

# SENATE BILL 926

J1  
SB 443/24 – JPR

5lr1315  
CF 5lr1290

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By: **Senator Smith**

Introduced and read first time: January 28, 2025

Assigned to: Judicial Proceedings

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## 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 2024 Supplement)

25 BY adding to  
26 Article – Health – General  
27 Section 5–6A–01 through 5–6A–17 to be under the new subtitle “Subtitle 6A. The  
28 Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass  
29 End-of-Life Option Act”

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Annotated Code of Maryland  
2 (2023 Replacement Volume and 2024 Supplement)

3 BY adding to  
4 Article – Insurance  
5 Section 27–208.1  
6 Annotated Code of Maryland  
7 (2017 Replacement Volume and 2024 Supplement)

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

10 **Article – Criminal Law**

11 3–103.

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

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

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

22 (2) in accordance with reasonable medical practice.

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

26 **[(c)] (D)** (1) Unless the family member knowingly administers a procedure or  
27 administers or dispenses a medication to cause death, a family member does not violate  
28 § 3–102 of this subtitle if the family member:

29 (i) is a caregiver for a patient enrolled in a licensed hospice program;  
30 and

31 (ii) administers the procedure or administers or dispenses the  
32 medication to relieve pain under the supervision of a health care professional.

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

1 Article – Health – General

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

4 5-6A-01.

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

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

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

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

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

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

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

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

27 (F) “HEALTH CARE FACILITY” MEANS:

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

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

30 (3) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19-1801 OF THIS

1 ARTICLE; OR

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

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

7 (H) "INFORMED DECISION" MEANS A DECISION BY AN INDIVIDUAL THAT IS:

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

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

12 (I) "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A LICENSED  
13 PSYCHIATRIST OR A LICENSED PSYCHOLOGIST.

14 (J) "LICENSED PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED TO  
15 PRACTICE MEDICINE IN THE STATE.

16 (K) "LICENSED PSYCHIATRIST" MEANS A PSYCHIATRIST WHO IS LICENSED  
17 TO PRACTICE MEDICINE IN THE STATE.

18 (L) "LICENSED PSYCHOLOGIST" MEANS A PSYCHOLOGIST WHO IS LICENSED  
19 TO PRACTICE PSYCHOLOGY IN THE STATE.

20 (M) "MENTAL HEALTH PROFESSIONAL ASSESSMENT" MEANS ONE OR MORE  
21 CONSULTATIONS BETWEEN AN INDIVIDUAL AND A LICENSED MENTAL HEALTH  
22 PROFESSIONAL FOR THE PURPOSE OF DETERMINING THAT THE INDIVIDUAL HAS  
23 THE CAPACITY TO MAKE MEDICAL DECISIONS.

24 (N) "PALLIATIVE CARE" MEANS HEALTH CARE CENTERED ON A  
25 TERMINALLY ILL INDIVIDUAL AND THE INDIVIDUAL'S FAMILY THAT:

26 (1) OPTIMIZES THE INDIVIDUAL'S QUALITY OF LIFE BY  
27 ANTICIPATING, PREVENTING, AND TREATING THE INDIVIDUAL'S SUFFERING  
28 THROUGHOUT THE CONTINUUM OF THE INDIVIDUAL'S TERMINAL ILLNESS;

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

1           **(3) FACILITATES INDIVIDUAL AUTONOMY, THE INDIVIDUAL’S ACCESS**  
2 **TO INFORMATION, AND INDIVIDUAL CHOICE; AND**

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

8           **(O) “PHARMACIST” MEANS A PHARMACIST WHO IS LICENSED TO PRACTICE**  
9 **PHARMACY IN THE STATE.**

10          **(P) “QUALIFIED INDIVIDUAL” MEANS AN INDIVIDUAL WHO:**

11           **(1) IS AN ADULT;**

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

13           **(3) HAS A TERMINAL ILLNESS; AND**

14           **(4) HAS THE ABILITY TO SELF-ADMINISTER MEDICATION.**

15          **(Q) “RELATIVE” MEANS:**

16           **(1) A SPOUSE;**

17           **(2) A CHILD;**

18           **(3) A GRANDCHILD;**

19           **(4) A SIBLING;**

20           **(5) A PARENT; OR**

21           **(6) A GRANDPARENT.**

22          **(R) (1) “SELF-ADMINISTER” MEANS A QUALIFIED INDIVIDUAL’S**  
23 **AFFIRMATIVE, CONSCIOUS, AND VOLUNTARY ACT OF INGESTING MEDICATION**  
24 **PRESCRIBED UNDER § 5-6A-07(A) OF THIS SUBTITLE TO BRING ABOUT THE**  
25 **INDIVIDUAL’S DEATH.**

26           **(2) “SELF-ADMINISTER” DOES NOT INCLUDE TAKING MEDICATION BY**  
27 **PARENTERAL INJECTION OR INFUSION.**

28          **(S) “TERMINAL ILLNESS” MEANS A MEDICAL CONDITION THAT, WITHIN**

1 REASONABLE MEDICAL JUDGMENT, INVOLVES A PROGNOSIS FOR AN INDIVIDUAL  
2 THAT THE CONDITION LIKELY WILL RESULT IN THE INDIVIDUAL'S DEATH WITHIN 6  
3 MONTHS.

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

5 5-6A-02.

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

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

9 (2) AFTER MAKING AN INITIAL ORAL REQUEST, MAKING A WRITTEN  
10 REQUEST TO THE INDIVIDUAL'S ATTENDING PHYSICIAN, IN ACCORDANCE WITH  
11 § 5-6A-03 OF THIS SUBTITLE; AND

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

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

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

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

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

23 5-6A-03.

24 (A) A WRITTEN REQUEST FOR AID IN DYING REQUIRED UNDER  
25 § 5-6A-02(A)(2) OF THIS SUBTITLE SHALL BE:

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

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

29 (3) WITNESSED BY AT LEAST TWO OTHER INDIVIDUALS WHO, IN THE

1 PRESENCE OF THE INDIVIDUAL, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE  
2 AND BELIEF THE INDIVIDUAL IS:

3 (I) OF SOUND MIND; AND

4 (II) ACTING VOLUNTARILY AND NOT BEING COERCED TO SIGN  
5 THE WRITTEN REQUEST.

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

8 (I) A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR  
9 ADOPTION; OR

10 (II) AT THE TIME THE WRITTEN REQUEST IS SIGNED BY THE  
11 INDIVIDUAL, ENTITLED TO ANY BENEFIT ON THE INDIVIDUAL'S DEATH.

12 (2) THE INDIVIDUAL'S ATTENDING PHYSICIAN MAY NOT BE A  
13 WITNESS.

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

16 MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING

17 BY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
18 (PRINT NAME) (MONTH/DAY/YEAR)

19 I, \_\_\_\_\_, AM AN ADULT OF SOUND MIND.

20 I AM SUFFERING FROM \_\_\_\_\_, WHICH MY ATTENDING  
21 PHYSICIAN HAS DETERMINED WILL, MORE LIKELY THAN NOT, RESULT IN DEATH  
22 WITHIN 6 MONTHS. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY  
23 PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED TO AID ME IN DYING,  
24 THE POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, THE FEASIBLE  
25 ALTERNATIVES, AND THE ADDITIONAL HEALTH CARE TREATMENT OPTIONS,  
26 INCLUDING PALLIATIVE CARE AND HOSPICE.

27 I HAVE ORALLY REQUESTED THAT MY ATTENDING PHYSICIAN PRESCRIBE  
28 MEDICATION THAT I MAY SELF-ADMINISTER FOR AID IN DYING, AND I NOW CONFIRM  
29 THIS REQUEST. I AUTHORIZE MY ATTENDING PHYSICIAN TO CONTACT A  
30 PHARMACIST TO FILL THE PRESCRIPTION FOR THE MEDICATION ON MY REQUEST.

31 INITIAL ONE:

1 \_\_\_\_\_ I HAVE INFORMED MY FAMILY OF MY DECISION AND TAKEN THEIR OPINIONS  
2 INTO CONSIDERATION.

3 \_\_\_\_\_ I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

4 \_\_\_\_\_ I HAVE NO FAMILY TO INFORM OF MY DECISION.

5 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME.

6 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST AND I EXPECT TO DIE IF AND  
7 WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I FURTHER UNDERSTAND THAT,  
8 ALTHOUGH MOST DEATHS OCCUR WITHIN 3 HOURS, MY DEATH MAY TAKE LONGER,  
9 AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY.

10 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I ACCEPT  
11 FULL RESPONSIBILITY FOR MY DECISION TO REQUEST AID IN DYING.

12 SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

### 13 DECLARATION OF WITNESSES

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

17 1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;  
18 OR

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

21 BY SIGNING BELOW ON THE DATE THE INDIVIDUAL NAMED ABOVE SIGNS, I  
22 DECLARE THAT:

23 THE INDIVIDUAL MAKING AND SIGNING THE ABOVE REQUEST:

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

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

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

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



1 WITNESS 1  
2 (CHECK ONE)

3 \_\_\_\_\_ I AM:

4 \_\_\_\_\_ I AM NOT:

5 1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;  
6 OR

7 2. AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY BENEFIT ON  
8 THE INDIVIDUAL'S DEATH.

9 PRINTED NAME OF WITNESS 1 \_\_\_\_\_

10 SIGNATURE OF WITNESS 1 \_\_\_\_\_ DATE \_\_\_\_\_.

11 WITNESS 2  
12 (CHECK ONE)

13 \_\_\_\_\_ I AM:

14 \_\_\_\_\_ I AM NOT:

15 1. A RELATIVE OF THE INDIVIDUAL BY BLOOD, MARRIAGE, OR ADOPTION;  
16 OR

17 2. AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY BENEFIT ON  
18 THE INDIVIDUAL'S DEATH.

19 PRINTED NAME OF WITNESS 2 \_\_\_\_\_

20 SIGNATURE OF WITNESS 2 \_\_\_\_\_ DATE \_\_\_\_\_.

21 5-6A-04.

22 (A) (1) WHEN AN ATTENDING PHYSICIAN IS PRESENTED WITH AN  
23 INDIVIDUAL'S WRITTEN REQUEST, THE ATTENDING PHYSICIAN SHALL DETERMINE  
24 WHETHER THE INDIVIDUAL:

25 (I) IS A QUALIFIED INDIVIDUAL;

26 (II) HAS MADE AN INFORMED DECISION; AND

27 (III) HAS VOLUNTARILY REQUESTED AID IN DYING.

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

3           **(B) AN ATTENDING PHYSICIAN SHALL ENSURE THAT AN INDIVIDUAL MAKES**  
4 **AN INFORMED DECISION BY INFORMING THE INDIVIDUAL OF:**

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

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

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

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

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

13           **(C) SUBJECT TO § 5-6A-06 OF THIS SUBTITLE, IF THE ATTENDING**  
14 **PHYSICIAN DETERMINES THAT AN INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS**  
15 **MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING,**  
16 **THE ATTENDING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A CONSULTING**  
17 **PHYSICIAN TO CARRY OUT THE DUTIES REQUIRED UNDER § 5-6A-05 OF THIS**  
18 **SUBTITLE.**

19 **5-6A-05.**

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

22           **(1) EXAMINE THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT**  
23 **MEDICAL RECORDS;**

24           **(2) CONFIRM THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE**  
25 **INDIVIDUAL HAS A TERMINAL ILLNESS;**

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

28           **(4) VERIFY THAT THE INDIVIDUAL IS A QUALIFIED INDIVIDUAL, HAS**  
29 **MADE AN INFORMED DECISION, AND HAS VOLUNTARILY REQUESTED AID IN DYING;**  
30 **AND**

1           **(5) DOCUMENT THE FULFILLMENT OF THE CONSULTING PHYSICIAN'S**  
2 **DUTIES UNDER THIS SECTION IN WRITING.**

3 **5-6A-06.**

4           **(A) IF, IN THE MEDICAL OPINION OF THE ATTENDING PHYSICIAN OR THE**  
5 **CONSULTING PHYSICIAN, AN INDIVIDUAL MAY BE SUFFERING FROM A CONDITION**  
6 **THAT IS CAUSING IMPAIRED JUDGMENT OR OTHERWISE DOES NOT HAVE THE**  
7 **CAPACITY TO MAKE MEDICAL DECISIONS, THE ATTENDING PHYSICIAN OR THE**  
8 **CONSULTING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A LICENSED MENTAL**  
9 **HEALTH PROFESSIONAL FOR A MENTAL HEALTH PROFESSIONAL ASSESSMENT.**

10           **(B) IF AN INDIVIDUAL IS REFERRED FOR A MENTAL HEALTH PROFESSIONAL**  
11 **ASSESSMENT UNDER SUBSECTION (A) OF THIS SECTION, AN ATTENDING PHYSICIAN**  
12 **MAY NOT PROVIDE THE INDIVIDUAL MEDICATION FOR AID IN DYING UNTIL THE**  
13 **LICENSED MENTAL HEALTH PROFESSIONAL PROVIDING THE MENTAL HEALTH**  
14 **PROFESSIONAL ASSESSMENT:**

15           **(1) DETERMINES THAT THE INDIVIDUAL HAS THE CAPACITY TO MAKE**  
16 **MEDICAL DECISIONS AND IS NOT SUFFERING FROM A CONDITION THAT IS CAUSING**  
17 **IMPAIRED JUDGMENT; AND**

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

20 **5-6A-07.**

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

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

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

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

1           **(3) COUNSEL THE QUALIFIED INDIVIDUAL CONCERNING THE**  
2 **IMPORTANCE OF:**

3           **(I) HAVING ANOTHER INDIVIDUAL PRESENT WHEN THE**  
4 **QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE MEDICATION PRESCRIBED FOR**  
5 **AID IN DYING;**

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

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

8           **(4) ENCOURAGE THE QUALIFIED INDIVIDUAL TO PREPARE AN**  
9 **ADVANCE DIRECTIVE;**

10           **(5) CONFIRM THAT THE QUALIFIED INDIVIDUAL'S REQUEST DOES**  
11 **NOT ARISE FROM COERCION OR UNDUE INFLUENCE BY ANOTHER INDIVIDUAL BY**  
12 **DISCUSSING WITH THE QUALIFIED INDIVIDUAL, OUTSIDE THE PRESENCE OF ANY**  
13 **OTHER INDIVIDUAL EXCEPT FOR AN INTERPRETER, WHETHER THE QUALIFIED**  
14 **INDIVIDUAL IS FEELING COERCED OR UNDULY INFLUENCED BY ANOTHER**  
15 **INDIVIDUAL;**

16           **(6) INFORM THE QUALIFIED INDIVIDUAL THAT THE QUALIFIED**  
17 **INDIVIDUAL MAY RESCIND THE REQUEST FOR AID IN DYING AT ANY TIME AND IN ANY**  
18 **MANNER;**

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

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

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

27                   **1. THE PRESCRIBED MEDICATION FOR AID IN DYING;**  
28 **AND**

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

31           **(II) IF THE ATTENDING PHYSICIAN DOES NOT HOLD A**

1 DISPENSING PERMIT OR DOES NOT WISH TO DISPENSE THE MEDICATION FOR AID IN  
2 DYING, AND THE QUALIFIED INDIVIDUAL REQUESTS AND PROVIDES WRITTEN  
3 CONSENT FOR THE MEDICATION FOR AID IN DYING TO BE DISPENSED BY A  
4 PHARMACIST:

5                   1.     CONTACT A PHARMACIST;

6                   2.     INFORM THE PHARMACIST OF THE PRESCRIPTION  
7 FOR MEDICATION FOR AID IN DYING; AND

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

10           (B)   (1)    A PHARMACIST WHO HAS BEEN CONTACTED AND INFORMED BY AN  
11 ATTENDING PHYSICIAN AND TO WHOM AN ATTENDING PHYSICIAN HAS SUBMITTED A  
12 PRESCRIPTION FOR MEDICATION FOR AID IN DYING IN ACCORDANCE WITH THE  
13 REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION MAY DISPENSE THE  
14 MEDICATION FOR AID IN DYING AND ANY ANCILLARY MEDICATION ONLY TO THE  
15 QUALIFIED INDIVIDUAL, THE ATTENDING PHYSICIAN, OR AN EXPRESSLY IDENTIFIED  
16 AGENT OF THE QUALIFIED INDIVIDUAL.

17           (2)    IF A PHARMACIST WHO HAS BEEN CONTACTED UNDER  
18 SUBSECTION (A)(9)(II) OF THIS SECTION DOES NOT WISH TO OR IS UNABLE TO  
19 DISPENSE THE MEDICATION FOR AID IN DYING OR ANY ANCILLARY MEDICATION,  
20 THE PHARMACIST SHALL NOTIFY THE QUALIFIED INDIVIDUAL, THE ATTENDING  
21 PHYSICIAN, AND ANY EXPRESSLY IDENTIFIED AGENT OF THE QUALIFIED  
22 INDIVIDUAL THAT THE PHARMACIST DOES NOT WISH TO OR IS UNABLE TO DISPENSE  
23 THE MEDICATION.

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

27   5-6A-08.

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

31           (1)    THE BASIS FOR DETERMINING THAT THE QUALIFIED INDIVIDUAL  
32 IS AN ADULT;

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

1           **(3) THE ATTENDING PHYSICIAN’S:**

2                   **(I) DIAGNOSIS OF THE QUALIFIED INDIVIDUAL’S TERMINAL**  
3 **ILLNESS AND PROGNOSIS; AND**

4                   **(II) DETERMINATION THAT THE QUALIFIED INDIVIDUAL HAS**  
5 **THE CAPACITY TO MAKE MEDICAL DECISIONS, HAS MADE AN INFORMED DECISION,**  
6 **AND HAS VOLUNTARILY REQUESTED AID IN DYING;**

7           **(4) DOCUMENTATION THAT THE CONSULTING PHYSICIAN HAS**  
8 **FULFILLED THE CONSULTING PHYSICIAN’S DUTIES UNDER § 5-6A-05 OF THIS**  
9 **SUBTITLE;**

10           **(5) A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE**  
11 **DURING THE MENTAL HEALTH PROFESSIONAL ASSESSMENT IF:**

12                   **(I) THE QUALIFIED INDIVIDUAL WAS REFERRED FOR A MENTAL**  
13 **HEALTH PROFESSIONAL ASSESSMENT IN ACCORDANCE WITH § 5-6A-06 OF THIS**  
14 **SUBTITLE; AND**

15                   **(II) THE MENTAL HEALTH PROFESSIONAL ASSESSMENT WAS**  
16 **PROVIDED;**

17           **(6) DOCUMENTATION OF THE ATTENDING PHYSICIAN’S OFFER TO**  
18 **THE QUALIFIED INDIVIDUAL TO RESCIND THE QUALIFIED INDIVIDUAL’S REQUEST**  
19 **FOR MEDICATION FOR AID IN DYING AT THE TIME THE ATTENDING PHYSICIAN**  
20 **WROTE THE PRESCRIPTION FOR THE MEDICATION FOR THE QUALIFIED INDIVIDUAL;**  
21 **AND**

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

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

25                   **(II) SPECIFYING THE STEPS TAKEN TO CARRY OUT THE**  
26 **QUALIFIED INDIVIDUAL’S REQUEST FOR AID IN DYING, INCLUDING THE MEDICATION**  
27 **PRESCRIBED FOR AID IN DYING.**

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

31 **5-6A-09.**

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

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

6           **(C) RECORDS OR INFORMATION COLLECTED OR MAINTAINED UNDER THIS**  
7 **SUBTITLE ARE NOT SUBJECT TO SUBPOENA OR DISCOVERY AND MAY NOT BE**  
8 **INTRODUCED INTO EVIDENCE IN ANY JUDICIAL OR ADMINISTRATIVE PROCEEDING,**  
9 **EXCEPT TO RESOLVE MATTERS CONCERNING COMPLIANCE WITH THIS SUBTITLE OR**  
10 **AS OTHERWISE SPECIFICALLY PROVIDED BY LAW.**

11 **5-6A-10.**

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

15 **5-6A-11.**

16           **(A) FOR ALL LEGAL RIGHTS AND OBLIGATIONS, RECORD-KEEPING**  
17 **PURPOSES, AND OTHER PURPOSES GOVERNED BY THE LAWS OF THE STATE,**  
18 **WHETHER CONTRACTUAL, CIVIL, CRIMINAL, OR OTHERWISE, THE DEATH OF A**  
19 **QUALIFIED INDIVIDUAL BY REASON OF THE SELF-ADMINISTRATION OF MEDICATION**  
20 **PRESCRIBED UNDER THIS SUBTITLE SHALL BE DEEMED TO BE A DEATH FROM**  
21 **NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM**  
22 **WHICH THE QUALIFIED INDIVIDUAL SUFFERED.**

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

25           **(C) SUBSECTION (A) OF THIS SECTION MAY NOT BE CONSTRUED TO**  
26 **PROHIBIT THE PROSECUTION OF A PERSON FOR MURDER OR ATTEMPTED MURDER**  
27 **IF THE PERSON, WITH THE INTENT OR EFFECT OF CAUSING THE INDIVIDUAL'S**  
28 **DEATH:**

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

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

32                   **(3) COERCES OR EXERTS UNDUE INFLUENCE ON AN INDIVIDUAL TO**

1 COMPLETE A REQUEST FOR AID IN DYING; OR

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

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

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

10 5-6A-12.

11 (A) A PROVISION IN A STATE OR FEDERAL INSURANCE POLICY, AN ANNUITY,  
12 A CONTRACT, OR ANY OTHER AGREEMENT, ISSUED OR MADE ON OR AFTER OCTOBER  
13 1, 2025, IS NOT VALID TO THE EXTENT THAT THE PROVISION WOULD ATTACH  
14 CONSEQUENCES TO OR OTHERWISE RESTRICT OR INFLUENCE AN INDIVIDUAL'S  
15 DECISION TO MAKE OR RESCIND A REQUEST FOR AID IN DYING UNDER THIS  
16 SUBTITLE.

17 (B) AN OBLIGATION UNDER A CONTRACT EXISTING ON OCTOBER 1, 2025,  
18 MAY NOT BE CONDITIONED ON OR AFFECTED BY THE MAKING OR RESCINDING OF A  
19 REQUEST FOR AID IN DYING UNDER THIS SUBTITLE.

20 (C) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING MEDICATION  
21 FOR AID IN DYING MAY NOT HAVE AN EFFECT UNDER A LIFE INSURANCE POLICY, A  
22 HEALTH INSURANCE POLICY OR CONTRACT, OR AN ANNUITY CONTRACT THAT  
23 DIFFERS FROM THE EFFECT UNDER THE POLICY OR CONTRACT OF THE QUALIFIED  
24 INDIVIDUAL'S DEATH FROM NATURAL CAUSES.

25 5-6A-13.

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

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

31 (2) A HEALTH CARE PROVIDER OR A HEALTH OCCUPATIONS BOARD  
32 MAY NOT SUBJECT A PERSON TO CENSURE, DISCIPLINE, SUSPENSION, LOSS OF  
33 LICENSE, LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR ANY OTHER PENALTY FOR



1 PARTICIPATING OR REFUSING TO PARTICIPATE IN GOOD FAITH COMPLIANCE WITH  
2 THIS SUBTITLE.

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

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

7 (2) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A  
8 GUARDIAN OR CONSERVATOR.

9 5-6A-14.

10 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
11 INDICATED.

12 (2) "NOTIFY" MEANS TO PROVIDE A SEPARATE STATEMENT IN  
13 WRITING TO A HEALTH CARE PROVIDER SPECIFICALLY INFORMING THE HEALTH  
14 CARE PROVIDER, BEFORE THE HEALTH CARE PROVIDER'S PARTICIPATION IN AID IN  
15 DYING, OF A HEALTH CARE FACILITY'S POLICY ABOUT PARTICIPATION IN AID IN  
16 DYING.

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

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

21 1. MAKING AN INITIAL DETERMINATION THAT AN  
22 INDIVIDUAL HAS A TERMINAL ILLNESS AND INFORMING THE INDIVIDUAL OF THE  
23 MEDICAL PROGNOSIS;

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

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

28 (B) (1) A HEALTH CARE FACILITY MAY PROHIBIT A HEALTH CARE  
29 PROVIDER FROM PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE ON THE  
30 PREMISES OF THE PROHIBITING HEALTH CARE FACILITY IF THE PROHIBITING  
31 HEALTH CARE FACILITY HAS NOTIFIED ALL HEALTH CARE PROVIDERS WITH  
32 PRIVILEGES TO PRACTICE ON THE PREMISES OF THE PROHIBITING HEALTH CARE

1 FACILITY'S POLICY REGARDING PARTICIPATING IN AID IN DYING.

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

5 (c) A HEALTH CARE FACILITY MAY SUBJECT A HEALTH CARE PROVIDER TO  
6 THE FOLLOWING SANCTIONS IF THE SANCTIONING HEALTH CARE FACILITY HAS  
7 NOTIFIED THE SANCTIONED HEALTH CARE PROVIDER, BEFORE THE SANCTIONED  
8 HEALTH CARE PROVIDER PARTICIPATES IN AID IN DYING, THAT THE SANCTIONING  
9 HEALTH CARE FACILITY PROHIBITS PARTICIPATION IN AID IN DYING:

10 (1) LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR OTHER  
11 SANCTIONS PROVIDED UNDER THE MEDICAL STAFF BYLAWS, POLICIES, AND  
12 PROCEDURES OF THE SANCTIONING HEALTH CARE FACILITY IF THE SANCTIONED  
13 HEALTH CARE PROVIDER IS A MEMBER OF THE SANCTIONING HEALTH CARE  
14 FACILITY'S MEDICAL STAFF AND PARTICIPATES IN AID IN DYING WHILE ON THE  
15 PREMISES OF THE SANCTIONING HEALTH CARE FACILITY;

16 (2) TERMINATION OF A LEASE OR ANY OTHER PROPERTY CONTRACT  
17 OR OTHER NONMONETARY REMEDIES PROVIDED BY A LEASE OR OTHER PROPERTY  
18 CONTRACT, NOT INCLUDING LOSS OR RESTRICTION OF MEDICAL STAFF PRIVILEGES  
19 OR EXCLUSION FROM A PROVIDER PANEL, IF THE SANCTIONED HEALTH CARE  
20 PROVIDER PARTICIPATES IN AID IN DYING WHILE ON THE PREMISES OF THE  
21 SANCTIONING HEALTH CARE FACILITY OR ON PROPERTY THAT IS OWNED BY OR  
22 UNDER THE DIRECT CONTROL OF THE SANCTIONING HEALTH CARE FACILITY; OR

23 (3) TERMINATION OF A CONTRACT OR OTHER NONMONETARY  
24 REMEDIES PROVIDED BY A CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER  
25 PARTICIPATES IN AID IN DYING WHILE ACTING IN THE COURSE AND SCOPE OF THE  
26 SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR  
27 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY.

28 (d) SUBSECTION (b) OF THIS SECTION DOES NOT PROHIBIT:

29 (1) A HEALTH CARE PROVIDER FROM PARTICIPATING IN AID IN  
30 DYING:

31 (i) WHILE ACTING OUTSIDE THE COURSE AND SCOPE OF THE  
32 HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT  
33 CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY; OR

34 (ii) OFF THE PREMISES OF THE SANCTIONING HEALTH CARE  
35 FACILITY OR OFF ANY PROPERTY THAT IS OWNED BY OR UNDER THE DIRECT

1 CONTROL OF THE SANCTIONING HEALTH CARE FACILITY; OR

2 (2) AN INDIVIDUAL FROM CONTRACTING WITH THE INDIVIDUAL'S  
3 ATTENDING PHYSICIAN OR CONSULTING PHYSICIAN TO ACT OUTSIDE THE COURSE  
4 AND SCOPE OF THE ATTENDING PHYSICIAN'S OR CONSULTING PHYSICIAN'S  
5 CAPACITY AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE SANCTIONING  
6 HEALTH CARE FACILITY.

7 5-6A-15.

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

10 (2) A HEALTH CARE FACILITY MAY NOT REQUIRE THE PHYSICIANS ON  
11 THE MEDICAL STAFF OF THE HEALTH CARE FACILITY TO PARTICIPATE IN AID IN  
12 DYING.

13 (B) IF AN INDIVIDUAL REQUESTS OR INDICATES AN INTEREST IN AID IN  
14 DYING AND THE ATTENDING PHYSICIAN OF THE INDIVIDUAL DOES NOT WISH TO  
15 PARTICIPATE IN AID IN DYING, THE ATTENDING PHYSICIAN SHALL INFORM THE  
16 INDIVIDUAL THAT THE ATTENDING PHYSICIAN DOES NOT WISH TO PARTICIPATE.

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

20 (1) THE INDIVIDUAL REQUESTS OR INDICATES AN INTEREST IN AID IN  
21 DYING;

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

24 (3) THE INDIVIDUAL TRANSFERS THE INDIVIDUAL'S CARE TO  
25 ANOTHER ATTENDING PHYSICIAN.

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

30 5-6A-16.

31 (A) A HEALTH CARE PROVIDER ACTING WITHIN THE SCOPE OF THE HEALTH  
32 CARE PROVIDER'S LICENSE OR CERTIFICATION AND IN COMPLIANCE WITH THIS

1 SUBTITLE SHALL BE DEEMED TO BE ACTING WITHIN THE STANDARD OF CARE OF THE  
2 PROVIDER'S LICENSE OR CERTIFICATION.

3 (B) THIS SUBTITLE DOES NOT EXEMPT A HEALTH CARE PROVIDER FROM  
4 MEETING THE MEDICAL STANDARDS OF CARE FOR AN INDIVIDUAL'S MEDICAL  
5 TREATMENT.

6 5-6A-17.

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

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

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

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

26 Article - Insurance

27 27-208.1.

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

34 (B) ACTIONS TAKEN IN ACCORDANCE WITH TITLE 5, SUBTITLE 6A OF THE

1 **HEALTH – GENERAL ARTICLE DO NOT, FOR ANY PURPOSE, CONSTITUTE SUICIDE,**  
2 **ASSISTED SUICIDE, MERCY KILLING, OR HOMICIDE.**

3 **(C) A PROVISION IN AN INSURANCE POLICY OR CONTRACT OR AN ANNUITY**  
4 **CONTRACT ISSUED OR DELIVERED ON OR AFTER OCTOBER 1, 2025, IS NOT VALID TO**  
5 **THE EXTENT THAT THE PROVISION WOULD ATTACH CONSEQUENCES TO OR**  
6 **OTHERWISE RESTRICT OR INFLUENCE AN INDIVIDUAL’S DECISION TO MAKE OR**  
7 **RESCIND A REQUEST FOR AID IN DYING UNDER TITLE 5, SUBTITLE 6A OF THE**  
8 **HEALTH – GENERAL ARTICLE.**

9 **(D) AN OBLIGATION UNDER AN INSURANCE POLICY OR CONTRACT OR AN**  
10 **ANNUITY CONTRACT EXISTING ON OCTOBER 1, 2025, MAY NOT BE CONDITIONED ON**  
11 **OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST FOR AID IN DYING**  
12 **UNDER TITLE 5, SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.**

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

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

24 **SECTION 3. AND BE IT FURTHER ENACTED,** That this Act shall take effect  
25 October 1, 2025.