

Department of Fiscal Services  
Maryland General Assembly

**FISCAL NOTE**

House Bill 474 (Delegate Dembrow, et al.)  
Environmental Matters

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**Terminal Illness - Physician Aid in Dying**

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This bill authorizes any mentally competent adult who has been diagnosed with a painful fatal condition to execute an aid in dying request. The aid in dying request is to become part of the person's medical record and may be revoked at any time. Before prescribing an aid in dying to a qualified patient, the attending physician must take certain steps to ascertain that the provisions of this bill have been complied with. A physician or privately owned hospital is not required to participate in prescribing an aid in dying.

A life insurer may not refuse to pay a benefit associated with a life insurance policy upon the death of an insured person whose death was assisted in accordance with the bill's provisions.

A person who does any of the following is guilty of a misdemeanor and on conviction is subject to a fine up to \$1,000: (1) coerces or fraudulently induces another to execute an aid in dying request; (2) willfully conceals or destroys an aid in dying request; (3) willfully conceals or withholds a revocation of an aid in dying request; or (4) requires a person to execute an aid in dying request or prohibits a person from executing an aid in dying request as a condition for obtaining insurance or receiving health care services.

The Board of Physician Quality Assurance may not discipline a licensee if the licensee prescribes or administers an aid in dying in accordance with an aid in dying request.

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**Fiscal Summary**

**State Effect:** Potential minimal increase in general fund revenues due to the bill's monetary penalty provision. Expenditures could decrease by an indeterminate but minimal amount.

**Local Effect:** None.

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## **Fiscal Analysis**

**State Revenues:** General fund revenues could increase under the bill's monetary penalty provisions for those cases heard in the District Court, depending upon the number of convictions and fines imposed.

**State Expenditures:** Medical Assistance Program expenditures could decrease by an indeterminate but minimal amount as a result of medical assistance patient assisted suicides. For illustrative purposes, assisted suicides have been estimated to account for approximately 2% of annual deaths in the Netherlands where assisted suicide has been legal since January 1994.

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**Information Source(s):** Department of Health and Mental Hygiene (Board of Physician Quality Assurance), Department of Fiscal Services, Oregon Legislative Fiscal Office

**Fiscal Note History:** First Reader - February 29, 1996

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