYSICIAN HAS
18 FULFILLED THE CONSULTING PHYSICIAN'S DUTIES UNDER § 5-6A-05 OF THIS
19 SUBTITLE;

20 (5) A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE
21 DURING THE MENTAL HEALTH PROFESSIONAL ASSESSMENT IF:

22 (I) THE QUALIFIED INDIVIDUAL WAS REFERRED FOR A MENTAL
23 HEALTH PROFESSIONAL ASSESSMENT IN ACCORDANCE WITH § 5-6A-06 OF THIS
24 SUBTITLE; AND

25 (II) THE MENTAL HEALTH PROFESSIONAL ASSESSMENT WAS
26 PROVIDED;

27 (6) DOCUMENTATION OF THE ATTENDING PHYSICIAN'S OFFER TO
28 THE QUALIFIED INDIVIDUAL TO RESCIND THE QUALIFIED INDIVIDUAL'S REQUEST
29 FOR MEDICATION FOR AID IN DYING AT THE TIME THE ATTENDING PHYSICIAN
30 WROTE THE PRESCRIPTION FOR THE MEDICATION FOR THE QUALIFIED INDIVIDUAL;
31 AND

1 **(7) A STATEMENT BY THE ATTENDING PHYSICIAN:**

2 **(I) INDICATING THAT ALL REQUIREMENTS FOR AID IN DYING**
3 **UNDER THIS SUBTITLE HAVE BEEN MET; AND**

4 **(II) SPECIFYING THE STEPS TAKEN TO CARRY OUT THE**
5 **QUALIFIED INDIVIDUAL'S REQUEST FOR AID IN DYING, INCLUDING THE MEDICATION**
6 **PRESCRIBED FOR AID IN DYING.**

7 **(B) THE ATTENDING PHYSICIAN SHALL SUBMIT TO THE DEPARTMENT ANY**
8 **INFORMATION REGARDING IMPLEMENTATION OF THIS SUBTITLE REQUIRED BY**
9 **REGULATIONS ADOPTED UNDER § 5-6A-09(A) OF THIS SUBTITLE.**

10 **5-6A-09.**

11 **(A) THE DEPARTMENT SHALL ADOPT REGULATIONS TO FACILITATE THE**
12 **COLLECTION OF INFORMATION UNDER § 5-6A-08(B) OF THIS SUBTITLE.**

13 **(B) THE DEPARTMENT SHALL PRODUCE AND MAKE AVAILABLE TO THE**
14 **PUBLIC AN ANNUAL STATISTICAL REPORT OF INFORMATION COLLECTED UNDER**
15 **SUBSECTION (A) OF THIS SECTION.**

16 **(C) 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.**

22 **A PERSON THAT, AFTER A QUALIFIED INDIVIDUAL'S DEATH, IS IN POSSESSION**
23 **OF 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, RECORD-KEEPING**
27 **PURPOSES, AND OTHER PURPOSES GOVERNED BY THE LAWS OF THE STATE,**
28 **WHETHER CONTRACTUAL, CIVIL, CRIMINAL, OR OTHERWISE, THE DEATH OF A**
29 **QUALIFIED INDIVIDUAL BY REASON OF THE SELF-ADMINISTRATION OF MEDICATION**
30 **PRESCRIBED UNDER THIS SUBTITLE SHALL BE DEEMED TO BE A DEATH FROM**
31 **NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM**
32 **WHICH THE QUALIFIED INDIVIDUAL SUFFERED.**

1 **(B) A PROVISION IN A CONTRACT OR ANY OTHER LEGAL INSTRUMENT THAT**
2 **IS 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 INDIVIDUAL'S**
6 **DEATH:**

7 **(1) WILLFULLY ALTERS OR FORGES A REQUEST FOR AID IN DYING;**

8 **(2) CONCEALS OR DESTROYS A RESCISSION OF A REQUEST FOR AID IN**
9 **DYING;**

10 **(3) COERCES OR EXERTS UNDUE INFLUENCE ON AN INDIVIDUAL TO**
11 **COMPLETE A REQUEST FOR AID IN DYING; OR**

12 **(4) COERCES OR EXERTS UNDUE INFLUENCE ON AN INDIVIDUAL TO**
13 **DESTROY A RESCISSION OF A REQUEST FOR AID IN DYING.**

14 **(D) (1) THIS SUBTITLE DOES NOT AUTHORIZE A LICENSED PHYSICIAN OR**
15 **ANY OTHER PERSON TO END AN INDIVIDUAL'S LIFE BY LETHAL INJECTION, MERCY**
16 **KILLING, OR ACTIVE EUTHANASIA.**

17 **(2) ACTIONS TAKEN IN ACCORDANCE WITH THIS SUBTITLE DO NOT,**
18 **FOR ANY PURPOSE, CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, OR**
19 **HOMICIDE.**

20 **5-6A-12.**

21 **(A) A PROVISION IN AN INSURANCE POLICY, AN ANNUITY, A CONTRACT, OR**
22 **ANY OTHER AGREEMENT, ISSUED OR MADE ON OR AFTER OCTOBER 1, 2024, IS NOT**
23 **VALID TO THE EXTENT THAT THE PROVISION WOULD ATTACH CONSEQUENCES TO OR**
24 **OTHERWISE RESTRICT OR INFLUENCE AN INDIVIDUAL'S DECISION TO MAKE OR**
25 **RESCIND A REQUEST FOR AID IN DYING UNDER THIS SUBTITLE.**

26 **(B) AN OBLIGATION UNDER A CONTRACT EXISTING ON OCTOBER 1, 2024,**
27 **MAY NOT BE CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A**
28 **REQUEST FOR AID IN DYING UNDER THIS SUBTITLE.**

29 **(C) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING MEDICATION**
30 **FOR AID IN DYING MAY NOT HAVE AN EFFECT UNDER A LIFE INSURANCE POLICY, A**
31 **HEALTH INSURANCE POLICY OR CONTRACT, OR AN ANNUITY CONTRACT THAT**
32 **DIFFERS FROM THE EFFECT UNDER THE POLICY OR CONTRACT OF THE QUALIFIED**
33 **INDIVIDUAL'S DEATH FROM NATURAL CAUSES.**

1 5-6A-13.

2 (A) EXCEPT AS PROVIDED IN § 5-6A-14(C) OF THIS SUBTITLE:

3 (1) A PERSON MAY NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY
4 OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN GOOD-FAITH
5 COMPLIANCE WITH THIS SUBTITLE, INCLUDING BEING PRESENT WHEN A QUALIFIED
6 INDIVIDUAL SELF-ADMINISTERS MEDICATION PRESCRIBED FOR AID IN DYING; AND

7 (2) A PROFESSIONAL ORGANIZATION OR ASSOCIATION, A HEALTH
8 CARE PROVIDER, OR A HEALTH OCCUPATION BOARD MAY NOT SUBJECT A PERSON
9 TO CENSURE, DISCIPLINE, SUSPENSION, LOSS OF LICENSE, LOSS OF PRIVILEGES,
10 LOSS OF MEMBERSHIP, OR ANY OTHER PENALTY FOR PARTICIPATING OR REFUSING
11 TO PARTICIPATE IN GOOD-FAITH COMPLIANCE WITH THIS SUBTITLE.

12 (B) AN INDIVIDUAL'S REQUEST FOR AID IN DYING OR AN ATTENDING
13 PHYSICIAN'S PRESCRIPTION OF MEDICATION MADE IN GOOD-FAITH COMPLIANCE
14 WITH THIS SUBTITLE DOES NOT:

15 (1) CONSTITUTE NEGLIGENCE FOR ANY PURPOSE OF LAW; OR

16 (2) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A
17 GUARDIAN OR CONSERVATOR.

18 5-6A-14.

19 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
20 INDICATED.

21 (2) "NOTIFY" MEANS TO PROVIDE A SEPARATE STATEMENT IN
22 WRITING TO A HEALTH CARE PROVIDER SPECIFICALLY INFORMING THE HEALTH
23 CARE PROVIDER, BEFORE THE HEALTH CARE PROVIDER'S PARTICIPATION IN AID IN
24 DYING, OF A HEALTH CARE FACILITY'S POLICY ABOUT PARTICIPATION IN AID IN
25 DYING.

26 (3) (I) "PARTICIPATE IN AID IN DYING" MEANS TO PERFORM THE
27 DUTIES OF AN ATTENDING PHYSICIAN, A CONSULTING PHYSICIAN, OR A LICENSED
28 MENTAL HEALTH PROFESSIONAL UNDER THIS SUBTITLE.

29 (II) "PARTICIPATE IN AID IN DYING" DOES NOT INCLUDE:

30 1. MAKING AN INITIAL DETERMINATION THAT AN
31 INDIVIDUAL HAS A TERMINAL ILLNESS AND INFORMING THE INDIVIDUAL OF THE

1 MEDICAL PROGNOSIS;

2 2. PROVIDING INFORMATION ABOUT THIS SUBTITLE TO
3 AN INDIVIDUAL ON THE REQUEST OF THE INDIVIDUAL; OR

4 3. PROVIDING AN INDIVIDUAL, ON REQUEST OF THE
5 INDIVIDUAL, WITH A REFERRAL TO ANOTHER PHYSICIAN.

6 (B) (1) A HEALTH CARE FACILITY MAY PROHIBIT A HEALTH CARE
7 PROVIDER FROM PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE ON THE
8 PREMISES OF THE PROHIBITING HEALTH CARE FACILITY IF THE PROHIBITING
9 HEALTH CARE FACILITY HAS NOTIFIED ALL HEALTH CARE PROVIDERS WITH
10 PRIVILEGES TO PRACTICE ON THE PREMISES OF THE PROHIBITING HEALTH CARE
11 FACILITY'S POLICY REGARDING PARTICIPATING IN AID IN DYING.

12 (2) THIS SUBSECTION DOES NOT PROHIBIT A HEALTH CARE
13 PROVIDER FROM PROVIDING HEALTH CARE SERVICES THAT DO NOT CONSTITUTE
14 PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE TO AN INDIVIDUAL.

15 (C) A HEALTH CARE FACILITY MAY SUBJECT A HEALTH CARE PROVIDER TO
16 THE FOLLOWING SANCTIONS IF THE SANCTIONING HEALTH CARE FACILITY HAS
17 NOTIFIED THE SANCTIONED HEALTH CARE PROVIDER, BEFORE THE SANCTIONED
18 HEALTH CARE PROVIDER PARTICIPATES IN AID IN DYING, THAT THE SANCTIONING
19 HEALTH CARE FACILITY PROHIBITS PARTICIPATION IN AID IN DYING:

20 (1) LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR OTHER
21 SANCTIONS PROVIDED UNDER THE MEDICAL STAFF BYLAWS, POLICIES, AND
22 PROCEDURES OF THE SANCTIONING HEALTH CARE FACILITY IF THE SANCTIONED
23 HEALTH CARE PROVIDER IS A MEMBER OF THE SANCTIONING HEALTH CARE
24 FACILITY'S MEDICAL STAFF AND PARTICIPATES IN AID IN DYING WHILE ON THE
25 PREMISES OF THE SANCTIONING HEALTH CARE FACILITY;

26 (2) TERMINATION OF A LEASE OR ANY OTHER PROPERTY CONTRACT
27 OR OTHER NONMONETARY REMEDIES PROVIDED BY A LEASE OR OTHER PROPERTY
28 CONTRACT, NOT INCLUDING LOSS OR RESTRICTION OF MEDICAL STAFF PRIVILEGES
29 OR EXCLUSION FROM A PROVIDER PANEL, IF THE SANCTIONED HEALTH CARE
30 PROVIDER PARTICIPATES IN AID IN DYING WHILE ON THE PREMISES OF THE
31 SANCTIONING HEALTH CARE FACILITY OR ON PROPERTY THAT IS OWNED BY OR
32 UNDER THE DIRECT CONTROL OF THE SANCTIONING HEALTH CARE FACILITY; OR

33 (3) TERMINATION OF A CONTRACT OR OTHER NONMONETARY
34 REMEDIES PROVIDED BY A CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER
35 PARTICIPATES IN AID IN DYING WHILE ACTING IN THE COURSE AND SCOPE OF THE
36 SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR

1 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY.

2 (D) SUBSECTION (B) OF THIS SECTION DOES NOT PROHIBIT:

3 (1) A HEALTH CARE PROVIDER FROM PARTICIPATING IN AID IN
4 DYING:

5 (I) WHILE ACTING OUTSIDE THE COURSE AND SCOPE OF THE
6 HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT
7 CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY; OR

8 (II) OFF THE PREMISES OF THE SANCTIONING HEALTH CARE
9 FACILITY OR OFF ANY PROPERTY THAT IS OWNED BY OR UNDER THE DIRECT
10 CONTROL OF THE SANCTIONING HEALTH CARE FACILITY; OR

11 (2) AN INDIVIDUAL FROM CONTRACTING WITH THE INDIVIDUAL'S
12 ATTENDING PHYSICIAN OR CONSULTING PHYSICIAN TO ACT OUTSIDE THE COURSE
13 AND SCOPE OF THE ATTENDING PHYSICIAN'S OR CONSULTING PHYSICIAN'S
14 CAPACITY AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE SANCTIONING
15 HEALTH CARE FACILITY.

16 5-6A-15.

17 (A) (1) PARTICIPATION BY A HEALTH CARE PROVIDER IN AID IN DYING
18 UNDER THIS SUBTITLE IS VOLUNTARY.

19 (2) A HEALTH CARE FACILITY MAY NOT REQUIRE THE PHYSICIANS ON
20 THE MEDICAL STAFF OF THE HEALTH CARE FACILITY TO PARTICIPATE IN AID IN
21 DYING.

22 (B) IF AN INDIVIDUAL REQUESTS OR INDICATES AN INTEREST IN AID IN
23 DYING, AND THE ATTENDING PHYSICIAN OF THE INDIVIDUAL DOES NOT WISH TO
24 PARTICIPATE IN AID IN DYING, THE ATTENDING PHYSICIAN SHALL INFORM THE
25 INDIVIDUAL THAT THE ATTENDING PHYSICIAN DOES NOT WISH TO PARTICIPATE.

26 (C) ON REQUEST, AN ATTENDING PHYSICIAN EXPEDITIOUSLY SHALL
27 TRANSFER A COPY OF AN INDIVIDUAL'S RELEVANT MEDICAL RECORDS TO ANOTHER
28 ATTENDING PHYSICIAN IF:

29 (1) THE INDIVIDUAL REQUESTS OR INDICATES AN INTEREST IN AID IN
30 DYING;

31 (2) THE ORIGINAL ATTENDING PHYSICIAN IS UNABLE OR UNWILLING
32 TO PARTICIPATE IN AID IN DYING FOR THE INDIVIDUAL; AND

1 **(3) THE INDIVIDUAL TRANSFERS THE INDIVIDUAL’S CARE TO**
2 **ANOTHER ATTENDING PHYSICIAN.**

3 **(D) A HEALTH CARE FACILITY MAY ADOPT WRITTEN POLICIES PROHIBITING**
4 **A LICENSED PHYSICIAN ASSOCIATED WITH THE HEALTH CARE FACILITY FROM**
5 **PARTICIPATING IN AID IN DYING, IN ACCORDANCE WITH § 5-6A-14 OF THIS**
6 **SUBTITLE.**

7 **5-6A-16.**

8 **(A) AN INDIVIDUAL WHO WILLFULLY ALTERS OR FORGES A WRITTEN**
9 **REQUEST MADE UNDER §§ 5-6A-02 AND 5-6A-03 OF THIS SUBTITLE OR CONCEALS**
10 **OR DESTROYS A RESCISSION OF AN INDIVIDUAL’S WRITTEN REQUEST WITHOUT THE**
11 **AUTHORIZATION OF THE INDIVIDUAL AND WITH THE INTENT OR EFFECT OF CAUSING**
12 **THE INDIVIDUAL’S DEATH IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT**
13 **TO IMPRISONMENT NOT EXCEEDING 10 YEARS OR A FINE NOT EXCEEDING \$10,000**
14 **OR BOTH.**

15 **(B) AN INDIVIDUAL WHO COERCES OR EXERTS UNDUE INFLUENCE ON AN**
16 **INDIVIDUAL TO MAKE A WRITTEN REQUEST UNDER §§ 5-6A-02 AND 5-6A-03 OF**
17 **THIS SUBTITLE FOR THE PURPOSE OF ENDING THE INDIVIDUAL’S LIFE OR TO**
18 **DESTROY A RESCISSION OF A WRITTEN REQUEST IS GUILTY OF A FELONY AND ON**
19 **CONVICTION IS SUBJECT TO IMPRISONMENT NOT EXCEEDING 10 YEARS OR A FINE**
20 **NOT EXCEEDING \$10,000 OR BOTH.**

21 **(C) A SENTENCE IMPOSED UNDER THIS SECTION MAY BE IMPOSED**
22 **SEPARATE FROM AND CONSECUTIVE TO OR CONCURRENT WITH A SENTENCE FOR**
23 **ANY CRIME BASED ON THE ACT ESTABLISHING THE VIOLATION OF THIS SECTION.**

24 **(D) THIS SUBTITLE DOES NOT LIMIT ANY LIABILITY FOR CIVIL DAMAGES**
25 **RESULTING FROM ANY OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT**
26 **BY ANY PERSON.**

27 **Article – Insurance**

28 **27-208.1.**

29 **(A) FOR ALL LEGAL RIGHTS AND OBLIGATIONS AND OTHER PURPOSES**
30 **GOVERNED BY THIS ARTICLE, THE DEATH OF AN INDIVIDUAL BY REASON OF THE**
31 **SELF-ADMINISTRATION OF MEDICATION PRESCRIBED UNDER TITLE 5, SUBTITLE**
32 **6A OF THE HEALTH – GENERAL ARTICLE SHALL BE DEEMED TO BE A DEATH FROM**
33 **NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM**
34 **WHICH THE INDIVIDUAL SUFFERED.**

1 **(B) ACTIONS TAKEN IN ACCORDANCE WITH TITLE 5, SUBTITLE 6A OF THE**
2 **HEALTH – GENERAL ARTICLE DO NOT, FOR ANY PURPOSE, CONSTITUTE SUICIDE,**
3 **ASSISTED SUICIDE, MERCY KILLING, OR HOMICIDE.**

4 **(C) A PROVISION IN AN INSURANCE POLICY OR CONTRACT OR AN ANNUITY**
5 **CONTRACT ISSUED OR DELIVERED ON OR AFTER OCTOBER 1, 2024, IS NOT VALID TO**
6 **THE EXTENT THAT THE PROVISION WOULD ATTACH CONSEQUENCES TO OR**
7 **OTHERWISE RESTRICT OR INFLUENCE AN INDIVIDUAL’S DECISION TO MAKE OR**
8 **RESCIND A REQUEST FOR AID IN DYING UNDER TITLE 5, SUBTITLE 6A OF THE**
9 **HEALTH – GENERAL ARTICLE.**

10 **(D) AN OBLIGATION UNDER AN INSURANCE POLICY OR CONTRACT OR AN**
11 **ANNUITY CONTRACT EXISTING ON OCTOBER 1, 2024, MAY NOT BE CONDITIONED ON**
12 **OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST FOR AID IN DYING**
13 **UNDER TITLE 5, SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.**

14 **(E) THE ACT BY AN INSURED OF SELF-ADMINISTERING MEDICATION FOR**
15 **AID IN DYING UNDER TITLE 5, SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE**
16 **MAY NOT HAVE AN EFFECT UNDER A LIFE INSURANCE POLICY, A HEALTH INSURANCE**
17 **POLICY OR CONTRACT, OR AN ANNUITY CONTRACT THAT DIFFERS FROM THE**
18 **EFFECT UNDER THE POLICY OR CONTRACT OF THE INSURED’S OR ANNUITANT’S**
19 **DEATH FROM NATURAL CAUSES.**

20 SECTION 2. AND BE IT FURTHER ENACTED, That, if any provision of this Act or
21 the application thereof to any person or circumstance is held invalid for any reason in a
22 court of competent jurisdiction, the invalidity does not affect other provisions or any other
23 application of this Act that can be given effect without the invalid provision or application,
24 and for this purpose the provisions of this Act are declared severable.

25 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
26 October 1, 2024.