

# COMPARISON OF ENACTED AND PENDING MEDICAL AID IN DYING STATUTES, as of August 2023

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**"X" denotes that the provision is the same as in the immediately preceding column, unless otherwise annotated. "•" denotes new or novel provision.**

**"X Follows [STATE]" means the provision is the same as in that state, or as otherwise annotated. Items in orange are amendments since original passage of the law.**

Feature	ENACTED									
	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
	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	Medical Aid in Dying for the Terminally Ill	Death with Dignity Act	Elizabeth Whitefield End-of-Life Options Act
<b>Enactment process/history</b>	Enacted by ballot initiative followed by statute, 1994; attempt at repeal 1997 failed; challenged by US Atty General; upheld by US Supreme Court 2006.  <i>Amended 2019; in effect Jan 1, 2020</i> <i>Amended 2023; in effect on signature, July 13, 2023</i>	Enacted by ballot measure 2008  <i>Amended 2023; in effect July 23, 2023</i>	Enacted by legislature, 2013. All provisions indicated by X or # are present in the VT Act; however, those indicated by # were set to sunset in 2016 and be replaced by general requirements of informed consent and a blanket immunity. In 2015, the sunset provisions were repealed, so all requirements are now permanent.  <i>Amended 2023; in effect on approval</i>	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. In effect, June, 2016. <b>Entire statute will sunset on Jan 1, 2026 Jan 1, 2031, unless re-enacted</b>  <i>Amended 2021; in effect Jan 1, 2022 (Amendment extended sunset)</i>	Ballot-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.	Passed by Hawaii legislature, March 2018; signed by Governor, April 5, 2018; effective January 2019  <i>Amended 2023: in effect on approval</i>	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 Sept, 2019, though healthcare providers delayed implementation until Jan 2020 to allow for development of policies and procedures.	Passed by New Mexico legislature; signed April 8, 2021; <b>in effect 6/18/2021</b>
<b>Eligibility</b>	• Must be 18+  <i>• Resident of state (no specific time period stated)</i>  <i>Amend 2023: Residency requirement repealed, pursuant to a court decision.</i>	X	#	X	X	X	X	X	X	X (only explicit in consent form)
		Resident of state (no time period or specific proofs required)	# <i>Amend 2023: Residency requirement deleted.</i>	X FOLLOWS WA	X FOLLOW WA	X FOLLOWS WA; resident of District of Columbia]	X FOLLOWS WA	X FOLLOWS WA	X; "residence" defined as place where person has fixed and principal home. Includes additional indicators such as residence address (not P.O. box), place where vehicle registered, address of fishing or hunting license; receipt of public benefits	X ("resident of state" included in definition of "adult"; "adult" criterion only explicit in consent form)

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
Eligibility (cont'd)	<p>•"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")</p>	X  <b>Amend. 2023: "Qualified medical provider instead of "physician"</b>	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. <b>NOTE:</b> 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.	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	X has "capacity"; defined as ability to understand and appreciate health care options, incl. significant benefits & risks, to make and communicate health care decision
	• Voluntarily expressed wish to die	X	# • Voluntary request for medication to hasten his or her death	• Voluntarily expressed wish to receive a prescrip for aid in dying drug.	X Follows CALIFORNIA	• Has made request voluntarily	X Follows OREGON	X Follows OREGON	X Follows OREGON	• Voluntarily made the request for medical aid in dying
	• Terminal disease (incurable, irreversible, medically confirmed, likely to cause death within 6 months)	X	X	X	X, <b>NOTE:</b> 6 MONTH PROGNOSIS <b>NOT</b> 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 6 months.	• 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 6 months or less."	X Follows OREGON	X Follows OREGON
	<b>[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.]</b>	• "Self-administer" is included in definitions but no explicit requirement for pt to be able to self-administer drugs nor to do so.	• Self-administer is NOT included in definitions but implicit expectation that patient will self-administer medications, although not a stated requirement	• "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. (See Immunities below: another person may help prepare drugs)	X Follows WASHINGTON state most closely: "Self-administer" is defined as in WA statute, but <b>no explicit requirement</b> that pt be able to or in fact self-administer drugs.	Follows OREGON most closely -- <b>no mention</b> of self-administration; no requirement for patient to do so.	• "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."	• "Self-administer" means a qualified terminally ill patient's act of physically administering, to the patient's own self, medication. . . "	• "Self-administer" means, . . . to voluntarily ingest medication to end the qualified patient's life in a humane and dignified manner	• "Self-administer" means taking an affirmative, conscious, voluntary action to ingest a pharmaceutical substance; "ability to self-administer the . . . medication" explicitly required
						• Under the care of a physician				

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
<b>Form of request</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>X</p> <p><b>Amend 2023: At least one witness not related "by blood or by law"</b></p>	<p># Neither witness may be relative, family member or heir; owner, operator, employee of hc facility in which person receiving care; nor attending physician.</p>	<p>X Follows OREGON for most witness req'ts; 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.</p>	<p>X Follows CALIFORNIA: form included in statute; consulting physician and mental health professional are <b>not</b> excluded as witnesses. Person's general POA or MDPOA <b>cannot witness</b>.</p>	<p>X Follows OREGON. Text includes suggested form/wording for witness statement.</p>	<p>X Follows OREGON for witness req'ts: 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, <b>ONLY attending phys</b> may not be witness. Attd phys must directly receive request.</p>	<p>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.</p>	<p>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</p>	<p>X Follows CALIFORNIA; Form in statute; no health care provider of pt may witness; witnesses attest pt known to them, signed in presence, is of sound mind, not under duress; other req'ts as in OREGON. Form does not require indication of whether family notified.</p>
	<ul style="list-style-type: none"> <li>If person in LTC, one witness MUST be individual designated by facility.</li> </ul>	<p>✗</p> <p><b>Amend 2023: This req't deleted</b></p>				X		<ul style="list-style-type: none"> <li>If person in LTC, does not require, but allows one witness to be emp by the facility</li> </ul>	X Follows OREGON	
				<ul style="list-style-type: none"> <li>If non-English language interpreter needed, interpreter signs attestation that translation is accurate and pt is acting voluntarily</li> </ul>					<ul style="list-style-type: none"> <li>Language of request must be same language in which consultations held or interpreted into; 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</li> </ul>	
	<ul style="list-style-type: none"> <li>Two oral requests; second oral request must be made to attending no &lt;15 days after initial oral request</li> </ul> <p><b>Amend 2019: If pt likely to die before 15 days, may make 2nd request at any time</b></p>	<p>X</p> <p><b>Amend 2023: 2<sup>nd</sup> oral request no &lt;7 days after initial request; does not require death to be imminent</b></p>	<p># In physical presence of phys; requests at least 15 days apart</p>	<p>X Oral requests must be made by the individual "solely and directly" to the attdg phys, <b>at least 15 days apart</b></p> <p><b>Amend 2021: 48 hours apart</b></p>	<p>X 2 oral requests "to his or her attdg phys"; at least 15 days apart</p>	<p>X Follows OREGON (2 oral requests, separated by at least 15 days)</p>	<ul style="list-style-type: none"> <li>2 oral requests <b>min. 20 days apart</b>; attd phys must "directly receive" requests.</li> </ul> <p><b>Amend 2023: Waiting period shorted to 5 days.</b></p>	<p>X Follows OREGON; excluding amendment</p>	<p>X Follows OREGON; excluding amendment</p>	<p><b>NOTE: ONLY ONE WRITTEN REQUEST REQUIRED</b></p>

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico	
Form of request (cont'd)	• Physician cannot write prescription until at least 15 days after initial oral request and no less than 48 hours after written request	✘ Amend 2023: Qualified med prov cannot write scrip until 7 days after initial oral req; 48-hr delay deleted	# No less than 48 hrs after last of 2nd oral request, written request, offer of oppty to rescind	• 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	• Minimum <del>20-days</del> between oral requests and 48 hours between written request and "steps taken to make available a prescription."  Amend 2023: min 5 days	X Follows OREGON	X Written request can't be submitted until 15 days after 1st oral request; Physician cannot write script until 48 hours after written request.	<b>NO WAITING PERIOD BTW REQUESTS, OR BEFORE SCRIP WRITTEN</b>	
				• ONLY physician (no designees) may write prescription							
	Amendment 2019: If pt likely to die <15 days, may write scrip immed after later of pt written request or 2nd oral request.							Amend 2023: Option to waive waiting period if pt not expected to survive 5 days from first request.			• Prescription cannot be filled <48 hrs after scrip written unless prescribing HC provider [believes] pt might die before end of waiting period
Attending physician/ prescribing provider* responsibility	* Defined as physician with primary responsibility for care of patient and tx of patient's terminal disease.	X Amend 2023: *Qualified medical provider [Can be PA or APRN/NP]	* 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; BUT <b>Attdg physician must not have practice primarily or solely composed of patients requesting covered medication</b>	* Follows OREGON  Amend 2023: APRN/ NP added as attending or consulting provider	* Follows OREGON	* Follows OREGON	*Health care provider = physician (MD/DO), advanced practice nurse, physician assistant	
						Prefaced by "upon receiving written request for covered medication . . . "				Prefaced by "a prescribing health care provider may provide a prescription for medical aid in dying medication to an individual only after confirming that at least 1 physician (MD/DO) has . . . "	
	• Determination of terminal dx/disease, <6 mos prognosis	X	X	X	X	X	X	X	X	X	X a terminal illness defined as above (NOTE: current hospice enrollment is equiv to terminal dx)
	• Confirm residency in state of patient (pt)	X	#	X	X	X [District of Columbia]	X	X	X		

Attending physician/prescribing provider responsibility (cont'd)

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
• 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"	X has "capacity" and "is making an informed decision"
• 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			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	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"	X Follows NJ
			o Counsel pt re participating in hospice program				X, "recommend that the pt participate in a consultation concerning [alternatives above], and <b>provide the patient with a referral</b>		
• Refer to consulting physician for confirmation of term dx and that person "capable"	X Confirm dx and that pt is "competent" and acting voluntarily <b>Amend 2023: consulting qualified medical provider</b>	# 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") <b>Amend 2023: APRN/ NP may serve as consulting provider</b>	X, to confirm dx, px, pt is capable and acting voluntarily	X Follows WASHINGTON	X referred to consulting health care provider who has "experience with underlying condition"
• Refer to counseling if appropriate (if mental disorder or depression causing impaired judgment suspected)	X	#, by psychiatrist, psychologist, or LCSW, if impaired judgment (for any reason) suspected	X, if mental disorder [which is <u>impairing judgment</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 prof'l (psychiatrist or psychologist)	X If pt suffering from psychiatric or psychological disorder or depression causing <u>impaired judgment</u> ; by District-licensed psychiatrist or psychologist	• Refer to counseling (no "ifs")	X Follows COLORADO, omitting "licensed"	X Follows OREGON	• Refer for evaluation by mental health professional IF hx of mental health disorder OR intellectual disability affecting judgment OR mental health disorder impairing judgment
			• 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	• Determined "in good faith" that request not coerced or from undue influence

Attending physician/prescribing provider responsibility (cont'd)

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
• 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	• Note in health record the determination that individual qualified
			• 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)						
• 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	• 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	
• 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	
					• Inform pt of availability of supportive counseling for psych/emotional stress assoc with end stages of life.				
			• 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 <sup>nd</sup> 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 2nd oral request	X, Oppty to rescind at any time, any manner, and at end of 15-day waiting period	
• 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	
			• Give pt final attestation form to be completed w/i 48 hours of taking drugs (Form to be returned to attdg phys after pt's death for medical record) Amend 2021: Attestation requirement deleted			X Follows CALIFORNIA			

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
Attending physician/prescribing provider responsibility (cont'd)	• Dispense meds directly or, w/ pt's written consent, contact pharmacist; deliver prescrip by hand or by mail	X (inc. option of delivering by fax) <b>Amend 2023: Pt's written request req't deleted; Scrip may be transmitted electronically to pharmacy</b>	# (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 req for meds serves as written consent for delivering scrip 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 permissible electronic communication"	X Follows OREGON; delivery of scrip to pharmacist by mail or electronically	
		<b>Amend 2023: meds may be delivered by courier, US mail, or private parcel service</b>						• Medications may not be delivered by mail or courier		
	• 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."		• (Does not specify who signs death certificate) Death certificate must list underlying terminal disease as COD	
										• Indicate date/time scrip written and first allowable date/time it may be filled
					<b>Amend 2021: If physician unwilling to participate as attending for MAiD, must so-inform the patient, document date of pt's request and phys's notice of objection, and transfer medical record on request. Neither individual provider nor healthcare entity may engage in deceptive or misleading practices re willingness to participate</b>					
Consulting physician* responsibility	*Defined as physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease	* Follows OREGON <b>Amend 20223: Qualified medical provider [Can be PA or APRN/NP]</b>	* Generically defined as physician	* Physician who is <b>independent from</b> 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 <b>Amend 2023: APRN/ NP may serve as consulting provider</b>	* Follows OREGON	* Follows OREGON	*Health care provider who has "experience with underlying condition"



	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
<b>Consulting physician responsibility (cont'd)</b>	• Examine pt and medical records	X	#	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	X, but "prescribing health care provider" r.t. attending phys
	• 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 judgment</u> )	X		X Refer to mental health specialist if <u>indications of mental disorder</u>	X Refer to mental health profI if pt not mentally capable	X If pt suffering from psychiatric or psychological disorder or depression <u>causing impaired judgment</u>	(Counseling required; referral made by attending)	X Refer to mental health professional if concern pt not capable; notify attdg phys in writing that referral has been made	X Follows OREGON	X Referred for evaluation by mental health professional IF (as above)
				• 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							
<b>Mental health specialist* responsibility</b>	*Not explicitly defined but referred to as "state-licensed psychiatrist or psychologist"	* Follows OREGON  Amend 2023: Added indep. clinical SW, adv SW, mental health counselor, or psychiatric NP	* 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  *May be provided through telehealth  Amend 2023: added APRN/NP or CNS with mental health training or licensed MFT	* Psychiatrist, psychologist, or licensed clinical social worker		* State-licensed psychiatrist, psychologist, master social worker, psychiatric nurse practitioner, or professional clinical mental health counselor
				• Examine pt and medical records						



	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico	
<b>Mental health specialist responsibility (cont'd)</b>	• Counseling to determine pt is not suffering from psychiatric or psychological disorder or depression <u>causing impaired judgment</u>	X	• Confirm pt capable and making informed decision	X Determine that pt is not suffering from mental disorder <u>impairing judgment</u>	• Communicate in writing conclusions, following evaluation, re whether pt mentally capable of making decisions	X Follows OREGON	<b>NOTE: COUNSELING REQUIRED to ensure pt not "suffering from undertreatment or nontreatment of depression or other conditions which may interfere with the pt's ability to make an informed decision"</b>			• Evaluation to determine individual has capacity to make end-of-life decisions	
				• 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 physician of determination			
				• Attd phys, consulting phys, mental health specialist may not be related by blood, marriage/dom prtshp, adoption to pt							
<b>Documentation requirements</b>	• Following must be documented in pt's medical record:	X	#	<b>NOTE:</b> CA statute includes various forms for documentation and reporting	X Follows OREGON	X Follows OREGON	X Follows OREGON	X Follows OREGON	X Follows OREGON	• Note in health record the determination that individual qualified per the Act	
	o All oral and written requests by pt	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	X Follows OREGON	X Follows OREGON		
	o Dx, prognosis, pt "capable," acting voluntarily, making informed decision; from attending and consulting phys  <i>Amendment 2019: Documentation of pt's likely imminent death prior to expiration of waiting periods</i>	X, excluding amendment, but "competent" r.t. "capable"	# + basis for determinator that pt capable; pt did not have impaired judgment or referral for evaluation	X, excluding amendment, but "capacity to make medical decisions" + documentation that pt disqualified if so determined	X, excluding amendment, but "mental capacity"	X Follows OREGON, excluding amendment, + pt is District resident	X Follows OREGON, excluding amendment	X Follows OREGON, excluding amendment	X Follows OREGON, excluding amendment, but "competent" r.t. "capable"		
	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		

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
Documentation requirements (cont'd)				o Mental health specialist report				o Report of determination from mental health prof'l 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	
				Amend 2021: Healthcare entities must post their policy wrt MAiD on their public-facing website						
				• Consulting physician report		• Consulting physician's dx, prognosis, verification that pt capable, acting voluntarily, has made informed decision		X Follows WA DC		
		Amend 2023: Req't added in separate statute that hospitals must submit their policies re EOL care and DWDA to Health Dept.	# 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/ 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/ 30 days of dispensing meds		
				• Attd physician must submit additional follow-up survey to Dept of Health w/ 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, within 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								
Regulatory follow-up and public reporting requirements										• Prescribing HCP shall provide a report to DOH, acc to DOH rules, of provider's participation

**Regulatory follow-up and public reporting requirements (cont'd)**

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
• 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	X Follows OREGON (Dept of Health), but review ALL information submitted	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		• Dispensing record must be filed by attdg phys or pharm w/i 30 days	X Follows NJ	
• 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	• Dept shall develop form and manner by which information reported	X Follows OREGON, but within 6 months of enactment (NB: Executive Order signed along with Act authorized Emergency Rules due to Act going into effect sooner than 6 months from enactment)	X Dept shall adopt and promulgate rules re timeframe, forms for reporting. Data points specified: pt's age at death, rate/ethnicity, gender, hospice enrollment, underlying condition, whether MAID drugs ingested, on what date
					• Mayor may specify methods by which pt may notify first responders of intent to ingest meds				
					• Mayor may establish education opportunities for medical community to learn best practices about prescribing medication				
			• Final pt attestation form delivered to phys for inclusion in medical record if meds are not returned						
• Dept will generate and make public annual statistical report of information collected; otherwise, records are not 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	X Follows OREGON, but will not release any info that cld identify pts or HCPs	X Follows OREGON	X Follows OREGON but data limited to above and total # scrips written & # HCPs participating

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico	
<b>Regulatory follow-up and public reporting requirements (cont'd)</b>		• 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 return meds to attdg phys, or dispose "in manner required by law" or federal 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 review each case</u> , and investigate if warranted					
				• Information collected thru reporting process kept private, not disclosable or discoverable in civil, adminis, criminal proc				X			
				• Extensive section specifying the data collection and reporting by the state							
								• Annual report to legis, 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 DOH; State Boards re duties of various health prof'ls incl physicians, pharms, mental health, LCSWs		
<b>Immunities</b>	• 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)	<b>INCLUDES NO IMMUNITY PROVISIONS</b>	X Follows WA DC	
	• 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)		X Follows OREGON	

Immunities  
(cont'd)

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
			• Person present may assist in preparation of meds but not in ingesting the meds						
• 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			X A health care entity, prof'l org or assoc, health insurer, mgd care org, hc provider shall not subject a person to [varioius sanctions] for participating or refusing to participate
							• No action taken under law construed as pt abuse, neglect, suicide, assisted suicide, mercy killing, euthanasia, or homicide		
• 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		
• No healthcare provider (person or facility) has duty to participate (but must transfer pt's records)	X Only willing providers shall participate . . .  Amend 2023: States clearly that transfer of records does not restart any waiting period	X (does not mention transfer of records)	X Participation . . . shall be voluntary  Amend 2021: Physician declining to participate must make this known to pt, document pt's request and date of notice of objective, and transfer records on request	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)		X No health care provider who objects shall be req to participate; must so inform pt and refer to HCP willing to participate or to person/entity willing to assist pt in seeking MAID; must xfr records
		• No "duty to aid" terminally ill person who has taken life-ending meds per Act					• No "duty to warn" if qualified terminally ill pt requests lethal meds		

Immunities  
(cont'd)

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
<ul style="list-style-type: none"> <li>• Provider can prohibit other <u>providers</u> from participating on <u>premises</u> as long as provider notified of policy.</li> </ul>	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  <i>Amend 2021: prohibition limited to participation w/i scope of employment or contract while on premises. Notice of policy must be on employment/ at start of contract and annually. Posting policy on website satisfies annual notice requirement. Prohibits any false, deceptive or misleading practices re provider's willingness to participate.</i>	X Follows VERMONT, plus, if no advance notice of policy given, policy cannot be enforced. <u>Advance notice must be given to providers as well as patients.</u>	X Follows OREGON	X Follows OREGON	X Follows OREGON	• Commissioner of Health to adopt rules & regs governing healthcare facilities and any action taken by HCP on premises; any partic by any facility voluntary	X Follows OREGON; <u>if policy not provided, can't be enforced</u>	X No sanction allowed of HCP providing MAID off premises and not w/i scope of employment; <u>may sanction only if health care entity has given written policy to HCP</u>
										• Any policy prohibiting participation in MAID must be articulated in "an appropriate location" on the entity's website and in patient materials
<ul style="list-style-type: none"> <li>• Explicit allowance for participation outside scope of employment/ contract.</li> </ul>	X  <i>Amend 2023: and while not on prohibiting provider's premises</i>		X	X		X	X		X, and allows participation off premises	X, Follows MAINE
<ul style="list-style-type: none"> <li>• Various sanctions may be imposed on providers who participate against policy despite notification</li> </ul>	X	X	X  <i>Amend 2021: providers and entities</i>	X		X	X		X	X
<ul style="list-style-type: none"> <li>• "Participation" explicitly defined as acting as attending or consulting physician or counseling function for the purposes of this Act</li> </ul>	X  <i>"Qualified medical provider" r.t. physician</i>		X	X			X Follows OREGON	X Follows OREGON	X Follows OREGON	

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico	
Immunities (cont'd)				• "Participation" includes delivering scrip, dispensing, or delivering drugs, and being present when pt takes drugs							
	• "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  Amend 2023: participation also does not include documenting first request		X includes determining capacity of pt			X Follows OREGON	X Follows OREGON	X Follows OREGON		
				• Explicitly prohibits any sanction even by prohibiting providers of phys who provides dx, prognosis, info about the Act, and referral to another phys		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 emp or contract					
	• Suspension or any sanction/discipline imposed acc to this Act are not reportable	X		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	X			
<b>Effect on Insurance, contracts, agreements, wills, etc.</b>	• 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	<b>NO SECTION IN THE STATUTE ADDRESSES THESE ISSUES</b>	



Effect on Insurance, contracts, agreements, wills, etc. (cont'd)

Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
• 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	
• 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	
					• Insurer or annuity provider may still investigate claim for benefits				
			• 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 MAID					
				• Benefits under "Colorado Medical Assistance Act" cannot be denied based on intent to use MAID					
		• Sale, issuance, procurement of medical malpractice insurance not affected by whether phys willing or unwilling to participate						X Follows VERMONT	
			• An ins 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						
				• No effect on Colorado Living Will, CPR directive, or MOST					

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<b>Additional</b>	• 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	X Follows OREGON (but "by health care professional who participates")	X Follows NJ, includes physician, the consulting physician, a psychiatrist or a psychologist or other health care provider providing services	
	• 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	• Nothing in this law authorizes a physician or any other person to end a patient's life by lethal injection, active euthanasia, or mercy killing, or any act that constitutes assisted suicide under any law of this State;	X Follows OREGON, lethal injection, active euthanasia, mercy killing	X Follows MAINE
	• 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	X Follows COLORADO
						• 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			
								• Guardian, conservator, healthcare agent, or patient representative may not take any action under this law on behalf of a pt other than communicating pt's wishes to provider		
<b>Liabilities</b>	• 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	<b>NO LIABILITIES STATED</b>
	• 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	

	Oregon	Washington	Vermont	California	Colorado	Washington DC	Hawaii	New Jersey	Maine	New Mexico
Liabilities (cont'd)								• Theft of medication = offense of stealing a controlled substance		
	• Does not limit other civil liability for negligent conduct or intentional misconduct, nor other applicable criminal penalties	X	X Does not limit other civil or criminal 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	
	• 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	