POLICY:

This agency's policy is to provide reasonable and necessary care to patients, comply with the state requirements as they apply to end-of-life care, and support patients who may wish to avail themselves of their legal right to pursue medical aid-in-dying (MAID) as their end-of-life option.

DEFINITIONS:

"Attending physician" – means the physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease. As defined within the law, this person is the prescriber of aid-in-dying medications. (Washington state includes NP and PAs)

"Consulting physician" – means a physician who is independent from the attending physician and is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual's terminal disease. (Washington state includes NP and PAs)

"Ingestion" – means any route of administration via the GI tract, e.g., oral, via NG or GT, or rectal.

"Self-administer" – means a qualified patient's affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug.

PURPOSE:

To guide staff on the specific state-approved Medical Aid-in-Dying laws, which allow terminally ill, mentally capable state residents who are adults, 18 years or older, with a prognosis of six months or less the option to request from a medical or osteopathic physician or nurse practitioner (where applicable by law) medication that they can choose to self-administer to shorten their dying process. Each law generally outlines a process a person must legally follow and includes significant safeguards io protect persons from coercion. Information related to specific states can be found on SharePoint on the Medical Aid-in-Dying. (M.A.I.D.) Hub: Medical Aid-in-Dying Hub (sharepoint.com)

PROCEDURE:

I. AccentCare will make information on its policy publicly available where required by applicable law.
   1. AccentCare will make information on its policy publicly available where required by applicable law. Public Posting location for AccentCare https://www.accentcare.com/laws-regulations/

II. All staff members in a state with a Medical Aid-in-Dying law, along with all Physicians and cALL Center staff, will be trained upon hire and annually. They are required to:
   1. Understand the law of their state.

2. Understand the policy and process.
3. If not well-versed, be prepared to redirect to another clinician if a patient/family seeks information in a compassionate manner.
4. Show support to team members irrespective of their position on the law.

III. Care of Patients

Contractors and volunteers are included with staff.

1. Agencies that provide quality end-of-life care, symptom management, and services to all patients and families with the goal of providing excellent patient care, safe and comfortable dying, regardless of whether the patient chooses to participate in medical aid-in-dying in compliance with state regulations. Hospice team members are welcome to talk to patients about state-approved MAID laws and are encouraged to provide educational, emotional, and spiritual support to those considering this option. Discussion of laws regarding MAID, or availing of the law, would not be a reason to discharge an eligible patient from our services.

2. No staff member shall assist the patient in preparing or administering medical aid-in-dying medications.

3. This agency shall explore and evaluate patients' statements about all end-of-life options, including medical aid-in-dying, if they arise during intake and/or subsequent visits.

4. Patients who inquire about the option of securing the medical aid-in-dying medication shall be asked to contact their attending physician, which may be the Hospice/Palliative Medical Director. At the same time, the agency continues to provide standard services.

5. Staff who are aware that a patient is considering procuring medication for medical aid-in-dying shall inform the RN case manager and the Clinical Manager with notification to the hospice Regional Director of Patient Experience (RDPE) for guidance.

6. Patients who verbalize the intent to secure medical aid-in-dying medication shall be informed that this information will be shared with the care team for appropriate support. Staff shall maintain the patient's confidentiality and not disclose these details with the patient's next of kin; however, as all of the laws preclude this without the patient's explicit consent.

7. Staff who are morally or ethically opposed to medical aid-in-dying shall have the option of transferring care responsibilities to other staff if their patient states intent to pursue medical aid-in-dying, without fear of retaliation.

8. If the patient chooses to pursue medical aid-in-dying as an option, the patient will be informed that the agency shall continue to provide reasonable and necessary physician-ordered services to the patient.

9. The patient is responsible for obtaining a physician who may fulfill their wishes for medical aid-in-dying.

10. If, upon arriving at a patient's home, a staff member discovers that the patient, who had not previously divulged their intention to utilize medical aid-in-dying medication, is in the process of taking or has taken the MAID medication, the staff member should notify their supervisor immediately. If a patient requests that staff be present when the aid-in-dying medication is self-administered, at least two (2) team members must attend.

11. The Ethics Committee shall meet to review end-of-life policies and procedures, including review of updates to MAID statutes. When a challenging case presents itself, the Ethics Committee shall convene an ad hoc meeting to support the team.

12. At admission, staff shall inform patients of the AccentCare policy to provide standard home health, hospice, or palliative services to patients regardless of their stated interest or intent in pursuing medical aid-in-dying.

13. If a patient or family member wishes to discuss their state-approved MAID law, team members may provide education as available on SharePoint.
14. Team members shall maintain the confidentiality of patient requests, including next of kin under state law, if the patient identifies their wish for such.

15. The Hospice/Palliative Medical Director may serve, if they choose, as the attending or consulting physician as defined in the medical aid-in-dying regulations.

16. If the Hospice /Palliative Medical Director chooses not to be the attending for medical aid-in-dying, they may refer the patient to a community physician. The patient is responsible for obtaining a physician who may fulfill their wishes for aid-in-dying.

17. No employee, contractor, or volunteer of the agency may serve as a witness to the document serving to qualify the patient for medical aid-in-dying unless expressly permitted by law. The attending physician may never serve as a witness, per all statutes.

18. Anticipatory Grief and post-death Bereavement support shall be available to all families.

19. Prior to the patient's ingesting the medical aid-in-dying medication the staff shall assist the patient with the following routine care:
    a. Ensure the patient's Advance Directive forms (POLST/MOST) are complete and in the home.
        i) Team members will explain to the patient that the agency is required to follow state law with regard to life-sustaining treatment if a Do Not Resuscitate Order is not obtained.
    b. Encourage the patient to make funeral arrangements, including discussion of the disposition of body, if needed.
    c. Encourage the patient to complete any other end-of-life arrangements.
    d. Instruct caregivers to contact Agency at time of death.
    e. Identify next of kin who will be notified of the death if they will not be in attendance.
    f. Provide the patient and family members or other caregivers with information about safe disposal of medications.
    g. If the patient dies without self-administering the medical aid-in-dying medication and these medications are in the home, staff shall be deployed to the patient's residence to instruct and observe the family or caregiver with proper disposal of these medications safely according to policy.
20. Complete any additional documentation needed in the patient's chart, i.e., non-clinical notes, end-of-life notes, etc. The care team shall utilize MAID coordination notes in the electronic medical record system (HCHB). State laws have a confidentiality clause that restricts access to dialogue/discussion by anyone other than the patient and their medical team; as such, only the appropriate PAD coordination notes in Home Care Home Base may be utilized.

21. If a staff member arrives at a patient's home and finds that the patient has taken the medical aid-in-dying medication and has died, the staff member is to provide professional services as in any other cases and initiate the usual bereavement follow-up with the family or significant other(s).

IV. Patient Discussions Related to the Option of Medical Aid in Dying

1. Patients may want to discuss the option of medical aid-in-dying with staff, in which case staff shall respond to patient questions or statements regarding the end-of-life option with respect and compassion.

2. Where applicable by law, the hospice team members will inform the facility staff of any communications related to medical aid in dying.

3. If a hospice team member is aware that a formal request has been made to an attending/hospice physician, or the patient has initiated dialogue related to MAID, the

Team Director, Regional Hospice Medical Director, and Regional Director of Patient Experience will be immediately notified.

4. When a patient/family has verbalized interest in this end-of-life option, staff, and volunteers, working with a patient/family shall:
   a. Obtain patient permission prior to communicating with a patient's family members, caregivers, or friends,
      i. While it is recommended that patients inform their families of their wishes around obtaining medical aid-in-dying medication, patients are not legally required to inform their families or caregivers of their wishes.
   b. Inquire about the patient's concerns, fears, symptoms, priorities, and care preferences.

V. Staff Presence at Time of Patient Death

1. Staff is not expected to remain in the home until the patient's death and may not be available.

2. If staff are present at time of aid-in-dying medication ingestion, at least two staff members must attend. The visit is an end-of-life visit in which symptom management, comfort, and supportive counseling are the focus.

VI. On-call and time of death instructions visit standards

1. Time of death visits shall be managed according to normal procedures with on-call staff making a determination according to the individual family needs and specific circumstances.
2. Agency staff shall inform on-call if they are aware that the patient is planning to ingest medical aid-in-dying medication during on-call hours. Documentation shall be placed in the EMR under the MAID communication note.
3. Time of death announcement to staff and volunteers shall not list information related to medical aid-in-dying.
   a. Notify the attending physician (by law) if they were not present at the time of death.
4. The patient's death certificate will list the underlying illness as the cause of death, pursuant to the law.
5. A meeting may be held, consisting of involved team members and other national roles, to debrief and review the case. The Director of Clinical Operations should reach out to the Hospice Regional Director of Patient Experience to coordinate.

VII. Documentation related to requests for end-of-life medications

1. If patients have requested or obtained medical aid-in-dying medications, staff shall document:
   a. That the medical aid-in-dying medications have been dispensed and are in the patient's home.
   b. The specific medications dispensed for medical aid-in-dying for this patient, if known.
   c. Staff presence at time of death as a subsequent visit and/or death notes as with any hospice/palliative death.
   d. Time of death visit including:
      i. healthcare professional/staff presence
      ii. time of death
      iii. bereavement concerns
   e. Hospice team members present with the patient/family at the time of self-administration and subsequent death will document in the appropriate visit profile for their discipline. Documentation will be completed in *MAID – Staff Present at Ingestion/Death* Documentation indicates:
      i. Confirmation that patient presented with decisional capacity (within the discipline's scope of practice) prior to self-administering aid-in-dying medication.
      ii. Medication (if known) and dose taken by the patient.
      iii. Location/setting.
      iv. All persons present and relationship to the patient.
      v. Approximate time of death, if present.
   f. If an attending physician or another licensed healthcare provider is present at death and ensure all state-required forms are completed and in the medical record.

VIII. Conscientious Objections and Personal Responsibility Related to Patients Requesting Medical Aid-in-Dying Medications

1. The agency recognizes that each patient care staff member including volunteers and physicians will need to thoughtfully consider whether it is within their ability, values, and beliefs to provide care for patients who are requesting medical aid-in-dying medications.

2. It is the staff member's responsibility to inform appropriate staff (Administrator or Team Director) of concerns or reluctance around caring for patients who are requesting medical aid-in-dying prescriptions. Staff members may request to be reassigned from the care of a person considering medical aid in dying.

State-Specific Requirements

Each state has specific forms, physician requirements, and required documentation.

In each state, the use of the law cannot affect the status of a patient's health, life, or annuity insurance policies.

Public Posting location for AccentCare https://www.accentcare.com/laws-regulations/

Arizona: no current law

California: AB-15, ABX2-15 - End of Life Option Act passed in 2016. The law took effect on June 9, 2016. Later, SB 380 was signed by the Governor on October 5, 2021, which became effective on January 1, 2022.

1. Translators should be made available for non-English speakers.
   a. An interpreter whose services are provided shall not be related to the qualified individual by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the person's estate upon death.
   b. Interpreters are required to complete a declaration form.
2. In January 2022, the law allowed the individual to make 2 oral requests a minimum of 48 hours apart, including a written request to their attending physician.
3. Physicians must instruct patients and provide a form for patients to document intent to use the medical aid-in-dying prescription 48 hours prior to use.
4. The physician must request that the patient notify his or her next of kin about the prescription request.
5. The patient must be informed that the medication should be taken in a private place with another person present.
6. The request shall be signed and dated, in the presence of two witnesses, by the individual seeking the aid-in-dying drug.
   a. Only one of the two witnesses at the time the written request is signed may:
      1) Be related to the qualified individual by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the individual's estate upon death.
      2) Own, operate, or be employed at a healthcare facility where the individual is receiving medical treatment or resides.
   b. The attending physician, consulting physician, or mental health specialist of the individual shall NOT be one of the witnesses.
7. Before prescribing an aid-in-dying drug, the attending physician shall:
   a. Determine the requesting adult has the capacity to make medical decisions,
      i) If there are indications of a mental disorder, the physician shall refer the individual for a mental health specialist assessment.

ii) If a mental health specialist assessment referral is made, no aid-in-dying drugs shall be prescribed until the mental health specialist determines that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

b. Determine whether the requesting adult has a terminal disease,
c. Determine the requesting adult has voluntarily made the request,
d. Refer the individual to a consulting physician for a medical confirmation of the diagnosis and prognosis, and for a determination that the individual has the capacity to make medical decisions.
d. Determine whether the requesting adult is a qualified individual.

8. An individual may at any time withdraw or rescind their request for an aid-in-dying drug or decide not to ingest an aid-in-dying drug, without regard to the individual's mental state.
9. Within 30 calendar days of writing a prescription for an aid-in-dying drug, the attending physician shall submit to the State Department of Public Health a copy of the qualifying patient's written request, the attending physician checklist and compliance form, and the consulting physician compliance form.
10. Within 30 calendar days following the qualified individual's death from ingesting the aid-in-dying drug, or any other cause, the attending physician shall submit the attending physician follow up form to the State Department of Public Health.
11. A person who is present may, without civil or criminal liability, assist the qualified individual by preparing the aid-in-dying drug so long as the person does NOT assist the qualified person in ingesting the aid-in-dying drug.
12. the information collected shall be confidential and shall be collected in a manner that protects the privacy of the patient, the patient's family, and any medical provider or pharmacist involved with the patient under the provisions of this part. The information shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.
13. A person who has custody or control of any unused aid-in-dying drugs prescribed after the death of the patient shall personally deliver the unused aid-in-dying drugs for disposal by delivering it to the nearest qualified facility that properly disposed of controlled substances, if none is available, shall dispose of it by lawful means in accordance with guidelines promulgated by the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program.

Resources available at: https://www.deathwithdignity.org/states/california/ or
VSB End of Life Option Act (ca.gov)
Regulations: Health and Safety Code Division 1, Part 1.85, Section 443 to 443.22

Connecticut: no current law

Colorado: Proposition 106 - End of Life Options Act, passed in November 2016 and took effect December 16, 2016.

1. Health facilities must provide information about its policy related to medical-aid-in-dying
2. The cause of death for patient using the medical aid-in-dying option:
   a. The underlying terminal disease must be listed as the cause of death.
   b. The manner of death must be marked as "Natural."
   c. The cause of death section may not contain any language that indicates that the Colorado End-of-Life Options Act was used, such as:
      i. Suicide
      ii. Assisted suicide
      iii. Physician-assisted suicide
      iv. Death with Dignity
      v. Mercy killing
      vi. Euthanasia
      vii. Medication
3. An adult resident of Colorado may make a request to receive a prescription for the medical aid-in-dying medication if:
   a. The individual's attending physician has diagnosed the individual with a terminal illness with a prognosis of six months or less,
   b. The individual's attending physician has determined the individual has mental capacity,
   c. The individual has voluntarily expressed the wish to receive a prescription for medical aid-in-dying medication,
   d. The right to request medical aid-in-dying medication does not exist because of age or disability.
4. In order to receive a prescription for medical aid-in-dying medication and individual who satisfies the requirements, must make two oral requests, separated by at least 15 days, and a valid written request to their attending physician.
   a. To be valid, a written request for medical aid-in-dying medication must be:
      i. Signed and dated by the individual seeking the medical aid-in-dying medication; and
      ii. Witnessed by at least two individuals who, in the presence of the individual, attest to the best of their knowledge and belief that the individual is:
         1) Mentally capable;
         2) Acting voluntarily; and
         3) Not being coerced to sign the request.
   b. Of the two witnesses to the written request, at least one must NOT be:
      i. Related to the individual by blood, marriage, civil union, or adoption;
      ii. An individual who at the time the request is signed, is entitled, under a will or by operation of law, to any portion of the individual's estate upon their death; or
      iii. An owner, operator, or employee of a health care facility where the individual is receiving medical treatment or is a resident.

c. Neither the individual's attending physician nor a person authorized as the individual's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.

5. An attending physician shall not write a prescription for medical aid-in-dying medication unless the attending physician offers the qualified individual an opportunity to rescind the request for the medical aid-in-dying medication.
6. At any time, an individual may rescind their request for medical aid-in-dying medication without regard to the individual's mental state.
7. The attending physician shall:
   a. Make the initial determination of whether an individual requesting medical aid-in-dying medication has a terminal illness, has a prognosis of six months or less, is mentally capable, is making an informed decision and has made the request voluntarily.
   b. Refer the individual to a licensed mental health professional if the attending physician believes that the individual may not be mentally capable of making an informed decision.
   c. Counsel the individual on the importance of:
      i. Not taking the medical aid-in-dying medication in a public place,
      ii. Notifying their next of kin of the request for medical aid-in-dying medication,
      iii. Having another person present when the individual self-administers the medical aid-in-dying medication,
      iv. Safe-keeping and proper disposal of unused medical aid-in-dying medication.
8. Before an individual who is requesting medical aid-in-dying medication may receive a prescription, a consulting physician must:
   a. Examine the individual and their medical records,
   b. Confirm, in writing, to the attending physician:
      i. The individual has a terminal illness,
      ii. The individual has a prognosis of six months or less;
      iii. The individual is making an informed decision; and
      iv. That the individual is mentally capable or provide documentation that the consulting physician has referred the individual for further evaluation.
         1) A licensed mental health professional who evaluates an individual shall communicate in writing to the attending or consulting physician who requested the evaluation, his or her conclusions about whether the individual is mentally capable and making informed decisions.
         2) If the licensed mental health professional determines that the individual is not mentally capable of making informed decisions, the person shall not be deemed a qualified individual and the attending physician shall not prescribe medical aid-in-dying medication to the individual.

9. Unless otherwise prohibited by law, the attending physician or the hospice medical director shall sign the death certificate of a qualified individual who obtained and self-administered the aid-in-dying medication.
    a. When a death has occurred, the cause of death shall be listed as the underlying terminal illness and the death does not constitute grounds for post-mortem inquiry.
10. Physicians and health care providers shall provide medical services that meet or exceed the standard of care for end-of-life medical care.
11. If a health care provider is unable or unwilling to carry out an eligible individual's request and the individual transfers care to a new health care provider, the health care provider shall coordinate transfer of the individual's medical records to a new health care provider.
12. A person is not subject to civil or criminal liability or professional disciplinary action for acting in good faith, which includes being present when a qualified individual self-administers the prescribed medical aid-in-dying medication.
13. A health care facility or other health care provider shall not subject a physician, nurse, pharmacist, or other person to discipline, suspension, loss of license or privileges, or any other penalty or sanction for actions taken in good faith for refusing to act under this law.
14. A health care facility must notify patients in writing of its policy with regard to medical aid-in-dying. A health care facility that fails to provide advance notification to patients shall not be entitled to enforce such a policy.
15. A person who has custody or control of medical aid-in-dying medication dispensed that the terminally ill individual decides not to use or that remains unused after the terminally ill individual's death shall dispose of the unused medical aid-in dying medication either by:
    a. Returning the unused medical aid-in-dying medication to the attending physician who prescribed the medical aid in dying medication, who shall dispose of the unused medication in the manner required by law; or
    b. Lawful means in accordance with section 25-15-325 CRS or any other state or federally approved medication take-back program authorized under the federal secure and responsible drug disposal act of 2010, and regulations adopted pursuant to the federal act.

Resources available at: https://www.deathwithdignity.org/states/colorado/
Regulations: CRS 25-48-101 to 25-48-123

Delaware: no current law

Florida: no current law

Georgia: no current law

Indiana: no current law

Illinois: no current law

Maryland: no current law

Massachusetts: no current law

Michigan: no current law

Minnesota: no current law

Mississippi: no current law

Missouri: no current law

Nevada: no current law

New Jersey: A1054 - Aid in Dying for the Terminally Ill Act, signed into law April 12, 2019, and took effect on August 1, 2019.

1. At least 15 days shall elapse between the initial oral request and the second oral request,
2. The patient may submit the written request to the attending physician when the patient makes the initial oral request or at any time thereafter,
3. At least 48 hours shall elapse between the patient's initial oral request and the writing of the prescription
4. The attending physician must inform the patient of alternatives, including palliative care, hospice, and pain management options
5. All prescriptions for medical aid-in-dying must be reported to the state.
6. A valid written request for medication shall be in the form set forth by the state.
    a. The written request shall be signed and dated by the patient and witnessed by at least two individuals who, in the patient's presence, attest that, to the best of their knowledge and belief, the patient is capable and acting voluntarily to sign the request.
    b. At least one of the witnesses shall be a person who is NOT:
        i. A relative of the patient by blood, marriage, or adoption,
        ii. At the time the request is signed, entitled to any portion of the patient's estate upon the patient's death under any will or by operation of law,

iii. An owner, operator, or employee of a health care facility, other than a long-term care facility, where the patient is receiving medical treatment or is a resident.
iv. The patient's attending physician at the time the request is signed shall NOT serve as a witness.

7. The attending physician shall ensure that all appropriate steps are carried out before writing a prescription for medication that a qualified terminally ill patient may choose to self-administer including such actions as are necessary to:
   a. Make the initial determination of whether a patient is terminally ill, is capable, and has voluntarily made the request,
   b. Refer the patient to a consulting physician for medical confirmation of the diagnosis and prognosis, and determination that the patient is capable of acting voluntarily,
   c. Refer the patient to a mental health care professional, if appropriate,
   d. Inform that patient of the patient's opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind the request at the time the patient makes a second oral request, and
   e. Fulfill the medical record documentation requirements.
8. A patient shall not be considered a qualified terminally ill patient until a consulting physician has:
   a. Examined that the patient and the patient's relevant medical records;
   b. Confirmed in writing, the attending physician's diagnosis that the patient is terminally ill, and
   c. Verified that the patient is capable, is acting voluntarily, and has made an informed decision to request medication, that if prescribed, the patient may choose to self-administer.
9. If, in the medical opinion of the attending or consulting physician, a patient may not be capable, the physician shall refer the patient to a mental health care professional to determine whether the patient is capable. A consulting physician who refers a patient to a mental health care professional shall provide written notice of the referral to the attending physician.
   a. If a patient has been referred to a mental health care professional, the attending physician shall not write a prescription for medication unless the attending physician has been notified in writing by the mental health care professional of that individual's determination that the patient is capable.
10. A qualified terminally ill patient shall not receive a prescription for medication unless the attending physician has recommended that the patient notify the patient's next of kin of the patient's request for medication, except that a patient who declines or is unable to notify the patient's next of kin shall not have the request for medication denied for that reason.

11. The qualified terminally ill patient shall make two oral requests and one written request for the medication to the patient's attending physician, subject to the following requirements:
    a. At least 15 days shall elapse between the initial oral request and the second oral request.
    b. At the time the patient makes the second oral request, the attending physician shall offer the patient an opportunity to rescind the request,
    c. The patient may submit the written request to that the attending physician when the patient makes the initial oral request or at any time thereafter,
    d. At least 15 days shall elapse between the patient's initial oral request and the writing of a prescription.
    e. At least 48 hours shall elapse between the attending physician's receipt of the patient's written request and the writing of a prescription.
12. A qualified terminally ill patient may rescind the request at any time and in any manner without regard to the patient's mental state.
13. Any medication dispensed that a qualified terminally ill patient chooses not to self-administer shall be disposed of by lawful means, including, but not limited to, disposing of the medication consistent with State and federal guidelines concerning disposal of prescription medications, or surrendering the medication to a prescription medication drop-off receptacle. The patient shall designate a person who shall be responsible for the lawful disposal of the medication.
14. Reporting of information:
    a. No later than 30 days after the dispensing of medication, the physician or pharmacist who dispensed the medication shall file a copy of the dispensing record with the department.
    b. No later than 30 days after the date of the terminally ill patient's death, the attending physician shall transmit to the department such documentation of the patient's death as the director shall require.
    c. In the event that anyone is required to report information to the department provides an inadequate or incomplete report, the department shall contact the patient to request a complete report.
15. A person shall not be authorized to take any action on behalf of a patient by virtue of that person's designation as a guardian, except for communicating the patient's health care decisions to a health care provider if the patient so requests.
16. A person shall not be subject to civil or criminal liability or professional disciplinary action, or subject to censure, discipline, suspension, or loss of any licensure, certification, privileges, or membership, for any action taken in compliance with this law, including being present when a qualified terminally ill patient self-administers medication, or for the refusal to take any action or to otherwise participate in, a request for medication. A

person who substantially complies in good faith shall be deemed to be in compliance with its provision.

17. If a health care professional is unable or unwilling to carry out a patient's request and the patient transfers care to a new health care professional or health care facility, the prior health care professional shall transfer, upon request, a copy of the patient's relevant records to the new health care professional or health care facility.
18. Nothing in P.L.2019, c.59 shall be construed to:
    a. authorize a physician or any other person to end a patient's life by lethal injection, active euthanasia, or mercy killing, or any act that constitutes assisted suicide under any low of this state; or
    b. lower the applicable standard of care to be provided by a health care professional who participates in P.L.2019, c.59.

Resources available at: https://www.deathwithdignity.org/states/new-jersey/,
FAQs: https://nj.gov/health/advancedirective/documents/maid/MAID_FAQ.pdf
Regulations: P.L 2019 Chapter 59 C.26:16-1 to C.2A: 62-16 and revised statutes c.270 and J.J.S.2C:11-6

New Mexico: (H.B. 47) Elizabeth Whitefield End of Life Options Act

Signed into law on April 8, 2021, with an effective date of June 18, 2021.

2. Allows physicians, advanced practice registered nurses, and physician assistants to prescribe medical aid in dying medications.
3. Streamlined the waiting period for receiving aid-in-dying medication to 48 hours and provides the prescribing provider with the ability to waive the waiting period if a person is likely to die before the waiting period expires.
4. If a health care provider objects to participating in medical aid in dying they must:
    a. Inform the individual, and
    b. Refer the individual to either a health care provider who is willing to carry out the individual's request, or
    c. Refer the individual to an entity to assist the requesting individual in seeking medical aid in dying. Note: Clinicians can call the Doc2Doc consultation line at 800-247-7421 for a free consultation and information on end-of-life care with medical directors who have extensive medical aid in dying experience.
5. Criteria for End of Life Options Act:
    a. Must be 18 years of age or older (Adult)
    b. Diagnosed with a condition or illness that is incurable, irreversible, and likely to cause death within 6 months.
    c. Mentally capable of making an informed decision.
    d. Individuals must be physically capable of self-administering the life-ending medication.

e. Must be a resident of New Mexico
f. Individual acts voluntarily and without coercion

6. Two licensed healthcare providers, one of which must be a physician (MD or DO) must confirm the terminal illness.
   (i) Individuals enrolled in hospice are conserved terminal based on the standard of care and do not require a second confirmation if the prescribing provider is a physician.
7. If an individual has a recent history of a mental health disorder or an intellectual disability that could cause impaired judgment with regard to end-of-life medical decision making, or if, in the opinion of the prescribing health care provider or consulting health care provider, and individual currently has a mental health disorder or an intellectual disability that may cause impaired judgement with regard to end-of-life medical decision making, the individual shall not be determined to have capacity to make end-of-life decisions until the:
   a. Health care provider refers the individual for evaluation by a mental health professional with the training and expertise to assess a person with such a disorder or disability; and
   b. Mental health professional determines the individual to have capacity to make end-of-life decisions after evaluating the individual during one or more visits with the individual.
8. A person shall not be subject to criminal liability, licensing sanctions or other professional disciplinary action for:
   a. Participating, or refusing to participate, in medical aid in dying in good faith compliance with the End-of-Life Options Act.
   b. Being present with a qualified patient self-administers the prescribed medical aid in dying medication to end the qualified individual's life.
9. The individual must fill out the "Request to End My Life in a Peaceful Manner" form and present it to their qualified clinician. Link to the form https://endoflifeoptionsnm.org/wp-content/uploads/2021/07/REQUEST-FOR-MEDICATION-TO-END-MY-LIFE.pdf

Resources available at: https://deathwithdignity.org/states/new-mexico/
Regulation: NMSA 24-7C-3 to NMSA 24-7C-8, NMSA 24-1-43

New York: no current law

Oklahoma: no current law

Oregon: Ballot Measure 16 - Death with Dignity Act, voters approve the Act by ballot.

1. All prescriptions for medical aid-in-dying must be reported to the state.

2. A 48-hour waiting period is required before picking up prescribed medications.
3. The attending physician must inform the patient of alternatives, including palliative care, hospice, and pain management options.
4. The attending physician must request that the patient notify their next of kin of the prescription request.
5. On January 1, 2020, SB 579 went into effect eliminating the 15-day waiting period between oral requests for patients who are fewer than 15 days from death.
6. On July 13, 2023, HB 2279 went into effect eliminating the residency requirement.
7. For the written request. A valid request for aid in dying medication shall be signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable of acting voluntarily and is not being coerced to sign the request.
    a. One of the witnesses shall be a person who is NOT:
        i. A relative of the patient by blood, marriage, or adoption,
        ii. A person who at the time of the request is signed would be entitled to any portion of the state of the qualified patient upon death under any will or by operation of the law, or
        iii. An owner, operator, or employee of a healthcare facility where the qualified patient is receiving medical treatment or is a resident.
        iv. The patient's attending physician at the time the request is signed shall not be a witness.
7. The attending physician shall:
    a. Make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily,
    b. Ensure that the patient is making an informed decision,
    c. Refer the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily,
    d. Refer the patient for counseling, if appropriate,
    e. Recommend that the patient notify next of kin,
    f. Counsel the patient about the importance of having another person present when the patient takes the medication prescribed, and not taking the medication in a public place.
    g. Inform the patient that they have an opportunity to rescind the request at any time and in any manner and offer the patient an opportunity to rescind at the time the patient makes the second oral request.

8. Consulting physician confirmation. Before a patient is qualified, a consulting physician shall examine the patient and their relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is capable, is acting voluntarily and has made an informed decision.

9. Counseling referral. If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgement, either physician shall refer the patient for counseling. No medication to end a patient's life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgement.

Resources available at: https://www.deathwithdignity.org/states/oregon/
Regulations: ORS 127.800 to 127.895

Pennsylvania: no current law

Rhode Island: no current law

Texas: no current law

Virginia: no current law

Washington: Death with Dignity Act - Initiative 1000, approved November 8, 2008, and became effective on July 1, 2009. On April 6, 2023, Senate Bill 5179 was signed into law by the Governor to expand access with amendments to legislation.

1. The Death with Dignity Act allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. Expanded regulations include advanced registered nurse practitioners and physician assistants as "qualified medical providers."
2. A qualified patient means a competent adult who is a Washington resident suffering from a terminal illness that will lead to death within six (6) months.
3. The qualified patient must sign and date the written request, at least two (2) people must witness the signature, and at least one of whom is not related to the patient or employed by the health care facility. The patient's attending qualified medical provider may not be a witness.
4. Waiting periods. The qualified patient must wait at least 7 days between their first and second oral requests.
5. When the qualified patient makes the second oral request, the attending physician must offer an opportunity to rescind that request.
6. A qualified patient may withdraw the request at any time and in any manner.
7. The qualified patient is encouraged to, but does not need to, notify next of kin.
8. The attending qualified medical provider's responsibilities:

a. Refer the patient to a consulting qualified medical provider for medical confirmation of the diagnosis, and for a determination that the patient is competent and acting voluntarily,
   i.) If a qualified patient selects an attending qualified medical provider who is a licensed professional other than a physician, the qualified patient must select a physician to serve as the qualified patient's consulting qualified medical provider.
   ii.) A qualified patient may select a consulting qualified medical provider who is a licensed professional other than a physician, only if the qualified patient's attending qualified medical provider is a physician.
   iii.) The attending qualified medical provider and the consulting qualified medical provider selected by the qualified patient may not have a direct supervisory relationship with each other.

b. Refer the patient for counseling, if in the opinion of the attending qualified medical provider or consulting qualified medical provider a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either medical provider shall refer the patient for counseling. Medication to end a patient's life shall not be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impairment.

c. Counsel the patient about the importance of having another person present when the patient takes the medication prescribed and not taking in a public place,

9. All prescriptions for medical aid-in-dying must be reported to the state.
10. The attending qualified medical provider may sign the patient's death certificate which must list the underlying terminal disease as the cause of death.
11. Any medication dispensed that was not self-administered shall be disposed of by lawful means.
12. All administrative required documentation shall be mailed or otherwise transmitted as allowed by the department no later than 30 calendar days after the writing of a prescription and dispensing of medication. Except that all documents required to be filed with the department by the prescribing physician after the death of the patient shall be mailed no later than 30 calendar days after the date of the patient.
    a. In the event that anyone required to report information to the department of health provides inadequate or incomplete report, the department shall contact the person to request a complete report.
13. A person shall not be subject to civil or criminal liability or professional disciplinary action for participating in good faith. This includes being present when a qualified patient takes the prescribed medication.

Resources available at:
https://endoflifewa.org/ or https://deathwithdignity.org/states/washington/

Regulations: RCW 70.245.010 to RCW 70.245.220

Washington D.C.: District of Columbia's Death with Dignity Act (D.C. law 21-182) was effective on February 18, 2017, and is applicable as of June 6, 2017. This act allows terminally ill adults seeking to voluntarily end their life, to request lethal doses of medication from licensed physicians(MD/DO) in the district**.**

To request a prescription for life-ending medication in D.C., a patient must be:

1. at least 18 years old a District of Columbia resident mentally capable of making and communicating health care decisions, and
2. diagnosed with a terminal disease that will result in death within six months.

A patient who meets the requirements above shall be prescribed aid-in-dying medication if:

- The patient makes two verbal requests to their attending physician at least 15 days apart.
- The patient gives a written request to the attending physician, signed in front of two qualified, adult witnesses.
    1. One of the witnesses shall be a person who is NOT:
        a. A relative of the patient by blood, marriage, or adoption
        b. At the time of the request is signed, entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law, or
        c. An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.
        d. The patient's attending physician at the time of the request shall not be a witness.

Responsibilities of the attending physician:

1. The prescribing doctor and one other doctor to confirm the patient's diagnosis and prognosis.
2. The prescribing doctor and one other doctor determine that the patient is capable of making medical decisions.
    a. If a consulting physician receives a referral for a patient from an attending physician, the consulting physician shall examine the patient and their relevant medical records to confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease.
    b. The consulting physician shall verify in writing, to the attending physician that the patient is capable, acting voluntarily, and has made an informed decision.
3. If, in the opinion of the attending physician or consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient to counseling.

a. No covered medication shall be prescribed until the patient receives counseling and the psychiatrist or psychologist performing the counseling determines that the patient is not suffering from a disorder or depression causing impaired judgement.

4. The prescribing doctor confirms that the patient is not being coerced or unduly influenced by others when making the request.
5. The prescribing doctor informs the patient of any feasible alternatives to the medication, including care to relieve pain and keep the patient comfortable.
6. The prescribing doctor asks the patient to notify their next of kin of the prescription request. (The doctor cannot require the patient to notify anyone, however.)
7. The prescribing doctor offers the patient the opportunity to withdraw the request for aid-in-dying medication before granting the prescription.
8. Counsel the patient about the importance of having another person present when the patient takes a covered medication and of not taking a covered medication in a public place.
9. To use the medication, the patient must be able to ingest it on their own. A doctor or other person who administers the lethal medication may face criminal charges.
10. The physician completes the required forms. https://dchealth.dc.gov/node/1250671
11. If a health care provider is unable to or unwilling to carry out a patient's request for a covered medication and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request of the patient, a copy of the patient's relevant medical records to the new health care provider.
12. No person shall be subject to civil or criminal liability or professional disciplinary action for:
    a. Participating in good faith compliance with the law,
    b. Refusing to participate in providing a covered medication, or
    c. Being present when a qualified patient takes a covered medication
13. The Mayor shall issue rules to:
    a. Develop the form to collect the medical record information,
    b. Facilitate collection of the medical record information,
    c. Provide for the return of and safe disposal of unused covered medications,
    d. Specify the recommended methods by which a qualified applicant, who so desires, may notify first responders of their intent to ingest a covered medication
    e. Establish training opportunities for the medical community to learn about the use of covered medications by qualified patients seeking to die in a humane and peaceful manner, including best practices for prescribing the covered medication.

Freedom of Information Act exemption – The information collected by the Department shall not be a public record and may not be made available for inspection by the public , or any other law.

Resources including Educational Modules, Sample Physician Forms, and Physician Portal, available at: https://dchealth.dc.gov/page/death-dignity-act-2016
Regulations: DCCC 7-661.01 to 7-661.17

Wisconsin: no current law