

HOUSE BILL 1328

J1
HB 403/24 – HGO & JUD

5lr1290
CF SB 926

By: **Delegates Hill, Acevero, Allen, Bagnall, Barnes, Boyce, Charkoudian, Conaway, Crutchfield, Cullison, Ebersole, Fair, Feldmark, Foley, Forbes, Guzzone, Kaiser, Kaufman, Kerr, Korman, Lehman, R. Lewis, Lopez, McCaskill, Moon, Palakovich Carr, Pasteur, Pena–Melnyk, Qi, Ruff, Ruth, Schindler, Shetty, Simmons, Simpson, Solomon, Spiegel, Stein, Stewart, Taveras, Terrasa, Vogel, Wells, Wilkins, Williams, Wolek, Woorman, Wu, and Ziegler**

Introduced and read first time: February 7, 2025

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 2024 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to

2 Article – Health – General

3 Section 5–6A–01 through 5–6A–17 to be under the new subtitle “Subtitle 6A. The

4 Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass

5 End-of-Life Option Act”

6 Annotated Code of Maryland

7 (2023 Replacement Volume and 2024 Supplement)

8 BY adding to

9 Article – Insurance

10 Section 27–208.1

11 Annotated Code of Maryland

12 (2017 Replacement Volume and 2024 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

14 That the Laws of Maryland read as follows:

15 **Article – Criminal Law**

16 3–103.

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

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

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

27 (2) in accordance with reasonable medical practice.

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

31 **[(c)] (D)** (1) Unless the family member knowingly administers a procedure or
32 administers or dispenses a medication to cause death, a family member does not violate
33 § 3–102 of this subtitle if the family member:

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

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

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

Article – Health – General

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

5-6A-01.

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

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

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

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

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

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

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

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

(F) “HEALTH CARE FACILITY” MEANS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) OPTIMIZES THE INDIVIDUAL’S QUALITY OF LIFE BY

1 ANTICIPATING, PREVENTING, AND TREATING THE INDIVIDUAL'S SUFFERING
2 THROUGHOUT THE CONTINUUM OF THE INDIVIDUAL'S TERMINAL ILLNESS;

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

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

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

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

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

15 (1) IS AN ADULT;

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

17 (3) HAS A TERMINAL ILLNESS; AND

18 (4) 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
28 PRESCRIBED UNDER § 5-6A-07(A) OF THIS SUBTITLE TO BRING ABOUT THE

1 INDIVIDUAL'S DEATH.

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

4 (S) "TERMINAL ILLNESS" MEANS A MEDICAL CONDITION THAT, WITHIN
5 REASONABLE MEDICAL JUDGMENT, INVOLVES A PROGNOSIS FOR AN INDIVIDUAL
6 THAT THE CONDITION LIKELY WILL RESULT IN THE INDIVIDUAL'S DEATH WITHIN 6
7 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) IN SUBSTANTIALLY THE SAME FORM SET FORTH IN SUBSECTION
(C) OF THIS SECTION;

(2) SIGNED AND DATED BY THE INDIVIDUAL; AND

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

(I) OF SOUND MIND; AND

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

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

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

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

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

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

MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING

By: _____ DATE OF BIRTH: _____
(PRINT NAME) (MONTH/DAY/YEAR)

I, _____, AM AN ADULT OF SOUND MIND.

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

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

INITIAL ONE:

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

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

_____ I HAVE NO FAMILY TO INFORM OF MY DECISION.

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

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

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

SIGNED: _____ DATED: _____

DECLARATION OF WITNESSES

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

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

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

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

THE INDIVIDUAL MAKING AND SIGNING THE ABOVE REQUEST:

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

2. SIGNED THIS REQUEST IN MY PRESENCE ON THE DATE OF THE

1 INDIVIDUAL'S SIGNATURE;

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

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

5 WITNESS 1

6 (CHECK ONE)

7 _____ I AM:

8 _____ I AM NOT:

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

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

13 PRINTED NAME OF WITNESS 1 _____

14 SIGNATURE OF WITNESS 1 _____ DATE _____.

15 WITNESS 2

16 (CHECK ONE)

17 _____ I AM:

18 _____ I AM NOT:

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

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

23 PRINTED NAME OF WITNESS 2 _____

24 SIGNATURE OF WITNESS 2 _____ DATE _____.

25 5-6A-04.

26 (A) (1) WHEN AN ATTENDING PHYSICIAN IS PRESENTED WITH AN
27 INDIVIDUAL'S WRITTEN REQUEST, THE ATTENDING PHYSICIAN SHALL DETERMINE
28 WHETHER THE INDIVIDUAL:

1 (I) IS A QUALIFIED INDIVIDUAL;

2 (II) HAS MADE AN INFORMED DECISION; AND

3 (III) HAS VOLUNTARILY REQUESTED AID IN DYING.

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

6 (B) AN ATTENDING PHYSICIAN SHALL ENSURE THAT AN INDIVIDUAL MAKES
7 AN INFORMED DECISION BY INFORMING THE INDIVIDUAL OF:

8 (1) THE INDIVIDUAL'S MEDICAL DIAGNOSIS;

9 (2) THE INDIVIDUAL'S PROGNOSIS;

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

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

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

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

22 5-6A-05.

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

25 (1) EXAMINE THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT
26 MEDICAL RECORDS;

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

29 (3) IF REQUIRED UNDER § 5-6A-06 OF THIS SUBTITLE, REFER THE

1 INDIVIDUAL FOR A MENTAL HEALTH PROFESSIONAL ASSESSMENT;

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

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

7 5-6A-06.

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

14 (B) IF AN INDIVIDUAL IS REFERRED FOR A MENTAL HEALTH PROFESSIONAL
15 ASSESSMENT UNDER SUBSECTION (A) OF THIS SECTION, AN ATTENDING PHYSICIAN
16 MAY NOT PROVIDE THE INDIVIDUAL MEDICATION FOR AID IN DYING UNTIL THE
17 LICENSED MENTAL HEALTH PROFESSIONAL PROVIDING THE MENTAL HEALTH
18 PROFESSIONAL ASSESSMENT:

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

22 (2) COMMUNICATES THIS DETERMINATION TO THE ATTENDING
23 PHYSICIAN AND THE CONSULTING PHYSICIAN IN WRITING.

24 5-6A-07.

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

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

33 (2) (I) INFORM THE QUALIFIED INDIVIDUAL THAT THE QUALIFIED

1 INDIVIDUAL MAY WISH TO NOTIFY NEXT OF KIN OF THE REQUEST FOR AID IN DYING;
2 AND

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

6 (3) COUNSEL THE QUALIFIED INDIVIDUAL CONCERNING THE
7 IMPORTANCE OF:

8 (I) HAVING ANOTHER INDIVIDUAL PRESENT WHEN THE
9 QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE MEDICATION PRESCRIBED FOR
10 AID IN DYING;

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

12 (III) PARTICIPATING IN A HOSPICE PROGRAM;

13 (4) ENCOURAGE THE QUALIFIED INDIVIDUAL TO PREPARE AN
14 ADVANCE DIRECTIVE;

15 (5) CONFIRM THAT THE QUALIFIED INDIVIDUAL'S REQUEST DOES
16 NOT ARISE FROM COERCION OR UNDUE INFLUENCE BY ANOTHER INDIVIDUAL BY
17 DISCUSSING WITH THE QUALIFIED INDIVIDUAL, OUTSIDE THE PRESENCE OF ANY
18 OTHER INDIVIDUAL EXCEPT FOR AN INTERPRETER, WHETHER THE QUALIFIED
19 INDIVIDUAL IS FEELING COERCED OR UNDULY INFLUENCED BY ANOTHER
20 INDIVIDUAL;

21 (6) INFORM THE QUALIFIED INDIVIDUAL THAT THE QUALIFIED
22 INDIVIDUAL MAY RESCIND THE REQUEST FOR AID IN DYING AT ANY TIME AND IN ANY
23 MANNER;

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

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

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

32 1. THE PRESCRIBED MEDICATION FOR AID IN DYING;

1 AND

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

4 (II) IF THE ATTENDING PHYSICIAN DOES NOT HOLD A
5 DISPENSING PERMIT OR DOES NOT WISH TO DISPENSE THE MEDICATION FOR AID IN
6 DYING, AND THE QUALIFIED INDIVIDUAL REQUESTS AND PROVIDES WRITTEN
7 CONSENT FOR THE MEDICATION FOR AID IN DYING TO BE DISPENSED BY A
8 PHARMACIST:

9 1. CONTACT A PHARMACIST;

10 2. INFORM THE PHARMACIST OF THE PRESCRIPTION
11 FOR MEDICATION FOR AID IN DYING; AND

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

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

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

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

31 5-6A-08.

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

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

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

5 (3) THE ATTENDING PHYSICIAN'S:

6 (I) DIAGNOSIS OF THE QUALIFIED INDIVIDUAL'S TERMINAL
7 ILLNESS AND PROGNOSIS; AND

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

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

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

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

19 (II) THE MENTAL HEALTH PROFESSIONAL ASSESSMENT WAS
20 PROVIDED;

21 (6) DOCUMENTATION OF THE ATTENDING PHYSICIAN'S OFFER TO
22 THE QUALIFIED INDIVIDUAL TO RESCIND THE QUALIFIED INDIVIDUAL'S REQUEST
23 FOR MEDICATION FOR AID IN DYING AT THE TIME THE ATTENDING PHYSICIAN
24 WROTE THE PRESCRIPTION FOR THE MEDICATION FOR THE QUALIFIED INDIVIDUAL;
25 AND

26 (7) A STATEMENT BY THE ATTENDING PHYSICIAN:

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

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

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

5-6A-09.

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

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

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

5-6A-10.

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

5-6A-11.

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

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

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

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

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

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

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

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

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

5-6A-12.

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

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

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

5-6A-13.

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

(1) A PERSON MAY NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN GOOD FAITH

1 COMPLIANCE WITH THIS SUBTITLE, INCLUDING BEING PRESENT WHEN A QUALIFIED
2 INDIVIDUAL SELF-ADMINISTERS MEDICATION PRESCRIBED FOR AID IN DYING; AND

3 (2) A HEALTH CARE PROVIDER OR A HEALTH OCCUPATIONS BOARD
4 MAY NOT SUBJECT A PERSON TO CENSURE, DISCIPLINE, SUSPENSION, LOSS OF
5 LICENSE, LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR ANY OTHER PENALTY FOR
6 PARTICIPATING OR REFUSING TO PARTICIPATE IN GOOD FAITH COMPLIANCE WITH
7 THIS SUBTITLE.

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

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

12 (2) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A
13 GUARDIAN OR CONSERVATOR.

14 5-6A-14.

15 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
16 INDICATED.

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

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

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

26 1. MAKING AN INITIAL DETERMINATION THAT AN
27 INDIVIDUAL HAS A TERMINAL ILLNESS AND INFORMING THE INDIVIDUAL OF THE
28 MEDICAL PROGNOSIS;

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

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

1 **(B) (1) A HEALTH CARE FACILITY MAY PROHIBIT A HEALTH CARE**
2 **PROVIDER FROM PARTICIPATING IN AID IN DYING UNDER THIS SUBTITLE ON THE**
3 **PREMISES OF THE PROHIBITING HEALTH CARE FACILITY IF THE PROHIBITING**
4 **HEALTH CARE FACILITY HAS NOTIFIED ALL HEALTH CARE PROVIDERS WITH**
5 **PRIVILEGES TO PRACTICE ON THE PREMISES OF THE PROHIBITING HEALTH CARE**
6 **FACILITY'S POLICY REGARDING PARTICIPATING IN AID IN DYING.**

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

10 **(C) A HEALTH CARE FACILITY MAY SUBJECT A HEALTH CARE PROVIDER TO**
11 **THE FOLLOWING SANCTIONS IF THE SANCTIONING HEALTH CARE FACILITY HAS**
12 **NOTIFIED THE SANCTIONED HEALTH CARE PROVIDER, BEFORE THE SANCTIONED**
13 **HEALTH CARE PROVIDER PARTICIPATES IN AID IN DYING, THAT THE SANCTIONING**
14 **HEALTH CARE FACILITY PROHIBITS PARTICIPATION IN AID IN DYING:**

15 **(1) LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR OTHER**
16 **SANCTIONS PROVIDED UNDER THE MEDICAL STAFF BYLAWS, POLICIES, AND**
17 **PROCEDURES OF THE SANCTIONING HEALTH CARE FACILITY IF THE SANCTIONED**
18 **HEALTH CARE PROVIDER IS A MEMBER OF THE SANCTIONING HEALTH CARE**
19 **FACILITY'S MEDICAL STAFF AND PARTICIPATES IN AID IN DYING WHILE ON THE**
20 **PREMISES OF THE SANCTIONING HEALTH CARE FACILITY;**

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

28 **(3) TERMINATION OF A CONTRACT OR OTHER NONMONETARY**
29 **REMEDIES PROVIDED BY A CONTRACT IF THE SANCTIONED HEALTH CARE PROVIDER**
30 **PARTICIPATES IN AID IN DYING WHILE ACTING IN THE COURSE AND SCOPE OF THE**
31 **SANCTIONED HEALTH CARE PROVIDER'S CAPACITY AS AN EMPLOYEE OR**
32 **INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE FACILITY.**

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

34 **(1) A HEALTH CARE PROVIDER FROM PARTICIPATING IN AID IN**
35 **DYING:**

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

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

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

5-6A-15.

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

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

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

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

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

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

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

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

1 SUBTITLE.

2 5-6A-16.

3 (A) A HEALTH CARE PROVIDER ACTING WITHIN THE SCOPE OF THE HEALTH
4 CARE PROVIDER'S LICENSE OR CERTIFICATION AND IN COMPLIANCE WITH THIS
5 SUBTITLE SHALL BE DEEMED TO BE ACTING WITHIN THE STANDARD OF CARE OF THE
6 PROVIDER'S LICENSE OR CERTIFICATION.

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

10 5-6A-17.

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

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

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

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

30 Article – Insurance

31 27-208.1.

32 (A) FOR ALL LEGAL RIGHTS AND OBLIGATIONS AND OTHER PURPOSES
33 GOVERNED BY THIS ARTICLE, THE DEATH OF AN INDIVIDUAL BY REASON OF THE

1 SELF-ADMINISTRATION OF MEDICATION PRESCRIBED UNDER TITLE 5, SUBTITLE
2 6A OF THE HEALTH – GENERAL ARTICLE SHALL BE DEEMED TO BE A DEATH FROM
3 NATURAL CAUSES, SPECIFICALLY AS A RESULT OF THE TERMINAL ILLNESS FROM
4 WHICH THE INDIVIDUAL SUFFERED.

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

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

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

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

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

29 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
30 October 1, 2025.