



SPONSOR: Rep. Baumbach & Rep. Morrison & Rep. Minor-Brown
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HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 140

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO END OF LIFE OPTIONS.

1 WHEREAS, Delaware has long recognized that adult, terminally ill individuals have a fundamental right to
2 determine their own medical treatment options as they near the end of life, free from coercion, and in accordance with their
3 own values, beliefs, or personal preferences; and

4 WHEREAS, Delaware wants to promote both the highest standard of medical care for patients and a wide range of
5 options appropriate for each individual at the end of life; and

6 WHEREAS, in other jurisdictions, the integration of medical aid in dying into the standard for end of life care has
7 improved quality of services by providing an additional palliative care option to terminally ill individuals; and

8 WHEREAS, terminally ill patients may undergo unremitting pain, discomfort, and a sudden, continuing, and
9 irreversible reduction in their quality of life in their final days and only the patient can determine if the patient's suffering is
10 unbearable; and

11 WHEREAS, under this Act, a mental illness or mental health condition is not a qualifying condition because it
12 does not meet the definition of a terminal illness; and

13 WHEREAS, a mental illness or mental health condition may be the reason that an individual does not have
14 decision-making capacity; and

15 WHEREAS, under this Act, the attending physician or attending Advanced Practice Registered Nurse must
16 determine that an individual requesting medication to end their life in a humane and dignified manner has the decision-
17 making capacity to make an informed decision before prescribing this medication; and

18 WHEREAS, participation in the practice of medical aid in dying by willing medical providers for terminally ill
19 patients who request this end of life option, respects and honors each patient's values and priorities for their own death, and
20 puts the patient at the center of care.

21 NOW, THEREFORE:

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

23 Section 1. Amend Part II, Title 16 of the Delaware Code by creating a new Chapter 25B and by making deletions
24 as shown by strike through and insertions as shown by underline as follows:

25 Chapter 25B. End of Life Options.

26 § 2501B. Purpose and intent.

27 (a) A terminally ill adult individual who has decision-making capacity has the right to request and self-administer
28 medication to end their life in a humane and dignified manner.

29 (b) An individual should not be coerced, pressured, or otherwise compelled to take medication to end their life and
30 the decision to self-administer medication to end life must be made voluntarily by a terminally ill adult individual with
31 decision-making capacity, not by a guardian or other surrogate health-care decision maker or by the individual in an
32 advance health-care directive.

33 (c) Health-care providers should not be subject to civil or criminal liability or professional discipline for honoring
34 a request from a terminally ill adult individual for medication to end their life in a humane and dignified manner that is
35 made in compliance with the requirements of this chapter.

36 (d) The self-administration of medication to end life in a humane and dignified manner by a terminally ill adult
37 should not impact life insurance or annuity policies.

38 § 2502B. Definitions.

39 For purposes of this chapter:

40 (1) “Advanced practice registered nurse” or “APRN” means an individual with a valid Delaware APRN
41 license.

42 (2) “Attending physician” means a physician designated by an individual to have primary responsibility for
43 the individual's terminal illness. “Attending physician” does not mean a physician who provides treatment that is
44 limited to or primarily comprised of prescribing or dispensing medication to end life in a humane and dignified
45 manner.

46 (3) “Attending APRN” means an APRN designated by an individual to have primary responsibility for the
47 individual's terminal illness. “Attending APRN” does not mean an APRN who provides treatment that is limited to or
48 primarily comprised of prescribing or dispensing medication to end life in a humane and dignified manner.

49 (4) “Consulting physician” means a physician who is qualified by specialty or experience to make a
50 professional diagnosis and prognosis regarding an individual’s terminal illness and is not designated by an individual
51 to have primary responsibility for the individual's health care.

52 (5) “Consulting APRN” means an APRN who is qualified by specialty or experience to make a professional
53 diagnosis and prognosis regarding an individual’s terminal illness and is not designated by an individual to have
54 primary responsibility for the individual's health care.

55 (6) “Counseling” means 1 or more consultations, as necessary, between a psychiatrist or psychologist and an
56 individual for the purpose of determining if the individual has decision-making capacity.

57 (7) “Decision-making capacity” means an individual's ability to understand and appreciate the nature and
58 consequences of a particular health-care decision, including the benefits and risks of that decision and alternatives to
59 any proposed health care, and to reach an informed health-care decision.

60 (8) “Health-care institution” means an institution, facility, or agency licensed, certified, or otherwise
61 authorized or permitted by law to provide health care in the ordinary course of business.

62 (9) “Health-care provider” means an individual licensed, certified, or otherwise authorized or permitted by
63 law to provide health care or dispense medication for individuals in the ordinary course of business or practice of a
64 profession.

65 (10) “Informed decision” means a decision by an individual with a terminal illness to request and obtain a
66 prescription for medication that the individual may self-administer to end their life in a humane and dignified manner.
67 An “informed decision” is based on the individual’s appreciation of the relevant facts and is made after being fully
68 informed by the attending physician or attending APRN of all of the following:

- 69 a. The individual’s medical diagnosis.
- 70 b. The individual’s prognosis.
- 71 c. The potential risks associated with taking the medication to be prescribed.
- 72 d. The expected result of taking the medication to be prescribed.
- 73 e. The feasible alternative, concurrent, or additional treatment opportunities, including comfort care,
74 hospice care, and pain control.

75 (11) “Medically confirmed” means a consulting physician or consulting APRN confirms the medical opinion
76 of the attending physician or attending APRN after the consulting physician or consulting APRN examines the
77 individual and the individual’s relevant medical records.

78 (12) “Psychiatrist” means an individual who possesses a valid State of Delaware license to practice medicine
79 and has completed an accredited residency training program in psychiatry.

80 (13) “Psychologist” means an individual who possesses a valid State of Delaware license to practice
81 psychology.

82 (14) “Qualified patient” means an individual who meets all of the requirements of § 2504B of this title.

83 (15) “Self-administer” means an individual performs an affirmative, conscious, voluntary, and final act to
84 ingest medication into the individual’s body. “Self-administer” does not include administration through injection or
85 intravenous infusion.

86 (16) “Terminal illness” means an incurable and irreversible disease, illness, or condition that as a medical
87 probability, will result in death within 6 months.

88 § 2503B. Information to patients.

89 (a) Nothing in this chapter may be construed to lessen informed consent requirements.

90 (b) An attending physician or attending APRN must provide sufficient information to an individual with a terminal
91 illness regarding all available treatment options, and the alternatives and the foreseeable risks and benefits of each, so that
92 the individual can make an independent decision regarding the individual’s end of life health care.

93 § 2504B. Qualified patients: requirements.

94 (a) An individual who meets all of the following requirements is a qualified patient under this chapter:

95 (1) The individual is an adult resident of Delaware.

96 (2) The individual’s attending physician or attending APRN has completed all of the requirements under §
97 2508B of this title.

98 (3) A consulting physician or consulting APRN has completed all of the requirements under § 2509B of this
99 title.

100 (4) The individual has made an informed decision to voluntarily request medication to end their life in a
101 humane and dignified manner, under § 2505B of this title.

102 (b) An individual cannot be a qualified patient under this section solely because of the individual’s age or
103 disability.

104 (c) A request for medication to end their life in a humane and dignified manner must be made by the individual
105 with a terminal illness and may not be made by any other individual, including the terminally ill individual’s guardian or
106 other surrogate health-care decision maker or by the individual in an advance health-care directive.

107 § 2505B. Request process for medication to end life.

108 (a) An individual may request medication to end their life in a humane and dignified manner by making 2 oral
109 requests and 1 written request to the individual’s attending physician or attending APRN.

110 (b) An individual must make the second oral request for medication to end their life in a humane and dignified
111 manner no fewer than 15 days after making the first oral request for this medication. At the time of the second oral request,

112 the individual's attending physician or attending APRN must offer the individual an additional opportunity to rescind this
113 request.

114 (c) An individual's written request for medication to end their life in a humane and dignified manner must contain
115 all of the following and use the form or be substantially similar to the form under subsection (f) of this section:

116 (1) A request for medication that will end the individual's life in a humane and dignified manner.

117 (2) The individual's signature, with the date signed.

118 (3) The signatures of at least 2 adult witnesses who each attest to all of the following:

119 a. The individual signed the document in the presence of the witness.

120 b. To the best of the witness' knowledge, the individual has decision-making capacity, is acting
121 voluntarily, and is not being coerced to sign the document.

122 (d) No more than 1 of the witnesses under paragraph (c)(3) of this section may be any of the following:

123 (1) A relative of the individual by blood, marriage, or adoption.

124 (2) Entitled to any portion of the estate of the individual upon the individual's death under a will or by
125 operation of law at the time the request for medication is signed.

126 (3) An owner, operator, or employee of a health-care institution where the individual is receiving medical
127 treatment or is a resident.

128 (e) The individual's attending physician or attending APRN at the time the individual signs the document under
129 subsection (c)(2) of this section may not provide a signature required under paragraph (c)(3) of this section.

130 (f) A written request for medication to end life in a humane and dignified manner under subsection (c) of this
131 section must use the following form or be substantially similar to the following form:

132 Request for Medication to End My Life in a Humane and Dignified Manner

133 I, _____, am an adult resident of Delaware with decision-making capacity.

134 I have been diagnosed with _____, which my attending

135 physician or attending APRN has determined is a terminal illness and has been medically confirmed by a consulting

136 physician or consulting APRN. I have been fully informed of my diagnosis and prognosis of 6 months or less to live, the

137 nature of the medication to be prescribed to end life in a humane and dignified manner, the potential associated risks of this

138 medication, the expected result, and the feasible alternative, concurrent, or additional treatment opportunities available to

139 me, including comfort care, palliative care, hospice care, and pain control.

140 I request that my attending physician or attending APRN prescribe medication to end life in a humane and

141 dignified manner that will end my life in a peaceful manner if I choose to take it, and I authorize my attending physician or

142 attending APRN to dispense my prescription or to contact a pharmacist to dispense my prescription. I understand that I
143 have the right to rescind this request at any time. I understand the seriousness of this request, and I expect to die if I take the
144 medication prescribed to end life in a humane and dignified manner. I further understand that although most deaths occur
145 within 3 hours, my death may take longer, and my attending physician or attending APRN has counseled me about this
146 possibility.

147 I make this request voluntarily, without reservation, free from coercion or pressure, and I accept full responsibility
148 for my actions.

149 Signed: _____

150 Dated: _____

151

152 _____ Witness, Date

153 _____ Witness, Date

154 § 2506B. Right to rescind request.

155 (a) At any time, an individual may rescind a request for medication to end life in a humane and dignified manner
156 without regard to the individual's mental state.

157 (b) An attending physician or attending APRN may not write a prescription for medication to end life in a humane
158 and dignified manner under this chapter unless the attending physician or attending APRN has offered the individual an
159 opportunity to rescind the request.

160 § 2507B. Waiting periods and expiration of request.

161 (a) Under § 2505B(b) of this title, an attending physician or attending APRN may not write a prescription under
162 this chapter less than 15 days after the individual's first oral request for medication to end life in a humane and dignified
163 manner.

164 (b) Under § 2508B(11)b. of this title, an attending physician or attending APRN may not write a prescription
165 under this chapter less than 48 hours after the individual's written request for medication to end life in a humane and
166 dignified manner.

167 (c) An individual's first oral request for medication to end life in a humane and dignified manner expires after 1
168 year if no medication to end life in a humane and dignified manner is prescribed under this chapter. An individual may
169 make a new oral request for medication to end life in a humane and dignified manner and begin the process under this
170 chapter again.

171 § 2508B. Responsibilities of the attending physician or attending APRN.

172 An attending physician or attending APRN must do all of the following before prescribing medication to an
173 individual who provides a document under § 2505B of this title requesting medication that will end the individual's life in a
174 humane and dignified manner:

175 (1) Provide care that conforms with accepted medical standards and guidelines.

176 (2) Determine if the individual requesting medication that will end the individual's life in a humane and
177 dignified manner meets all of the following:

178 a. Has a terminal illness.

179 b. Has decision-making capacity.

180 c. Has voluntarily made the request for medication that will end the individual's life in a humane and
181 dignified manner.

182 (3) Request that the individual demonstrate Delaware residency. Examples of documents that demonstrate
183 Delaware residency include all of the following:

184 a. A driver's license or identification card issued under Title 21.

185 b. A voter registration card or other documentation showing the individual is registered to vote in this
186 State.

187 c. Evidence that the individual owns or leases property in this State.

188 d. A Delaware resident income tax return for the most recent tax year.

189 (4) Provide full disclosures to affirm that the individual is making an informed decision by discussing all of
190 the following with the individual:

191 a. The individual's medical diagnosis and prognosis of 6 months or less to live.

192 b. The potential risks associated with taking the medication to be prescribed to end the individual's life in
193 a humane and dignified manner.

194 c. The expected result of taking the medication to be prescribed to end the individual's life in a humane
195 and dignified manner.

196 d. The choices available to the individual, including the possibility that the individual may choose not to
197 fill the prescription for the medication, or may fill the prescription for the medication but may decide not to self-
198 administer it.

199 e. The feasible alternative, concurrent, or additional treatment opportunities, including comfort care,
200 palliative care, hospice care, and pain control.

201 (5) Confirm that the individual’s request does not arise from coercion or undue influence by another person by
202 discussing with the individual, outside the presence of another individual, except for an interpreter as necessary,
203 whether the individual is feeling coerced or unduly influenced by another individual.

204 (6) Refer the individual to a consulting physician or consulting APRN under § 2509B of this title and add the
205 consulting physician’s or consulting APRN’s written determination to the individual’s medical record.

206 (7) Refer the individual to a psychiatrist or psychologist under § 2510B of this title, if the attending physician
207 or attending APRN believes the individual may not have decision-making capacity and add the psychiatrist or
208 psychologist’s written determination to the individual’s medical record.

209 (8) Counsel the individual on the potential benefits of all of the following:

210 a. Notifying family of the individual’s decision to request and obtain medication to end the individual’s
211 life in a humane and dignified manner as one of the individual’s end-of-life care options.

212 b. Having another person present when the individual self-administers the medication that is to be
213 prescribed to end the individual’s life in a humane and dignified manner.

214 (9) Counsel the individual on the importance of all of the following:

215 a. Safe-keeping and proper disposal of unused medication to end the individual’s life in a humane and
216 dignified manner in accordance with applicable state or United States Food and Drug Administration guidelines,
217 such as using a medication collection site or a medication disposal pouch.

218 b. Not taking the medication to end the individual’s life in a humane and dignified manner in a public
219 place.

220 (10) Inform the individual that the individual may rescind the request for medication to end the individual’s
221 life in a humane and dignified manner at any time and in any manner.

222 (11) Immediately before writing a prescription for medication to end the individual’s life in a humane and
223 dignified manner, verify all of the following:

224 a. The individual is making an informed decision under § 2508B(4) of this title.

225 b. It is at least 48 hours after the individual submitted the written request under § 2505B of this title.

226 (12) Ensure that all appropriate steps are carried out in accordance with this chapter before writing a
227 prescription for medication to end the individual’s life in a humane and dignified manner and do 1 of the following:

228 a. Dispense the medication to the qualified patient, including ancillary medications intended to minimize
229 the individual’s discomfort, if the attending physician or attending APRN has a current drug enforcement
230 administration certificate and complies with any applicable administrative rule.

231 b. Provide to the qualified patient, orally and in writing or electronically, the safe-keeping and proper
232 disposal information required under paragraph (9)a. of this section.

233 c. Deliver the written prescription personally, by mail, or through an authorized electronic transmission to
234 a licensed pharmacist. The licensed pharmacist will dispense the medication to end the qualified patient's life in a
235 humane and dignified manner either in person or with a signature required on delivery if sent by mail service or
236 messenger service, to the qualified patient, the attending physician, attending APRN, or to an individual expressly
237 designated by the qualified patient.

238 (13) Document all of the following in the individual's medical record:

239 a. The individual's prognosis.

240 b. The individual's decision-making capacity.

241 c. The date of the individual's first oral request.

242 d. The date of the individual's second oral request.

243 e. The individual's valid written request, including the date and time received.

244 f. A notation that all the requirements under this section have been completed, and the medications
245 dispensed or prescribed to end the qualified patient's life in a humane and dignified manner and ancillary
246 medications dispensed or prescribed.

247 § 2509B. Responsibilities of the consulting physician or consulting APRN.

248 Before an individual may receive a prescription for medication to end life in a humane and dignified manner a
249 consulting physician or consulting APRN must do all of the following:

250 (1) Evaluate the individual and the individual's relevant medical records.

251 (2) Confirm, in writing, to the attending physician or attending APRN that the individual meets all of the
252 following:

253 a. Has a terminal illness.

254 b. Has decision-making capacity or provide documentation that the consulting physician or consulting
255 APRN has referred the individual for further evaluation under § 2510B of this title.

256 c. Is making an informed decision.

257 d. Is acting voluntarily.

258 § 2510B. Confirming decision-making capacity.

259 (a) If an attending physician, attending APRN, consulting physician, or consulting APRN believes that an
260 individual may not have decision-making capacity, the physician or APRN shall refer the individual to a psychiatrist or
261 psychologist for evaluation of the individual's decision-making capacity.

262 (b) A psychiatrist or psychologist who evaluates an individual under this section shall communicate in writing, to
263 the physician or APRN who requested the evaluation, the psychiatrist's or psychologist's conclusions about whether the
264 individual has decision-making capacity to make an informed decision under this chapter.

265 (c) If the psychiatrist or psychologist finds that the individual does not have decision-making capacity, the
266 individual is not a qualified patient under this chapter and the attending physician or attending APRN must not prescribe
267 medication to end life in a humane and dignified manner to the individual.

268 § 2511B. Department Responsibilities.

269 (a)(1) The Department shall make rules and regulations to facilitate the collection of information regarding
270 compliance with this chapter, including the information necessary to assess compliance with all of the following:

271 a. The responsibilities of the attending physician or attending APRN under § 2508B of this title.

272 b. The responsibilities of the consulting physician or consulting APRN under § 2509B of this title.

273 (2) The Department may share information collected under this section with the Division of Professional
274 Regulation if the Department suspects that a health-care provider has failed to comply with the requirements under this
275 chapter.

276 (3) The Department of State may also promulgate regulations or develop forms and protocols necessary under
277 this chapter.

278 (4) The Department may work with the Division of Professional Regulation to develop forms and protocols
279 for the education of all health-care providers under its licensing or certification jurisdiction.

280 (b) The Department shall require a health-care provider that prescribes or dispenses medication under this chapter
281 to file a report with the Department in the form required under subsection (a) of this section.

282 (c) The Department may annually review a sample of records maintained under this chapter.

283 (d) Unless otherwise specifically provided under law, information collected under this chapter is not a public
284 record under Chapter 100 of Title 29.

285 (e) The Department shall generate and make available to the public an annual statistical report of information
286 collected under of this chapter. The purpose of this annual statistical report is to ensure proper Department oversight over
287 compliance with this chapter and to provide information to the public about the implementation of this chapter.

288 § 2512B. Assumptions and presumptions; effect on construction of wills, contracts, insurance, and annuity
289 policies.

290 (a) A provision in a contract, will, or other agreement, whether written or oral, that would affect whether an
291 individual may make or rescind a request for medication to end life in a humane and dignified manner, is not valid.

292 (b) An obligation owing under any currently existing contract may not be conditioned or affected by an
293 individual's act of making or rescinding a request for medication to end life in a humane and dignified manner.

294 (c)(1) Nothing in this chapter authorizes a physician, APRN, or any other person to end an individual's life by
295 infusion, intravenous injection, mercy killing, or euthanasia.

296 (2) A request for medication to end life in a humane and dignified manner under this chapter, or the fact that
297 medication to end life in a humane and dignified manner is prescribed or dispensed under this chapter, does not, for
298 any purpose, constitute elder abuse, suicide, assisted-suicide, homicide, or euthanasia.

299 (d) The sale, procurement, or issuance of a life, health, or accident insurance or annuity policy, or the rate charged
300 for such a policy, may not be conditioned upon or affected by an individual's act of making or rescinding a request for
301 medication to end life in a humane and dignified manner.

302 (e) A qualified patient's act of self-administering medication to end life in a humane and dignified manner does
303 not invalidate any part of a life, health, or accident insurance or annuity policy.

304 (f) A health-care institution, health-care provider, health-care service plan, insurer issuing disability insurance,
305 self-insured employee welfare benefit plan, nonprofit hospital service plan, or any other type of direct or indirect provider
306 of health-care benefits or services or insurer cannot deny or alter health-care benefits otherwise available to an individual
307 with a terminal illness based on the availability of medication to end life in a humane and dignified manner or otherwise
308 attempt to coerce or require as a condition to receiving care that an individual with a terminal illness make a request for
309 medication to end life in a humane and dignified manner.

310 § 2513B. Immunity.

311 (a) A person acting in good faith and in accordance with generally accepted health-care standards is not subject to
312 civil or criminal liability or to discipline for unprofessional conduct, including censure, suspension, loss of license, loss of
313 privileges, loss of membership, or any other penalty for providing medical care in good faith compliance with the
314 requirements under this chapter, including any of the following:

315 (1) Being present when a qualified patient self-administers the prescribed medication to end life in a humane
316 and dignified manner.

317 (2) Prescribing or dispensing or refusing to prescribe or dispense medication to end life in a humane and
318 dignified manner.

319 (3) Providing scientific and accurate information about medication to end life in a humane and dignified
320 manner.

321 (b) A health-care institution may prohibit a physician or APRN from prescribing medication under this chapter on
322 the health-care institution’s premises if the health-care institution has provided notice of the health-care institution’s policy
323 regarding this chapter to all health-care providers and the public.

324 (c) A physician or APRN may refuse to honor a request from a terminally ill adult individual for medication to end
325 their life in a humane and dignified manner that is made in compliance with the requirements under this chapter.

326 (d) A request for medication to end life in a humane and dignified manner under this chapter, or the fact that
327 medication to end life in a humane and dignified manner is prescribed or dispensed under this chapter, does not solely
328 constitute neglect or elder abuse for any purpose or provide the sole basis for the appointment of a guardian or involuntary
329 mental health treatment.

330 (e) This section does not limit civil or criminal liability for negligence, recklessness, or intentional misconduct.

331 Section 2. Amend § 4798, Title 16 of the Delaware Code by making deletions as shown by strike through and
332 insertions as shown by underline as follows:

333 § 4798. The Delaware Prescription Monitoring Program.

334 (l) The Office of Controlled Substances shall maintain procedures to ensure that the privacy and confidentiality of
335 patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in
336 this section.

337 (2) The Office of Controlled Substances may provide data in the prescription monitoring program in the form
338 of a report to the following persons:

339 e. The Delaware Department of Health and Social Services regarding Medicaid program ~~recipients~~;
340 recipients and to assess compliance with Chapter 25B of this title.

341 Section 3. This Act is effective immediately and is to be implemented the earlier of the following:

342 (1) Notice by the Secretary of the Department of Health and Social Services, published in the Register of
343 Regulations, that final regulations required under § 2511B of Title 16 have been promulgated.

344 (2) July 1, 2024.

345 Section 4. This Act is known as “The Ron Silverio/Heather Block End of Life Options Law”.

SYNOPSIS

This Act permits a terminally ill individual who is an adult resident of Delaware to request and self-administer medication to end the individual's life in a humane and dignified manner if both the individual's attending physician or attending advanced practice registered nurse (APRN) and a consulting physician or consulting APRN agree on the individual's diagnosis and prognosis and believe the individual has decision-making capacity, is making an informed decision, and is acting voluntarily.

This Act uses terms and definitions that are consistent with other Delaware laws in Title 16, specifically Chapter 25 (regarding advance health-care directives) and Chapter 25A (regarding Delaware Medical Orders for Scope of Treatment).

This Act provides the following procedural safeguards:

1. No one may request medication to end life on behalf of another individual.
2. An individual cannot qualify for medication to end life under this chapter solely because of the individual's age or disability. A mental illness or mental health condition is not a qualifying condition under this Act and a mental illness or mental health condition may be the reason that an individual does not have decision-making capacity and is thus, ineligible for medication to end their life in a humane and dignified manner.
3. Both the individual's attending physician or attending APRN and a consulting physician or consulting APRN must confirm that the individual has a terminal illness and a prognosis of 6 months or less to live, has decision-making capacity, is making an informed decision, and is acting voluntarily.
4. The individual's attending physician or attending APRN must also provide specific disclosures to the individual to ensure that the individual is making an informed decision, including the presentation of all end of life options which include comfort care, palliative care, hospice care, and pain control.
5. The individual must be evaluated by a psychiatrist or a psychologist if either the attending or consulting physicians or APRNs are concerned that the individual lacks decision-making capacity.
6. The individual must complete a witnessed form requesting medication to end life and there are limitations on who can witness the signing of the form.
7. The attending physician or attending APRN must offer the individual the opportunity to rescind the request for medication to end life before writing a prescription for the medication.
8. Two waiting periods must pass before the attending physician or attending APRN may prescribe the medication to end life.
9. The attending physician or attending APRN must provide the qualified patient with instructions about the proper safe-keeping and disposal of unused medication to end life in a humane and dignified manner under applicable state or federal guidelines. The United States Food and Drug Administration guidelines include using a medication collection site or a medication disposal pouch, that deactivates and renders drugs ineffective.
10. An insurer or health-care provider may not deny or alter health-care benefits otherwise available to an individual based upon the availability of medication to end life or otherwise coerce or require a request for medication to end life as a condition of receiving care.
11. A health-care institution may prohibit a physician or APRN from prescribing medication under this Act on the health-care institution's premises and a physician or APRN may refuse to prescribe medication under this Act.
12. A request or prescription for or the dispensing of medication under this Act does not constitute elder abuse, suicide, assisted-suicide, homicide, or euthanasia.
13. People acting in good faith and in accordance with generally accepted health-care standards under this Act have immunity, but those acting with negligence, recklessness, or intentional misconduct do not have criminal or civil immunity.
14. The Department of Health and Social Services (DHSS) must develop rules and regulations to collect information regarding compliance with this Act and require health-care providers to file a report when medication to end life in a humane and dignified manner is prescribed or dispensed. DHSS may review samples of records maintained under this Act.

The information DHSS collects must include the information necessary to assess a physician's or APRN's compliance with their responsibilities under this Act and DHSS has explicit authority to share information with the Division of Professional Regulation if DHSS suspects that a health-care provider failed to comply with the requirements under this Act.
15. DHSS must complete an annual statistical report of information collected under this Act, similar to public reports available in other states such as New Jersey where this end of life option is available. This report has the following purposes:
 - To assist the DHSS in its oversight responsibilities for this Act.
 - To assist the public in learning how well this new law is operating.
16. The Department of State may also promulgate regulations or develop forms and protocols necessary under this

Act.

17. Allows the Office of Controlled Substances to provide reports of data in the prescription monitoring program to DHSS to assess compliance with this Act.

This Act takes effect when final regulations required under this Act have been promulgated or July 1, 2024, whichever occurs earlier.

This Act is known as "The Ron Silverio/Heather Block End of Life Options Law" in memory of Ron Silverio and Heather Block, who were passionate advocates that passed away without this option becoming available to them.