

COMPARISON OF ENACTED AND PENDING PHYSICIAN AID IN DYING STATUTES, July 2018

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Feature	ENACTED						PENDING
	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii
	Death with Dignity	Death with Dignity	Patient Choice at End of Life	End-of-Life Option Act	End-of-Life Options Act	Death with Dignity	Our Care, Our Choice
Enactment process/history	Enacted by ballot initiative followed by statute, 1994; attempt at repeal 1997 failed; challenged by US Atty General; upheld by US Supreme Court 2006.	Enacted by ballot measure 2008	Enacted by legislature, 2013.	Passed in special session of CA legislature, Sept 2015, after having been pulled from the regular session prior to committee testimony to avoid an expected defeat in committee. Due to this tactic, a lawsuit was filed in 2016 claiming the law is unconstitutional. In May 2018, a Superior Court Judge agreed, and overturned the law; the District Court of Appeals granted a stay so the law remains in effect, but the outcome of the lawsuit is uncertain. Entire statute will sunset on Jan 1, 2026 unless re-enacted	Initiated state statute. Passed, November 2016; in effect as of December 16, 2016. Can be amended by state legislature.	Passed by DC City Council November 15, 2016; signed by Mayor, December 20, 2016. Effective February 25, 2017 (although challenges still active in U.S. Congress)	Passed by Hawaii legislature, March 2018; signed by Governor, April 5, 2018; effective January 2019
Eligibility	• Must be 18+	X	X	X	X	X	X
	• Resident of state (no specific time period stated)	X	X	X	X	X [District of Columbia]	X
	• "Capable" defined as in the opinion of court or pt's attending phys, able to make and communicate medical decisions (includes provision for communication of decisions "through person familiar with the individual's manner of communication")	X	X	X "Capacity to make medical decisions"	X "Has mental capacity" or "mentally capable" defined as ability to make and communicate informed decision to healthcare providers. NOTE: Language about communicating medical decisions "through a person familiar with the individual's manner or communicating" does not appear.	X Follows OREGON (but omits provision for communication "through person familiar with individual's manner of communicating")	X Has the ability to understand the patient's choices for care, incl. risks and benefits, and make and communicate health care decisions to health care providers.
	• Voluntarily expressed wish to die	X	# • Voluntary request for medication to hasten his or her death	• Voluntarily expressed wish to receive a prescription for aid in dying drug.	X Follows CALIFORNIA	• Has made request voluntarily	X Follows Oregon

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii
	<ul style="list-style-type: none"> Terminal disease (incurable, irreversible, medically confirmed, likely to cause death within 6 months) 	X	X	X	X, NOTE: 6 MONTH PROGNOSIS NOT INCLUDED IN DEFINITION OF TERMINAL CONDITION. However, 6 mo prognosis is included in several other mentions of terminal illness and process requirements.	X Follows OREGON	X Follows OREGON + excludes age and disability which, by themselves, are not likely the cause death within six months.
	<p>[Contrary to frequent assertions, the OR DWD Act does not define "self-administer" or "self-administration," nor is there any explicit requirement for patient to be capable of taking the drugs him/herself nor to do so.]</p>	<ul style="list-style-type: none"> "Self-administer" is included in definitions but no explicit requirement for pt to be able to self-administer drugs nor to do so. 	<ul style="list-style-type: none"> Self-administer is NOT included in definitions but expectation that patient will self-administer medications more explicit, although not a stated requirement 	<ul style="list-style-type: none"> "Self-administer" is defined as "a qualified individual's affirmative, conscious, and physical act of administering and ingesting the aid-inducing drug to bring about his or her own death." Pt explicitly required to have physical and mental capacity to self-administer the drugs. (See Immunities below: another person may help prepare drugs) 	<p>X Follows WASHINGTON state statute most closely: "Self-administer" is defined as in WA statutes, but no explicit requirement that pt be able to or in fact self-administer drugs. Where mentioned, language is ambiguously phrased as "may choose to self-administer."</p>	<p>Follows OREGON most closely -- no mention of self-administration; no requirement for patient to do so.</p>	<ul style="list-style-type: none"> "Self-administer" is defined as "individual performing an affirmative, conscious, voluntary act to take into the individual's body prescription medication to end the individual's life pursuant to this chapter."
						<ul style="list-style-type: none"> Under the care of a physician 	

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Form of request	<ul style="list-style-type: none"> Written request must be signed/dated, 2 witnesses attesting to competence (statute includes suggested form for written request). At least one witness NOT a relative or family member or heir; owner, operator, employee of hc facility in which person receiving care; attending physician. 	X	# <u>Neither</u> witness may be relative, family member or heir; owner, operator, employee of hc facility in which person receiving care; nor attending physician.	X Follows OREGON for most witness requirements; Form for written request in statute. In addition to attdg phys, consulting phys or mental health specialist may NOT witness request. Witnesses attest that pt has signed in their presence, believe pt is "of sound mind," acting voluntarily, not being coerced. Form incl indications as to whether family have been notified of pt's intent.	X Follows CALIFORNIA: form included in statute; consulting physician and mental health professional are not excluded as witnesses. Person's general POA or MDPOA cannot witness.	X Follows OREGON. Text includes suggested form/wording for witness statement.	X Follows OREGON for witness requirements: suggested wording in statute; witnesses attest that patient is of "sound mind, not under duress . . . been induced by fraud, or subjected to undue influence." Like Oregon, of direct care providers, ONLY attending phys may not be witness. Attd phys must directly receive request.
	<ul style="list-style-type: none"> If person in SNF, one witness MUST be individual desig. by facility. 	X				X	
				<ul style="list-style-type: none"> If non-English language interpreter needed, interpreter signs attestation that translation is accurate and pt is acting voluntarily 			
	<ul style="list-style-type: none"> Two oral requests; second oral request must be made to attending no <15 days after initial oral request 	X	X In physical presence of phys; requests at least 15 days apart	X Oral requests must be made by the individual "solely and directly" to the attdg phys, at least 15 days apart	X 2 oral requests "to his or her attdg phys"; at least 15 days apart	X Follows OREGON (2 oral requests, separated by at least 15 days)	<ul style="list-style-type: none"> 2 oral requests min. 20 days apart; attd phys must "directly receive" requests.
	<ul style="list-style-type: none"> Physician cannot write prescription until at least 15 days after initial oral request and no less than 48 hours after written request 	X	X No less than 48 hrs after last of 2nd oral request, written request, offer of oppty to rescind	<ul style="list-style-type: none"> Physician cannot write prescription until all process steps completed, incl. offering pt oppty to rescind; verifying "immediately before writing prescription" that pt making informed decision. 	X Follows CALIFORNIA	X Follows OREGON; Written request must be submitted before 2nd oral request and at least 48 hours before meds prescribed or dispensed	<ul style="list-style-type: none"> Minimum 20 days between oral requests and 48 hours between written request and "steps taken to make available a prescription."

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	
				• ONLY physician (no designees) may write prescription				
Attending physician* responsibility						Prefaced by "upon receiving written request for covered medication . . ."		
	• Determination of terminal dx/disease, <6 mos prognosis	X	X	X	X	X	X	
	• Confirm residency in state of patient (pt)	X	X	X	X	X [District of Columbia]	X	
	• Ensure pt making informed decision	X	X	X "Capacity to make medical decisions" and acting voluntarily	X "Mentally capable"; making informed decision; request voluntary	X, is "capable" and making request voluntarily	X, "is capable of medical decision-making" and making the request voluntarily	
	• Inform pt of							
	o Dx & prognosis	X	X	X	X	X	X	
	o Risks & probable result of lethal medication	X	X	X	X	X	X	
					o Option of obtaining drug but not taking it	X		X
	o Feasible alternatives including comfort care, hospice care, pain control	X	# and range of tx avail for term dx	X Alternatives and additional tx optys, including . . .	X Follows CALIFORNIA	X Follows OREGON	X Follows CALIFORNIA	
					• Counsel pt re participating in hospice program			
• Refer to consulting physician for confirmation of term dx and that person "capable"	X Confirm dx and that pt is "competent" and acting voluntarily	# Confirmation of dx, prognosis, pt "capable" and acting voluntarily	X Confirm dx, prognosis, pt has "capacity to make medical decisions," and has complied with the Act	X Confirm dx, prognosis, pt "mentally capable," making informed decision, acting voluntarily	X (but simply "refer to consulting physician")	X (but "consulting provider"; NB: "provider" defined as physician)		

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	<ul style="list-style-type: none"> Refer to counseling if appropriate (if mental disorder or depression <u>causing impaired judgement</u> suspected) 	X	X, by psychiatrist, psychologist, or LCSW, if <u>impaired judgement</u> (for any reason) suspected	X, if mental disorder [which is <u>impairing judgement</u>] is suspected; to "mental health specialist" defined as psychiatrist or licensed psychologist	X, if attdg phys believes pt <u>may not be mentally capable of making an informed decision</u> ; to licensed mental health professional (psychiatrist or psychologist)	X If pt suffering from psychiatric or psychological disorder or depression <u>causing impaired judgement</u> ; by District-licensed psychiatrist or psychologist	<ul style="list-style-type: none"> Refer to counseling (no "ifs")
				<ul style="list-style-type: none"> Confirm pt is not being coerced by mtg w/ pt alone (incl interpreter, if needed) and discussing whether pt feels coerced 	X Follows CALIFORNIA but no mention of interpreter		
	<ul style="list-style-type: none"> Fulfil medical record documentation requirements (incl. list of items to be included) 	X	X	X	X	X	X
				<ul style="list-style-type: none"> Complete attdg phys checklist and compliance form, obtain consulting phys compliance form, incl in medical record and submit to State Department of Health (forms included in Act) 			
	<ul style="list-style-type: none"> Recommend to pt that next of kin be notified of request 	X		X	X	X (specifically, next of kin, <u>friends, and spiritual advisor</u>)	X, Follows OREGON
	<ul style="list-style-type: none"> Counsel as to importance of having someone else present on ingestion of meds & not take them in public place 	X		X	X	X	X
						<ul style="list-style-type: none"> Inform pt of availability of supportive counseling for psych/emotional stress assoc with end stages of life. 	

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				• Counsel as to safe storage of meds	X Counsel as to safe-keeping and proper disposal of meds (if not used)		
	• Offer pt oppty to rescind at 2 nd oral request	X	# (timing of offer not specified)	X Counsel pt that may rescind at any time (timing of counseling not specified)	X Follows CALIFORNIA	X Oppty to rescind at any time and in any manner	X Follows OREGON
	• Verify immed prior to writing prescription that pt is capable and making informed, voluntary decision	X	X	X	X	X . . . Making an informed decision	X Follows OREGON
				• Give pt final attestation form to be completed w/l 48 hours of taking drugs (Form to be returned to attdg phys after pt's death for medical record)			X Follows CALIFORNIA
	• Dispense meds directly or, <u>w/ pt's written consent</u> , contact pharmacist; deliver prescrip by hand or by mail	X (inc. option of delivering by fax)	# (delivery by mail or fax)	X (delivery in person, by mail, or electronically)	X (delivery in person, by mail or authorized electronic trans.)	X Follows OREGON (written, witnessed request for meds serves as written consent for delivering prescrip to pharm, by phone, fax, or electronically)	X Follows OREGON (by mail or electronically)
	• May sign death certificate	X . . . listing underlying terminal illness as COD			• Attdg phys or hospice medical director SHALL sign death cert. If death occurred according to the Act, underlying illness listed as COD and no grounds for post-mortem inquiry	X Follows OREGON; but COD listed as underlying medical condition without ref to ingestion of covered medication	X Follows OREGON; but death certificate "shall" list "terminal disease as the immediate cause of death."

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	* Defined as physician with primary responsibility for care of patient and tx of patient's terminal disease.	* Follows OREGON	* Act does not specify "attending" phys; requires that pt and phys have a "bona-fide physician-patient relationship"	* Follows OREGON	* Follows OREGON	* Defined as in Natural Death Act of 1981	* Follows OREGON
						• Attdg physician must not have practice primarily or solely composed of patients requesting covered medication	
Consulting physician* responsibility	· Examine pt and medical records	X	X	X	X	X	X
	· Confirm, in writing, attending's dx	X	X ("in writing" not req) and prognosis	X and prognosis	X Confirm pt has terminal illness and prognosis of 6 mos or less.	X	X, Follows CALIFORNIA
	· Verify pt is capable, acting voluntarily, made an informed decision	X ("competent" r.t. "capable")	X Confirm pt capable and making informed decision	X Confirm pt has capacity to make medical decision, acting voluntarily and making informed decision	X Confirm pt making an informed decision and mentally capable	X Follows OREGON	X, Follows OREGON
	• Refer to counseling if appropriate (if mental disorder or depression <u>causing impaired judgement</u>)	X		X Refer to mental health specialist if <u>indications of mental disorder</u>	X Refer to mental health prof'l if pt not mentally capable	X If pt suffering from psychiatric or psychological disorder or depression causing impaired judgement	
				• Fulfill documentation requirements inc compliance form submitted to attd phys. NOTE: Form incl. in statute -- checklist includes same items for verification that are on attdg phys form, inc. counseling items			
		• If applicable, consult with pts. PCP					

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	* Defined as physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease	* Follows OREGON	* Generically defined as physician	* Physician who is independent from the attending physician and qualified to make dx and prognosis re terminal disease.	* Follows OREGON	* Follows OREGON, and "is willing to participate" in the Act	* Follows OREGON
Mental health specialist* responsibility				• Examine pt and medical records			
	* Counseling to determine pt is not suffering from psychiatric or psychological disorder or depression causing impaired judgement	X	• Confirm pt capable and making informed decisin	X Determine that pt is not suffering from mental disorder impairing judgement	• Communicate in writing conclusions, following evaluation, re whether pt mentally capable of making decisions	X Follows OREGON	NOTE: COUNSELING REQUIRED to ensure pt "does not appear to be suffering from under- treatment or nontreatment of depression or other conditions which may interfere with the patient's ability to make an informed decision.
				• Determine that pt has mental capacity to make medical decisions, act voluntarily, make informed decision			
				• Fulfill documentation requirements (not specified; no form provided)			
	*Not explicitly defined but referred to as "state-licensed psychiatrist or psychologist"	* Follows OREGON	* Psychiatrist, psychologist, or clinical SW licensed in VT	* Psychiatrist or a licensed psychologist.	* Licensed psychiatrist or psychologist	* District-licensed psychiatrist or psychologist	* State-licensed psychiatrist, psychologist, or clinical social worker
				• Attd phys, consulting phys, mental health specialist may not be related by blood, marriage/dom prtshp, adoption to pt			*May be provided through telehealth

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Documentation requirements	• Following must be documented in pt's medical record:	X	X	NOTE: CA statute includes various forms for documentation and reporting	X Follows OREGON	X Follows OREGON	X Follows OREGON
	o All oral and written requests by pt	X	X Date, time & wording of all oral requests and all written requests	X Follows OREGON	X Follows OREGON, plus dates of oral requests	X Follows OREGON	X Follows OREGON
	o Dx, prognosis, pt "capable," acting voluntarily, making informed decision; from attending and consulting phys	X but "competent" r.t. "capable"	X + basis for determination that pt capable; pt did not have impaired judgment or referral for evaluation	X but "capacity to make medical decisions" + documentation that pt disqualified if so determined	X but "mental capacity"	X Follows OREGON + pt is District resident	X Follows OREGON
	o Report of outcome of counseling, if performed	X	X	X outcome of "assessment"	X Written confirmation of "mental capacity"	X Follows OREGON	o Counselor's statement of determination that pt does not appear to be suffering from ...
				o Mental health specialist report			
	o Offer to pt to rescind at 2nd oral request	X	X + date, time & wording of offer of oppty to rescind	X Follows OREGON	X but no specific timing of offer required	X Follows OREGON	X Follows OREGON
	o Note by attending that all requirements have been met	X	X	X	X	X	X (but "statement")
	o Notation of medication prescribed	X	X	X	X + "when" drugs prescribed	X Follows OREGON	X, included in statement above
				o Consulting physician report		o Consulting physician's dx, prognosis, that pt capable, acting voluntarily, has made informed decision	

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			X After writing prescription, file report with Dept of Health documenting completion of all steps	• Attd physician must submit all documentation, inc copy of pt's written request, and compliance forms to Dept of Health w/l 30 days of writing prescription		X Attd physician shall file report to Dept of Health w/i 30 days of dispensing medications	X Follows CALIFORNIA
				• Attd physician must submit additional follow-up survey to Dept of Health w/l 30 days of pt's death by any means/cause		X Attd physician shall notify Department of pt. death, when known, w/l 30 days	X Attd phys, within 30 days of pt's death, submit any follow-up info or documentation required to the health dept
			• Attestation that pt enrolled in hospice or informed of EOL services				
Regulatory follow-up and public reporting requirements	• Dept of Human Services to conduct sample review of records annually	X but "all records"	NOTE: Additional rules adopted by VT Dept of Health governing data collection, 6/16	X [all] information submitted on req'd compliance forms	X Follows OREGON (CDPHE)	X Follows OREGON (Dept of Health)	X Follows OREGON (Dept of Health), but review ALL information submitted
	• May require copy of dispensing record	X			X Shall require dispensing record, which is not public record or available for inspection	• Pharmacist must notify attending phys of when medication dispensed	
	• Dept shall make rules to facilitate collection of information regarding compliance	X			X Follows OREGON	X Mayor will issue regulations	• A 5-member advisory group will establish data set, prepare forms, and advise Dept on implementation
						• Mayor may specify methods by which pt may notify first responders of intent to ingest meds	

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						<ul style="list-style-type: none"> • Mayor may establish education opportunities for medical community to learn best practices about prescribing medication 	
				<ul style="list-style-type: none"> • Final pt attestation form delivered to phys for inclusion in medical record if medication is not returned 			
	<ul style="list-style-type: none"> • Dept will generate and make public annual statistical report of information collected; other than annual report, records are not considered public record and not available for inspection. 	X	NOTE: New rules as of 6/16 require public report of data	X With detail as to what information to be reported	X Follows OREGON	X Follows CALIFORNIA	X Follows CALIFORNIA
		<ul style="list-style-type: none"> • Any unused medications shall be disposed of by lawful means 	<ul style="list-style-type: none"> • Dept of Health shall adopt rules to provide for safe disposal of unused meds 	X Unused meds must be delivered to nearest qualified facility for disposal or dispose by means detailed in CA state guidelines or thru DEA take-back program	X By returning meds to attdg phys, or disposing meds "in manner required by law" or federally approved take-back program	X Mayor will issue rules . . .	X Unused meds after pt's death must be delivered to nearest qualified facility for disposal or dispose by lawful means
					X If death occurs according to Act, it does not constitute grounds for post-mortem inquiry	<ul style="list-style-type: none"> • Chief Medical Examiner <u>shall review each case</u>, and investigate if warranted 	
				<ul style="list-style-type: none"> • Information collected thru reporting process kept private, not disclosable or discoverable in civil, adminis, criminal procedure 			X
				<ul style="list-style-type: none"> • Extensive section specifying the data collection and reporting by the state 			

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							<ul style="list-style-type: none"> Annual report to legislature, 20 days prior to start of session incl. analysis of implementation and proposed legislation
Immunities	<ul style="list-style-type: none"> No person subject to civil or criminal prosecution or professional sanction imposed for participating in good faith compliance 	X	X A physician . . .	X Follows OREGON	X Follows OREGON	X Follows OREGON; but also for refusing to participate	X Follows OREGON
	<ul style="list-style-type: none"> No person subject to civil or criminal prosecution or professional sanction for being present when "qualified patient takes a prescribed medication to end his or her life" 	X		X	X	X	X Follows OREGON (combined with clause above)
				<ul style="list-style-type: none"> Person present may assist in preparation of meds but not in ingesting the meds 			
	<ul style="list-style-type: none"> No org., assoc, hc provider may subject a person to any sanction for participating or refusing to participate 	X	X Health care facility or health care provider . . .	X Follows OREGON	X Follows OREGON		X Follows OREGON
	<ul style="list-style-type: none"> Request for life-ending meds does not constitute neglect or grounds for appt of conservator or guardian 	X		X (also elder abuse)	X Follows CALIFORNIA	X Follows OREGON	X Follows OREGON, includes "or provision of"; includes abuse, harm, self-neglect
	<ul style="list-style-type: none"> No healthcare provider (person or facility) has duty to participate (but must transfer pt's records) 	X Only willing providers shall participate . . .	X (does not mention transfer of records)	X Participation . . . shall be voluntary	X Health care provider may choose whether to participate	X No healthcare provider (individ or entity) obligated to participate	X Follows OREGON

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			<ul style="list-style-type: none"> No "duty to aid" terminally ill person who has taken life-ending meds per this law 				
	<ul style="list-style-type: none"> Provider can prohibit other <u>providers</u> from participating <u>on premises</u> as long as provider notified of policy. 	X . . . and policy must be made available to "general public" as well	X Facility may prohibit <u>physicians</u> from writing prescrip for <u>residents in facility who intend to take drugs in the facility</u> ; as long as physician provided with policy	X Follows OREGON; also allows prohibition on particip. <u>w/i scope of employment or contract</u> ; must give notice to providers of policy. If no notice given, cannot enforce.	X Follows VERMONT, plus, if no advance notice of policy given, policy cannot be enforced. Advance notice must be given to providers as well as patients.	X Follows OREGON	X Follows OREGON
	<ul style="list-style-type: none"> Explicit allowance for participation outside scope of employment/contract. 	X		X		X	X
	<ul style="list-style-type: none"> Various sanctions may be imposed on providers who participate against policy despite notification 	X	X	X		X	X
	<ul style="list-style-type: none"> "Participation" explicitly defined as acting as attending or consulting physician or counseling function for the purposes of this Act 	X		X			X Follows OREGON
				<ul style="list-style-type: none"> "Participation" includes delivering prescription for, dispensing, or delivering drugs 			
				<ul style="list-style-type: none"> "Participation" includes being present when pt takes drugs 			
	<ul style="list-style-type: none"> "Participation" does NOT include dx and prognosis, informing pt of dx & prognosis, prov info about the Act if pt requests, prov referral to another phys, or a pt contracting with phys outside scope of prohibiting provider's employment or contract 	X		X includes determining capacity of pt		X Healthcare provider can't be prohibited from making dx and prognosis, informing pt, prov info about the Act if pt requests, prov referral to another phys, or a pt	X Follows OREGON

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						contracting with phys outside scope of prohibiting provider's employment or contract	
				• Explicitly prohibits any sanction even by prohibiting providers of phys who provides dx, prognosis, info about the Act, and referral to another phys			
	• Suspension or any sanction/discipline imposed acc to this Act are not reportable	X		X		X	
			• Act shall not limit or affect provision of palliative sedation consistent with accepted medical standards				
							• Does not limit discipline of or prosecution of physicians for any other acts, failures, or violations of laws or regulations
Effect on Insurance, contracts, agreements, wills, etc.	• Any provision in any type of agreement that wld affect whether pt cld make or rescind req is not valid	X		X Follows OREGON but applies only to agreements, etc. executed after 1/1/16	X Follows OREGON	X Follows OREGON	X Follows OREGON
	• Obligation or provision of contract, will, annuity, insurance policy or other agreement not affected by person's decision to request, ingest, or rescind req.	X		X Follows OREGON but applies only to agreements, etc. executed after 1/1/16	X Follows OREGON	X Follows OREGON	X Follows OREGON

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	<ul style="list-style-type: none"> • Sale, issuance, procurement of any life, health, or accident insurance or annuity may not be affected by or conditioned on making or rescinding request for PAD, nor taking drugs under PAD 	X	X but limited to life insurance benefits	X Follows OREGON, also includes health care service plans	X Follows OREGON	X Follows OREGON but also includes employment benes and rates charged for any policy	X Follows WA DC
						<ul style="list-style-type: none"> • Insurer or annuity provider may still investigate claim for benefits 	
				<ul style="list-style-type: none"> • Does not consitute suicide so no denial of life or health ins benefits on that basis 	X Health ins benefits cannot be denied to terminally ill person based on intent to use PAD		
					<ul style="list-style-type: none"> • Benefits under "Colorado Medical Assistance Act" cannot be denied based on intent to use PAD 		
			<ul style="list-style-type: none"> • Sale, issuance, procurement of medical malpractice insurance not affected by whether phys willing or unwilling to participate 				
				<ul style="list-style-type: none"> • An insurance carrier may not communicate coverage for life-ending meds absent specific request for meds from pt or in same communication as denying other life-prolonging tx 			
					<ul style="list-style-type: none"> • No effect on Colorado Living Will, CPR directive, or MOST 		

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Additional	• Does not allow a lower standard of care for pts seeking aid in dying	X				• Phys and other health care providers shall provide medical services that "meet or exceed the standard of care for end-of-life medical care."	X Follows OREGON	X Follows OREGON
	• Nothing in the bill authorizes active euthanasia, mercy killing, active euthanasia	X	X		X	X	X . . . Or any other method of medication not authorized	X Follows OREGON, plus the provision or withholding of health care
	• Act does not constitute homicide or suicide, assisted suicide, or mercy killing	X	X		X	X incl elder abuse	X Follows OREGON	X Follows OREGON
							• Act does not authorize ingestion of meds in public place	
								• Providing adequate pain medication to treat pain, even if death is hastened, does not constitute assisted suicide, mercy killing, or euthanasia
Liabilities	· Altering or forging prescription or concealing/destroying rescission of request Class A felony	X		X . . . Felony if done with intent of causing person's death	X Follows OREGON	X Follows OREGON	X Making, altering, completing, or endorsing request for another person is a class A felony	
	• Coercion into request or to destroy rescission Class A felony	X		X . . . Or to administer drug without pt's knowledge or consent is a felony	X Follows OREGON	X Follows OREGON	X Follows OREGON	
	• Does not limit other civil liability for negligent conduct or intentional misconduct, nor other app. criminal penalties	X	X Does not limit other civil or criminal liability for gross negligence,	X Does not limit civil liability or criminal liability for any conduct inconsistent with Act	X Follows VERMONT		X Follows OREGON	

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			recklessness, or intentional misconduct				
• A government entity incurring costs as result of ingestion/ death in a public place has claim against deceased's estate		X		X	X	X, specifically "the District government"	X Follows OREGON