

SENATE BILL 443

J1
SB 845/23 – JPR

4lr0404
CF HB 403

By: **Senators Waldstreicher, Lam, Elfreth, Gile, Kelly, Lewis Young, Smith, West, and M. Washington**

Introduced and read first time: January 22, 2024

Assigned to: Judicial Proceedings

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
26 Article – Health – General
27 Section 5–6A–01 through 5–6A–16 to be under the new subtitle “Subtitle 6A. The
28 Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 procedure hastens death or increases the risk of death.

2 **Article – Health – General**

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

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

6 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
7 **INDICATED.**

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

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

15 **(D) “CAPACITY TO MAKE MEDICAL DECISIONS” MEANS THE ABILITY OF AN**
16 **INDIVIDUAL TO:**

17 **(1) UNDERSTAND THE NATURE AND CONSEQUENCES OF A HEALTH**
18 **CARE DECISION;**

19 **(2) UNDERSTAND THE SIGNIFICANT BENEFITS, RISKS, AND**
20 **ALTERNATIVES OF A HEALTH CARE DECISION; AND**

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

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

28 **(F) “HEALTH CARE FACILITY” MEANS:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 **(1) OPTIMIZES THE INDIVIDUAL’S QUALITY OF LIFE BY**
30 **ANTICIPATING, PREVENTING, AND TREATING THE INDIVIDUAL’S SUFFERING**

1 THROUGHOUT THE CONTINUUM OF THE INDIVIDUAL'S TERMINAL ILLNESS;

2 (2) ADDRESSES THE PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL
3 NEEDS OF THE INDIVIDUAL;

4 (3) FACILITATES INDIVIDUAL AUTONOMY, THE INDIVIDUAL'S ACCESS
5 TO INFORMATION, AND INDIVIDUAL CHOICE; AND

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

11 (O) "PHARMACIST" MEANS A PHARMACIST WHO IS LICENSED TO PRACTICE
12 PHARMACY IN THE STATE.

13 (P) "QUALIFIED INDIVIDUAL" MEANS AN INDIVIDUAL WHO:

14 (1) IS AN ADULT;

15 (2) HAS THE CAPACITY TO MAKE MEDICAL DECISIONS;

16 (3) IS A RESIDENT OF THE STATE;

17 (4) HAS A TERMINAL ILLNESS; AND

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

19 (Q) "RELATIVE" MEANS:

20 (1) A SPOUSE;

21 (2) A CHILD;

22 (3) A GRANDCHILD;

23 (4) A SIBLING;

24 (5) A PARENT; OR

25 (6) A GRANDPARENT.

26 (R) (1) "SELF-ADMINISTER" MEANS A QUALIFIED INDIVIDUAL'S
27 AFFIRMATIVE, CONSCIOUS, AND VOLUNTARY ACT OF INGESTING MEDICATION

1 PRESCRIBED UNDER § 5-6A-07(A) OF THIS SUBTITLE TO BRING ABOUT THE
2 INDIVIDUAL'S DEATH.

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

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

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

9 5-6A-02.

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

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

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

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

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

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

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

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

27 5-6A-03.

28 (A) A WRITTEN REQUEST FOR AID IN DYING REQUIRED UNDER
29 § 5-6A-02(A)(2) OF THIS SUBTITLE SHALL BE:

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

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

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

7 (i) OF SOUND MIND; AND

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

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

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

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

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

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

20 MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING

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

23 I, _____, AM AN ADULT OF SOUND MIND.

24 I AM A RESIDENT OF THE STATE OF MARYLAND.

25 I AM SUFFERING FROM _____, WHICH MY ATTENDING
26 PHYSICIAN HAS DETERMINED WILL, MORE LIKELY THAN NOT, RESULT IN DEATH
27 WITHIN 6 MONTHS. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY
28 PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED TO AID ME IN DYING,
29 THE POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, THE FEASIBLE
30 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
28 DECLARE THAT:

29 THE INDIVIDUAL MAKING AND SIGNING THE ABOVE REQUEST:

30 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**
2 **INDIVIDUAL’S SIGNATURE;**

3 **3. APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS, FRAUD, OR**
4 **UNDUE INFLUENCE; AND**

5 **4. IS NOT AN INDIVIDUAL FOR WHOM I AM THE ATTENDING PHYSICIAN.**

6 **WITNESS 1**
7 **(CHECK ONE)**

8 _____ **I AM:**

9 _____ **I AM NOT:**

10 **1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;**
11 **OR**

12 **2. AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY BENEFIT ON**
13 **THE INDIVIDUAL’S DEATH.**

14 **PRINTED NAME OF WITNESS 1** _____
15 **SIGNATURE OF WITNESS 1** _____ **DATE** _____.

16 **WITNESS 2**
17 **(CHECK ONE)**

18 _____ **I AM:**

19 _____ **I AM NOT:**

20 **1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;**
21 **OR**

22 **2. AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY BENEFIT ON**
23 **THE INDIVIDUAL’S DEATH.**

24 **PRINTED NAME OF WITNESS 2** _____
25 **SIGNATURE OF WITNESS 2** _____ **DATE** _____.

26 **5-6A-04.**

27 **(A) (1) WHEN AN ATTENDING PHYSICIAN IS PRESENTED WITH AN**
28 **INDIVIDUAL’S WRITTEN REQUEST, THE ATTENDING PHYSICIAN SHALL DETERMINE**

1 **WHETHER THE INDIVIDUAL:**

2 **(I) IS A QUALIFIED INDIVIDUAL;**

3 **(II) HAS MADE AN INFORMED DECISION; AND**

4 **(III) HAS VOLUNTARILY REQUESTED AID IN DYING.**

5 **(2) AN INDIVIDUAL IS NOT A QUALIFIED INDIVIDUAL SOLELY DUE TO**
6 **AGE, DISABILITY, OR A SPECIFIC ILLNESS.**

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

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

12 **(2) REGISTRATION TO VOTE IN THE STATE;**

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

14 **(4) A COPY OF A MARYLAND RESIDENT TAX RETURN FOR THE MOST**
15 **RECENT TAX YEAR; OR**

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

19 **(C) AN ATTENDING PHYSICIAN SHALL ENSURE THAT AN INDIVIDUAL MAKES**
20 **AN INFORMED DECISION BY INFORMING THE INDIVIDUAL OF:**

21 **(1) THE INDIVIDUAL'S MEDICAL DIAGNOSIS;**

22 **(2) THE INDIVIDUAL'S PROGNOSIS;**

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

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

27 **(5) ANY FEASIBLE ALTERNATIVES AND HEALTH CARE TREATMENT**
28 **OPTIONS, INCLUDING PALLIATIVE CARE AND HOSPICE.**

1 (D) SUBJECT TO § 5-6A-06 OF THIS SUBTITLE, IF THE ATTENDING
2 PHYSICIAN DETERMINES THAT AN INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS
3 MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING,
4 THE ATTENDING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A CONSULTING
5 PHYSICIAN TO CARRY OUT THE DUTIES REQUIRED UNDER § 5-6A-05 OF THIS
6 SUBTITLE.

7 **5-6A-05.**

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

10 (1) EXAMINE THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT
11 MEDICAL RECORDS;

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

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

16 (4) VERIFY THAT THE INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS
17 MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING;
18 AND

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

21 **5-6A-06.**

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

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

33 (1) DETERMINES THAT THE INDIVIDUAL HAS THE CAPACITY TO MAKE

1 MEDICAL DECISIONS AND IS NOT SUFFERING FROM A CONDITION THAT IS CAUSING
2 IMPAIRED JUDGMENT; AND

3 (2) COMMUNICATES THIS DETERMINATION TO THE ATTENDING
4 PHYSICIAN AND THE CONSULTING PHYSICIAN IN WRITING.

5 5-6A-07.

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

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

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

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

20 (3) COUNSEL THE QUALIFIED INDIVIDUAL CONCERNING THE
21 IMPORTANCE OF:

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

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

26 (III) PARTICIPATING IN A HOSPICE PROGRAM;

27 (4) ENCOURAGE THE QUALIFIED INDIVIDUAL TO PREPARE AN
28 ADVANCE DIRECTIVE;

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

1 INDIVIDUAL IS FEELING COERCED OR UNDULY INFLUENCED BY ANOTHER
2 INDIVIDUAL;

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

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

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

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

14 1. THE PRESCRIBED MEDICATION FOR AID IN DYING;
15 AND

16 2. ANY ANCILLARY MEDICATIONS NEEDED TO MINIMIZE
17 THE QUALIFIED INDIVIDUAL'S DISCOMFORT; OR

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

23 1. CONTACT A PHARMACIST;

24 2. INFORM THE PHARMACIST OF THE PRESCRIPTION
25 FOR MEDICATION FOR AID IN DYING; AND

26 3. SUBMIT THE PRESCRIPTION FOR MEDICATION FOR
27 AID IN DYING TO THE PHARMACIST BY ANY MEANS AUTHORIZED BY LAW.

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

1 AGENT OF THE QUALIFIED INDIVIDUAL.

2 (C) IF A QUALIFIED INDIVIDUAL SELF-ADMINISTERS MEDICATION FOR AID
3 IN DYING AND DIES, THE ATTENDING PHYSICIAN MAY SIGN THE QUALIFIED
4 INDIVIDUAL'S DEATH CERTIFICATE.

5 5-6A-08.

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

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

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

13 (3) THE ATTENDING PHYSICIAN'S:

14 (I) DIAGNOSIS OF THE QUALIFIED INDIVIDUAL'S TERMINAL
15 ILLNESS AND PROGNOSIS; AND

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

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

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

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

27 (II) THE MENTAL HEALTH PROFESSIONAL ASSESSMENT WAS
28 PROVIDED;

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

1 WROTE THE PRESCRIPTION FOR THE MEDICATION FOR THE QUALIFIED INDIVIDUAL;
2 AND

3 (7) A STATEMENT BY THE ATTENDING PHYSICIAN:

4 (I) INDICATING THAT ALL REQUIREMENTS FOR AID IN DYING
5 UNDER THIS SUBTITLE HAVE BEEN MET; AND

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

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

12 5-6A-09.

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

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

18 (C) RECORDS OR INFORMATION COLLECTED OR MAINTAINED UNDER THIS
19 SUBTITLE ARE NOT SUBJECT TO SUBPOENA OR DISCOVERY AND MAY NOT BE
20 INTRODUCED INTO EVIDENCE IN ANY JUDICIAL OR ADMINISTRATIVE PROCEEDING,
21 EXCEPT TO RESOLVE MATTERS CONCERNING COMPLIANCE WITH THIS SUBTITLE OR
22 AS OTHERWISE SPECIFICALLY PROVIDED BY LAW.

23 5-6A-10.

24 A PERSON THAT, AFTER A QUALIFIED INDIVIDUAL'S DEATH, IS IN POSSESSION
25 OF MEDICATION PRESCRIBED FOR AID IN DYING THAT HAS NOT BEEN
26 SELF-ADMINISTERED SHALL DISPOSE OF THE MEDICATION IN A LAWFUL MANNER.

27 5-6A-11.

28 (A) FOR ALL LEGAL RIGHTS AND OBLIGATIONS, RECORD-KEEPING
29 PURPOSES, AND OTHER PURPOSES GOVERNED BY THE LAWS OF THE STATE,
30 WHETHER CONTRACTUAL, CIVIL, CRIMINAL, OR OTHERWISE, THE DEATH OF A
31 QUALIFIED INDIVIDUAL BY REASON OF THE SELF-ADMINISTRATION OF MEDICATION
32 PRESCRIBED UNDER THIS SUBTITLE SHALL BE DEEMED TO BE A DEATH FROM

1 NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM
2 WHICH THE QUALIFIED INDIVIDUAL SUFFERED.

3 (B) A PROVISION IN A CONTRACT OR ANY OTHER LEGAL INSTRUMENT THAT
4 IS CONTRARY TO SUBSECTION (A) OF THIS SECTION IS VOID.

5 (C) SUBSECTION (A) OF THIS SECTION MAY NOT BE CONSTRUED TO
6 PROHIBIT THE PROSECUTION OF A PERSON FOR MURDER OR ATTEMPTED MURDER
7 IF THE PERSON, WITH THE INTENT OR EFFECT OF CAUSING THE INDIVIDUAL'S
8 DEATH:

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

10 (2) CONCEALS OR DESTROYS A RESCISSION OF A REQUEST FOR AID IN
11 DYING;

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

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

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

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

22 5-6A-12.

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

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

31 (C) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING MEDICATION
32 FOR AID IN DYING MAY NOT HAVE AN EFFECT UNDER A LIFE INSURANCE POLICY, A

1 HEALTH INSURANCE POLICY OR CONTRACT, OR AN ANNUITY CONTRACT THAT
2 DIFFERS FROM THE EFFECT UNDER THE POLICY OR CONTRACT OF THE QUALIFIED
3 INDIVIDUAL'S DEATH FROM NATURAL CAUSES.

4 **5-6A-13.**

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

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

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

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

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

19 (2) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A
20 GUARDIAN OR CONSERVATOR.

21 **5-6A-14.**

22 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
23 INDICATED.

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

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

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

1 1. **MAKING AN INITIAL DETERMINATION THAT AN**
2 **INDIVIDUAL HAS A TERMINAL ILLNESS AND INFORMING THE INDIVIDUAL OF THE**
3 **MEDICAL PROGNOSIS;**

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

6 3. **PROVIDING AN INDIVIDUAL, ON REQUEST OF THE**
7 **INDIVIDUAL, WITH A REFERRAL TO ANOTHER PHYSICIAN.**

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

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

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

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

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

35 **(3) TERMINATION OF A CONTRACT OR OTHER NONMONETARY**

1 REMEDIES PROVIDED BY A CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER
2 PARTICIPATES IN AID IN DYING WHILE ACTING IN THE COURSE AND SCOPE OF THE
3 SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR
4 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY.

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

6 (1) A HEALTH CARE PROVIDER FROM PARTICIPATING IN AID IN
7 DYING:

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

11 (II) OFF THE PREMISES OF THE SANCTIONING HEALTH CARE
12 FACILITY OR OFF ANY PROPERTY THAT IS OWNED BY OR UNDER THE DIRECT
13 CONTROL OF THE SANCTIONING HEALTH CARE FACILITY; OR

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

19 5-6A-15.

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

22 (2) A HEALTH CARE FACILITY MAY NOT REQUIRE THE PHYSICIANS ON
23 THE MEDICAL STAFF OF THE HEALTH CARE FACILITY TO PARTICIPATE IN AID IN
24 DYING.

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

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

32 (1) THE INDIVIDUAL REQUESTS OR INDICATES AN INTEREST IN AID IN
33 DYING;

1 **6A OF THE HEALTH – GENERAL ARTICLE SHALL BE DEEMED TO BE A DEATH FROM**
2 **NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM**
3 **WHICH THE INDIVIDUAL SUFFERED.**

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

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

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

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

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

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