

COMPARISON OF ENACTED AND PENDING MEDICAL AID IN DYING STATUTES, as of May, 2020

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How to read this table: The far left column identifies a category of legal provision articulated in the statutes. The columns detail how the provisions are addressed in the statutes of the respective states. If “X” appears in the column, that means that the provision is the same as in the immediately previous (to the left) column, or the state named (e.g., “X Follows OREGON”). In some cases “X” will be followed by more detail.									
Feature	ENACTED								
	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine
	Death with Dignity Act	Death with Dignity Act	Patient Choice at End of Life	End-of-Life Option Act	End-of-Life Options Act	Death with Dignity Act	Our Care, Our Choice Act	Medical Aid in Dying for the Terminally Ill Act	Death with Dignity Act
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. Provisions indicated by # were set to sunset in 2016; In 2015, the sunset provisions were repealed; all req'ts are now permanent.	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; the case was settled in January 2020 with a ruling that the plaintiffs (seeking to overturn the law) lacked standing and confirming that the law had been appropriately passed. 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	Passed by NJ Senate and General Assembly, April 2019, signed by Governor, April 12, 2019; effective Aug 1, 2019.	Passed by House 73-72 and Senate 19-16; signed by Governor June 12, 2019; officially took effect in September, 2019, though healthcare providers delayed implementation until January 2020 to allow for development of policies and procedures.
Eligibility	<ul style="list-style-type: none"> • Must be 18+ • Resident of state (no specific time period stated) 	X	#	X	X	X	X	X	X
		X	#	X	X	X [District of Columbia]	X	X	X; "residence" defined as place of fixed and principal home. Includes additional indicators such as residence address where vehicle registered, address of fishing or hunting license; receipt of public benefits

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine
<ul style="list-style-type: none"> "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 of 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 anc communicate health care decisions to health care providers.	X "Having the capacity to make health care decisions and to communicate them to a health care provider, including communication through persons familiar with the patient's manner of communicating if those persons are available."	X Follows OREGON, but uses term "competent" rather than "capable"; adds consulting physician, psychiatrist or psychologist
<ul style="list-style-type: none"> Voluntarily expressed wish to die 	X	# • Voluntary request for medication to hasten his or her death	<ul style="list-style-type: none"> Voluntarily expressed wish to receive a prescription for aid in dying drug. 	X Follows CALIFORNIA	<ul style="list-style-type: none"> Has made request voluntarily 	X Follows OREGON	X Follows OREGON	X Follows OREGON
<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.	X Terminally ill "patient is in the terminal stage of an irreversibly fatal illness, disease, or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less."	X Follows OREGON
<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 implicit expectation that patient will self-administer medications though 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-in-dying drug to bring about his or her own death." Pt explicitly required to have physical and mental capacity to self-administer the drugs. 	X Follows WASHINGTON most closely: "Self-administer" is defined as in WA statutes, but no explicit req't that pt be able to or in fact self-administer drugs.	Follows OREGON most closely -- no mention of self-administration; no requirement for patient to do so.	<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"> "Self-administer" means a qualified terminally ill patient's act of physically administering, to the patient's own self, medication. . . " 	<ul style="list-style-type: none"> "Self-administer" means, . . . to voluntarily ingest medication to end the qualified patient's life in a humane and dignified manner

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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 or to have 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.	X Follows OREGON. Text includes suggested form/wording for witness statement. If pt in LTC (inc. any residential care facility), witness may be employed by LTC but doesn't have to be. Cannot be attdg phys.	X Follows OREGON; includes suggested text of request. Witness req'ts follow OREGON. Written request cannot be submitted until 15 days after first oral request
	<ul style="list-style-type: none"> If person in LTC, one witness MUST be individual desig. by facility. 	X				X		If person in LTC, does not require, but allows one witness to be employed by the facility	X Follows OREGON
				<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"> If interpreter used, signs attestation that person understands the request and is acting voluntarily; that the interpreter is fluent in the language of the pt and English and translation is accurate
	<ul style="list-style-type: none"> Two oral requests; second oral request must be made to attending no <15 days after initial oral request. <p>Amendment 2019: If pt likely to die before 15 days, may make 2nd request at any time</p>	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. 	X Follows OREGON	X Follows OREGON
	<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. <p>Amendment 2019: If pt likely to die <15 days, may write scrip immed after later of pt written request or 2nd oral request.</p>	X	# No <48 hrs after last of 2nd oral req., written req., 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 req must be submitted before 2nd oral req and at least 48 hrs before meds prescribed or dispensed	<ul style="list-style-type: none"> Min 20 days betw oral requests and 48 hrs between written req and "steps taken to make available a prescription." 	X Follows OREGON	X Written req can't be submitted until 15 days after 1st oral req; Physician cannot write script until 48 hrs after written req.
				<ul style="list-style-type: none"> ONLY physician (no designees) may write prescription 					

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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	X	X	
	• Confirm residency in state of patient (pt)	X	#	X	X	X [District of Columbia]	X	X	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	X, is "capable, has voluntarily made the request for medication"	X, is "competent and made the written request . . . voluntarily"	
	• Inform pt of									
	o Dx & prognosis	X	X	X	X	X	X	X	X	X
	o Risks & probable result of lethal medication	X	X	X	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 opptys, including . . .	X Follows CALIFORNIA	X Follows OREGON	X Follows CALIFORNIA	X, "concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control"	X, "palliative care and comfort care, hospice care, pain control and disease-directed treatment options"	
				• Counsel pt re participating in hospice program				X, "recommend that the pt participate in a consultation concerning [alternatives above], and provide the patient with a referral "		
	• 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)	X, to confirm dx, px, pt is capable and acting voluntarily	X Follows WASHINGTON	

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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	#, 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") 	X Follows COLORADO, omitting "licensed"	X Follows OREGON
			<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				X Follows CALIFORNIA
<ul style="list-style-type: none"> Fulfil medical record documentation requirements (incl. list of items to be included) 	X	#	X	X	X	X	X, plus record of recommendation for palliative consult	X Follows OREGON
			<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"> MUST recommend to pt that next of kin be notified of request; however can't withhold scrip if pt declines or is unable to notify 	X Follows OREGON, plus can't withhold scrip if pt declines or is unable to notify
<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	X (Advise that . . .)	X Follows OREGON
					<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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			<ul style="list-style-type: none"> Counsel as to safe storage of meds 	X Counsel as to safe-keeping and proper disposal of meds (if not used)				
<ul style="list-style-type: none"> Offer pt oppty to rescind at 2nd 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	X, Oppty to rescind at any time, any manner, and at time of 2 nd oral request	X, Oppty to rescind at any time, any manner, and at end of 15-day waiting period
<ul style="list-style-type: none"> Verify immed prior to writing prescription that pt is capable and making informed, voluntary decision 	X	#	X	X	X . . . Making an informed decision	X Follows OREGON		X Follows OREGON
			<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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)	X Follows OREGON, omitting "with pt's written request"; transmission "personally, by mail, or permisslbe electronic communication"	X Follows OREGON; delivery of scrip to pharmacist by mail or electronically
							<ul style="list-style-type: none"> Medications may not be delivered by mail or courier 	
<ul style="list-style-type: none"> May sign death certificate 	X . . . listing underlying terminal illness as COD			<ul style="list-style-type: none"> 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."		<ul style="list-style-type: none"> (Does not specify who signs death certificate) Death certificate must list underlying terminal disease as COD
* Defined as physician with primary responsibility for care of patient and tx of patient's terminal disease.	* Follows OREGON	* Does not specify "attending" phys; pt and phys have a "bona-fide physician-patient relationship"	* Follows OREGON	* Follows OREGON	* Defined as in Natural Death Act of 1981	* Follows OREGON	* Follows OREGON	* Follows OREGON

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						• 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	X
	* Confirm, in writing, attending's dx	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	X	X Follows OREGON
	* Verify pt is capable, acting voluntarily, made an informed decision	X ("competent" r.t. "capable")	# 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	X Follows OREGON	X Follows WASHINGTON
	• 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		X Refer to mental health professional if concern pt not capable; notify attdg phys in writing that referral has been made	X Follows OREGON
				• 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						
	*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	* Follows OREGON	* Follows OREGON

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Mental health specialist* responsibility 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 decision	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 undertreatment 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				X Determine pt is capable	
				• Fulfill documentation requirements (not specified; no form provided)				X Provide written report to attdg phys of determination	
	*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	* Psychiatrist, psychologist, or licensed 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		
Documentation requirements	* Following must be documented in pt's medical record:	X	#	NOTE: CA statute includes various forms for documentation and reporting	X Follows OREGON	X Follows OREGON	X Follows OREGON	X Follows OREGON	X Follows OREGON
	o All oral and written requests by pt	X	# Date, time & wording of all requests	X Follows OREGON	X Follows OREGON, plus dates of oral requests	X Follows OREGON	X Follows OREGON	X Follows OREGON	X Follows OREGON
	o Dx, prognosis, pt "capable," acting voluntarily, making informed decision; from attending and consulting phys. Amendment 2019: Documentation of pt's likely imminent death prior to expiration of waiting periods.	X but "competent" r.t. "capable"; not incl. amendment	# + 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; not incl. amendment	X but "mental capacity"; not incl. amendment	X Follows OREGON + pt is District resident; not incl. amendment	X Follows OREGON; not incl. amendment	X Follows OREGON; not incl. amendment	X Follows OREGON (but "competent" r.t. "capable"); not incl. amendment

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o Report of outcome of counseling, if performed	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 . ..		X Follows OREGON: outcome and determination
			o Mental health specialist report				o Report of determination from mental health professional that pt is capable	
o Offer to pt to rescind at 2nd oral request	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	X Follows OREGON	X Follows OREGON
o Note by attending that all requirements have been met	X	#	X	X	X	X (but "statement")	X Follows OREGON	X Follows OREGON
o Notation of medication prescribed	X	#	X	X + "when" drugs prescribed	X Follows OREGON	X, included in statement above	X Follows OREGON	X Follows OREGON
			o Consulting physician report		o Consulting physician's dx, prognosis, verification that pt capable, acting voluntarily, has made informed decision		X Follows WA DC	
		# After writing script, file report with DOH 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/i 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 or pharmacist must submit record of dispensing medication to Dept of Health w/i 30 days of dispensing meds	
			• Attd physician must submit additional follow-up survey to Dept of Health w/i 30 days of pt's death by any means/cause		X Attd physician shall notify Department of pt. death, when known, w/i 30 days	X Attd phys, w/i 30 days of pt's death, submit any follow-up info or documentation required to the health dept	• Attd physician must submit record of pt's death to Dept of Health w/i 30 days of pt's death	
		• Attestation that pt enrolled in hospice or informed of EOL services						

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		• Any unused medications shall be disposed of by lawful means	• Dept of Health shall adopt rules to provide for safe disposal of unused meds	• 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 Follows CALIFORNIA but by returning meds to attdg phys, or disposing meds "in manner required by law" or federally approved take-back program	X Follows VERMONT, but 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	• Patient to designate person to dispose of meds acc to federal/State guidelines or at authorized drop off	X Follows HAWAII
					X If death occurs according to Act, it does not constitute grounds for post-mortem inquiry	• Chief Medical Examiner <u>shall</u> review each case, and investigate if warranted			
				• Information collected thru reporting process kept private, not disclosable or discoverable in civil, adminis, criminal procedure			X		
				• Extensive section specifying the data collection and reporting by the state					
							• Annual report to legislature, 20 days prior to start of session incl. analysis of implementation and proposed legislation		X, to Joint Standing Committee having jurisdiction over health matters
								• Rules and regs to be adopted by Dir Div of Consumer Affairs re reporting of info by HCPs to DofH; State Board of Med Exam re duties of physi-cians; State Board of Pharm re pharmacists; State Board of Psychological Examiners re mental health profls; State Board of Social Work Exam re LCSWs	
Immunities	• 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	X Follows WASHINGTON DC (combined with clause below)	INCLUDES NO IMMUNITY PROVISIONS

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<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)	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"> No action taken under law construed as pt abuse, neglect, suicide, assisted suicide, mercy killing, euthanasia, or homicide 	
<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	X Follows OREGON, includes pt abuse	
<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	X Follows CALIFORNIA (must transfer records on pt's request)	
		<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"> No "duty to warn" if qualified terminally ill pt requests lethal meds 	

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine
<ul style="list-style-type: none"> • Provider can prohibit other <u>providers</u> from participating on <u>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 script 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"> • Commissioner of Health to adopt rules & regs governing healthcare facilities and any action taken by HCP on premises; any participation by any facility entirely voluntary 	X Follows OREGON; if policy not provided, can't be enforced
<ul style="list-style-type: none"> • Explicit allowance for participation outside scope of employment/contract. 	X		X		X	X		X, and allows participation off premises
<ul style="list-style-type: none"> • Various sanctions may be imposed on providers who participate against policy despite notification 	X	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	X Follows OREGON	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 contracting with phys outside scope of prohibiting provider's employment or contract	X Follows OREGON	X Follows OREGON	X Follows OREGON

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				<ul style="list-style-type: none"> Explicitly prohibits any sanction even by prohibiting providers of phys who provides dx, prognosis, info about the Act, and referral to another phys 					
<ul style="list-style-type: none"> Suspension or any sanction/discipline imposed acc to this Act are not reportable 	X			X		X			X
			<ul style="list-style-type: none"> Act shall not limit or affect provision of palliative sedation 						
							<ul style="list-style-type: none"> Does not limit discipline of or prosecution of physicians for any other acts, failures, or violations of laws or regulations 	X	
Effect on Insurance, contracts, agreements, wills, etc.	<ul style="list-style-type: none"> 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	X Follows OREGON	X Follows OREGON
	<ul style="list-style-type: none"> 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	X Follows OREGON	X Follows OREGON
	<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	X Follows OREGON	X Follows OREGON
						<ul style="list-style-type: none"> Insurer or annuity provider may still investigate claim for benefits 			

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				<ul style="list-style-type: none"> Does not constitute 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, procurem't of medical malpractice ins. not affected by whether phys willing or unwilling to participate 						X Follows VERMONT
				<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 				
Additional	<ul style="list-style-type: none"> Does not allow a lower standard of care for pts seeking aid in dying 	X			<ul style="list-style-type: none"> Phys and other HCPs shall provide medical services that "meet or exceed the standard of care for end-of-life medical care." 	X Follows OREGON	X Follows OREGON	X Follows OREGON (but "by health care professional who participates")	X Follows NJ, inc. phys., the consulting phys., a psychiatrist or a psychologist or other HCP provider providing services
	<ul style="list-style-type: none"> Nothing in the bill authorizes active euthanasia, mercy killing 	X	X	X	X	X . . . Or any other method of medication not authorized	X Follows OREGON, plus the provision or withholding of health care	<ul style="list-style-type: none"> Nothing in this law authorizes a phys or any other person to end a pt's life by lethal injection, active euthanasia, or mercy killing, or any act that constitutes assisted suicide under any law of this State 	X Follows OREGON, lethal injection, active euthanasia, mercy killing

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	• 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		X Follows OREGON
						• Act does not authorize ingestion of meds in public			
							• Providing adequate pain meds to treat pain, even if death is hastened, does not constitute assisted suicide, mercy killing, or euthanasia		
								• Guardian, conservator, healthcare agent, or patient rep may not take any action under this law on behalf of a pt other than communicating pt's wishes to provider	
		Amendment 2019: Each hospital must report to DOH their policy wrt DWD and make publicly known what EOL services are and are not available from the facility.							
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	X Follows OREGON, felony of second degree	X Follows OREGON, Class A crime
	• 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	X Follows OREGON, crime of third degree	X Follows OREGON, Class A crime
								• Theft of medication = offense of stealing a controlled substance	

<ul style="list-style-type: none"> Does not limit other civil liability for negligent conduct or intentional misconduct, nor other applicable criminal penalties 	X	X Does not limit other liability for gross negligence, recklessness, or intentional misconduct	X Does not limit civil liability or criminal liability for any conduct inconsistent with Act	X Follows VERMONT		X Follows OREGON	X Does not limit liability for civil damages resulting from negligence or intentional misconduct of any person	X Follows OREGON
<ul style="list-style-type: none"> 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	X Follows OREGON	X Follows OREGON