5261--В

2015-2016 Regular Sessions

IN ASSEMBLY

February 13, 2015

- Introduced by M. of A. PAULIN, DINOWITZ, GALEF, ZEBROWSKI, GOTTFRIED, BLAKE -- Multi-Sponsored by -- M. of A. BRAUNSTEIN, CROUCH, DUPREY, SKARTADOS -- read once and referred to the Committee on Health -committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommittee to said
- AN ACT to amend the public health law, in relation to patient self-determination at end of life

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The public health law is amended by adding a new article 2 28-F to read as follows:

3			ARTICLE 28-F	
4			PATIENT SELF-DETERMINATION ACT	
5	SECTION 2	2899-D.	DEFINITIONS.	
б		2899-Е.	WRITTEN REQUEST FOR MEDICATION.	
7		2899-F.	WRITTEN REQUEST SIGNED AND WITNESSED.	
8		2899-G.	ATTENDING PHYSICIAN RESPONSIBILITIES.	
9		2899-н.	COUNSELING REFERRAL.	
10	2	2899-I.	MEDICAL RECORD DOCUMENTATION REQUIREMENTS.	
11		2899-J.	RESIDENCY REQUIREMENT.	
12		2899-к.	RIGHT TO INFORMATION.	
13		2899-L.	IMMUNITY.	
14	2	2899-М.	NOT SUICIDE; NO DUTY TO AID.	
15		2899-N.	LIMITATIONS ON ACTIONS.	
16	2	2899-0.	HEALTH CARE FACILITY EXCEPTIONS.	
17	2	2899-P.	EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STATUTES.	
18	2	2899-Q.	INSURANCE POLICIES; PROHIBITIONS.	
19	2	2899-R.	PROTECTION OF PATIENT CHOICE AT END OF LIFE.	
	EXPLANATIONMatter in ITALICS (underscored) is new; matter in brackets			

[] is old law to be omitted.

LBD07446-06-5

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1	2899-S. SAFE DISPOSAL OF UNUSED MEDICATIONS.			
2	2899-T. DEATH CERTIFICATE.			
3	2899-U. STATUTORY CONSTRUCTION.			
4	2899-V. SEVERABILITY.			
5	S 2899-D. DEFINITIONS. AS USED IN THIS ARTICLE:			
6	1. "ADULT" MEANS AN INDIVIDUAL WHO IS TWENTY-ONE YEARS OF AGE OR			
7	OLDER.			
8	2. "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS PRIMARY RESPONSI-			
9	BILITY FOR THE CARE OF THE PATIENT AND TREATMENT OF THE PATIENT'S TERMI-			
10	NAL DISEASE.			
11 12	3. "BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP" MEANS A TREATING OR			
	CONSULTING RELATIONSHIP IN THE COURSE OF WHICH A PHYSICIAN HAS COMPLETED			
13 14	A FULL ASSESSMENT OF THE PATIENT'S MEDICAL HISTORY AND CURRENT MEDICAL			
$14 \\ 15$	CONDITION, INCLUDING A PERSONAL PHYSICAL EXAMINATION. 4. "CAPABLE" MEANS THAT A PATIENT HAS THE ABILITY TO UNDERSTAND, MAKE			
	4. "CAPABLE" MEANS THAT A PATIENT HAS THE ABILITY TO UNDERSTAND, MAKE AND COMMUNICATE HEALTH CARE DECISIONS TO A PHYSICIAN, INCLUDING COMMUNI-			
16 17	CATION THROUGH PERSONS FAMILIAR WITH THE PATIENT'S MANNER OF COMMUNICAT-			
18	ING IF THOSE PERSONS ARE AVAILABLE.			
	5. "COUNSELING" MEANS ONE OR MORE CONSULTATIONS AS NECESSARY BETWEEN A			
20	STATE LICENSED PSYCHIATRIST OR PSYCHOLOGIST AND A PATIENT FOR THE			
20 21	PURPOSE OF DETERMINING THAT THE PATIENT IS CAPABLE AND NOT SUFFERING			
22	FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING			
23	IMPAIRED JUDGMENT.			
	6. "HEALTH CARE FACILITY" SHALL INCLUDE HOSPITALS, NURSING HOMES AND			
25	RESIDENTIAL HEALTH CARE FACILITIES AS DEFINED IN SECTION TWENTY-EIGHT			
26	HUNDRED ONE OF THIS CHAPTER.			
	7. "HEALTH CARE PROVIDER" MEANS A PERSON, PARTNERSHIP, CORPORATION,			
28	FACILITY, OR INSTITUTION, LICENSED OR CERTIFIED OR AUTHORIZED BY LAW TO			
29	ADMINISTER HEALTH CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF			
30	BUSINESS OR PRACTICE OF A PROFESSION.			
31	8. "IMPAIRED JUDGMENT" MEANS THAT A PERSON DOES NOT SUFFICIENTLY			
32	UNDERSTAND OR APPRECIATE THE RELEVANT FACTS NECESSARY TO MAKE AN			
33	INFORMED DECISION.			
34	9. "PALLIATIVE CARE" MEANS HEALTH CARE TREATMENT, INCLUDING INTERDIS-			
35	CIPLINARY END-OF-LIFE CARE, AND CONSULTATION WITH PATIENTS AND FAMILY			
36	MEMBERS, TO PREVENT OR RELIEVE PAIN AND SUFFERING AND TO ENHANCE THE			
37	PATIENT'S QUALITY OF LIFE, INCLUDING HOSPICE CARE UNDER ARTICLE FORTY OF			
38	THIS CHAPTER.			
39	10. "PATIENT" MEANS A PERSON WHO IS TWENTY-ONE YEARS OF AGE OR OLDER,			
40	A RESIDENT OF NEW YORK STATE, AND UNDER THE CARE OF A PHYSICIAN.			
41	11. "PHYSICIAN" MEANS AN INDIVIDUAL LICENSED TO PRACTICE MEDICINE IN			
42	NEW YORK STATE.			
43	12. "TERMINAL ILLNESS OR CONDITION" MEANS AN ILLNESS OR CONDITION			
44	WHICH CAN REASONABLY BE EXPECTED TO CAUSE DEATH WITHIN SIX MONTHS,			
45	WHETHER OR NOT TREATMENT IS PROVIDED.			
46	S 2899-E. WRITTEN REQUEST FOR MEDICATION. 1. AN ADULT WHO IS CAPABLE,			
47	IS A RESIDENT OF THIS STATE AND HAS BEEN DETERMINED BY THE ATTENDING			
48	PHYSICIAN AND CONSULTING PHYSICIAN TO BE SUFFERING FROM A TERMINAL			
49	ILLNESS OR CONDITION, AND WHO HAS VOLUNTARILY EXPRESSED HIS OR HER WISH			
50	TO DIE, MAY MAKE A WRITTEN REQUEST FOR MEDICATION FOR THE PURPOSE OF			
51	ENDING HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER IN ACCORDANCE			
52	WITH THE PROVISIONS OF THIS ARTICLE.			
53	2. NO PERSON SHALL QUALIFY UNDER THE PROVISIONS OF THIS ARTICLE SOLELY			
54 55	BECAUSE OF AGE OR DISABILITY.			
55 56	S 2899-F. WRITTEN REQUEST SIGNED AND WITNESSED. 1. A VALID REQUEST FOR MEDICATION UNDER THE PROVISIONS OF THIS ARTICLE SHALL BE IN SUCH FORM AS			
56	MEDICATION UNDER THE PROVISIONS OF THIS ARTICLE SHALL BE IN SUCH FORM AS			

PRESCRIBED BY THE DEPARTMENT, SIGNED AND DATED BY THE 1 PATIENT AND WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE PRESENCE OF THE 2 3 PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE 4 PATIENT IS CAPABLE, ACTING VOLUNTARILY, AND IS NOT BEING COERCED TO SIGN 5 THE REOUEST. 6 2. ONE OF THE WITNESSES SHALL BE A PERSON WHO IS NOT: 7 (A) A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE OR ADOPTION; 8 (B) A PERSON WHO AT THE TIME THE REQUEST IS SIGNED WOULD BE ENTITLED 9 TO ANY PORTION OF THE ESTATE OF THE PATIENT UPON DEATH UNDER ANY WILL OR 10 BY OPERATION OF LAW; OR 11 (C) AN OWNER, OPERATOR OR EMPLOYEE OF A HEALTH CARE FACILITY WHERE THE 12 PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT. 3. THE PATIENT'S ATTENDING PHYSICIAN AT THE TIME THE REQUEST IS SIGNED 13 14 SHALL NOT BE A WITNESS. 15 S 2899-G. ATTENDING PHYSICIAN RESPONSIBILITIES. 1. THE ATTENDING 16 PHYSICIAN SHALL: 17 (A) MAKE THE DETERMINATION OF WHETHER A PATIENT HAS A TERMINAL ILLNESS 18 OR CONDITION, IS CAPABLE, AND HAS MADE THE REQUEST VOLUNTARILY; 19 (B) REQUEST THAT THE PATIENT DEMONSTRATE NEW YORK STATE RESIDENCY; 20 (C) REFER THE PATIENT FOR COUNSELING, IF APPROPRIATE, PURSUANT TO 21 SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTICLE; AND 22 (D) FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENTS OF SECTION 23 TWENTY-EIGHT HUNDRED NINETY-NINE-I OF THIS ARTICLE. 24 2. SUBJECT TO SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTI-25 CLE, AN ATTENDING PHYSICIAN WHO MAKES THE DETERMINATION THAT THE PATIENT 26 HAS A TERMINAL ILLNESS OR CONDITION, IS CAPABLE AND HAS MADE A REQUEST FOR MEDICATION AS PROVIDED IN SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-E 27 28 OF THIS ARTICLE, THE ATTENDING PHYSICIAN SHALL EITHER: (A) DISPENSE THE MEDICATION DIRECTLY, INCLUDING ANCILLARY MEDICATION 29 INTENDED TO FACILITATE THE DESIRED EFFECT TO MINIMIZE THE PATIENT'S 30 DISCOMFORT, PROVIDED THE ATTENDING PHYSICIAN HAS A CURRENT DRUG ENFORCE-31 32 MENT ADMINISTRATION CERTIFICATE AND COMPLIES WITH ANY APPLICABLE RULE OR 33 REGULATION; OR 34 (B) WITH THE PATIENT'S WRITTEN CONSENT: 35 (I) CONTACT A PHARMACIST AND INFORM THE PHARMACIST OF THE 36 PRESCRIPTION; AND 37 (II) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY OR BY MAIL TO THE 38 PHARMACIST, WHO WILL DISPENSE THE MEDICATIONS TO EITHER THE PATIENT, THE 39 ATTENDING PHYSICIAN OR AN EXPRESSLY IDENTIFIED AGENT OF THE PATIENT. 40 S 2899-H. COUNSELING REFERRAL. IF IN THE OPINION OF THE ATTENDING PHYSICIAN A PATIENT MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL 41 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT, SUCH PHYSICIAN SHALL 42 43 REFER THE PATIENT FOR COUNSELING. NO MEDICATION TO END A PATIENT'S LIFE 44 A HUMANE AND DIGNIFIED MANNER SHALL BE PRESCRIBED UNTIL THE PERSON IN45 PERFORMING THE COUNSELING DETERMINES THAT THE PATIENT IS NOT SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING 46 IMPAIRED JUDGMENT AND IS CAPABLE. 47 48 S 2899-I. MEDICAL RECORD DOCUMENTATION REQUIREMENTS. THE FOLLOWING 49 SHALL BE DOCUMENTED OR FILED IN THE PATIENT'S MEDICAL RECORD: 50 1. ALL ORAL REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER 51 LIFE IN A HUMANE AND DIGNIFIED MANNER; 2. ALL WRITTEN REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER 52 53 LIFE IN A HUMANE AND DIGNIFIED MANNER; 54 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS, DETERMINATION 55 THAT THE PATIENT IS CAPABLE AND ACTING VOLUNTARILY;

4. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING, 1 2 IF PERFORMED; AND 3 5. A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL REQUIREMENTS 4 UNDER THE PROVISIONS OF THIS ARTICLE HAVE BEEN MET AND INDICATING THE 5 STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF THE MEDI-CATION PRESCRIBED. 6 7 S 2899-J. RESIDENCY REOUIREMENT. ONLY REOUESTS MADE BY NEW YORK STATE 8 RESIDENTS UNDER THE PROVISIONS OF THIS ARTICLE SHALL BE GRANTED. FACTORS 9 DEMONSTRATING NEW YORK STATE RESIDENCY SHALL INCLUDE BUT SHALL NOT BE 10 LIMITED TO: 1. POSSESSION OF A NEW YORK STATE DRIVER'S LICENSE; 11 12 2. REGISTRATION TO VOTE IN NEW YORK STATE; 13 3. EVIDENCE THAT THE PERSON OWNS OR LEASES PROPERTY IN NEW YORK STATE; 14 OR 15 4. FILING OF A NEW YORK STATE TAX RETURN FOR THE MOST RECENT TAX YEAR. 16 S 2899-K. RIGHT TO INFORMATION. A PHYSICIAN WHO ENGAGES IN DISCUSSIONS 17 WITH A PATIENT UNDER SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-C OF THIS CHAPTER RELATED TO THE RISKS AND BENEFITS OF PALLIATIVE CARE AND 18 19 END-OF-LIFE OPTIONS IN THE CIRCUMSTANCES DESCRIBED IN THIS ARTICLE SHALL NOT BE CONSTRUED TO BE ASSISTING IN OR CONTRIBUTING TO A PATIENT'S INDE-20 21 PENDENT DECISION TO SELF-ADMINISTER A LETHAL DOSE OF MEDICATION, AND 22 SUCH DISCUSSIONS SHALL NOT BE USED TO ESTABLISH CIVIL OR CRIMINAL 23 LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION. S 2899-L. IMMUNITY. (A) A PHYSICIAN SHALL NOT BE SUBJECT TO ANY CIVIL 24 25 CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION IF THE PHYSI-OR 26 CIAN PRESCRIBES TO A PATIENT WITH A TERMINAL ILLNESS OR CONDITION MEDI-CATION TO BE SELF-ADMINISTERED FOR THE PURPOSE OF HASTENING 27 THE 28 PATIENT'S DEATH OR FOR ANY OTHER ACTIONS PERFORMED IN GOOD FAITH COMPLI-29 ANCE WITH THE PROVISIONS OF THIS ARTICLE. (B) A PHARMACIST SHALL NOT BE SUBJECT TO ANY CIVIL OR CRIMINAL LIABIL-30 ITY OR PROFESSIONAL DISCIPLINARY ACTION IF THE PHARMACIST DISPENSES SUCH 31 32 MEDICATION. 33 S 2899-M. NOT SUICIDE; NO DUTY TO AID. (A) A PATIENT WITH A TERMINAL ILLNESS OR CONDITION WHO SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION 34 35 PURSUANT TO THE PROVISIONS OF THIS ARTICLE SHALL NOT BE CONSIDERED TO BE 36 A PERSON WHO IS SUICIDAL. 37 (B) (1) NO PERSON SHALL BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY 38 SOLELY FOR BEING PRESENT WHEN SUCH PATIENT WITH A TERMINAL ILLNESS OR 39 CONDITION SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION OR FOR NOT ACTING 40 TO PREVENT THE PATIENT FROM SELF-ADMINISTERING A LETHAL DOSE OF MEDICA-41 TION. 42 WHETHER OR NOT OTHERWISE OBLIGATED BY LAW OR PROFES-(2)PERSON, NO SIONAL PRACTICE TO DO SO, SHALL BE UNDER ANY DUTY TO RENDER ASSISTANCE 43 44 TO SUCH PATIENT OR TO OTHERWISE ACT TO RESUSCITATE SUCH PATIENT AFTER HE 45 OR SHE SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION. 2899-N. LIMITATIONS ON ACTIONS. 1. A PHYSICIAN, NURSE, PHARMACIST, 46 S 47 OR OTHER PERSON SHALL NOT BE UNDER ANY DUTY, BY LAW OR CONTRACT, TO 48 PARTICIPATE IN THE PROVISION OF A LETHAL DOSE OF MEDICATION TO A 49 PATIENT, PROVIDED THAT REASONABLE EFFORTS SHALL BE MADE TO REFER THE 50 PATIENT TO A PHYSICIAN, NURSE OR PHARMACIST WHO MAY PARTICIPATE IN THE 51 PROVISION OF A LETHAL DOSE OF MEDICATION TO A PATIENT. 2. A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL NOT SUBJECT A 52 PHYSICIAN, NURSE, PHARMACIST, OR OTHER PERSON TO DISCIPLINE, SUSPENSION, 53 LOSS OF LICENSE, LOSS OF PRIVILEGES, OR OTHER PENALTY FOR ACTIONS TAKEN 54 55 IN GOOD FAITH RELIANCE ON THE PROVISIONS OF THIS ARTICLE OR REFUSALS TO 56 ACT UNDER THIS ARTICLE.

EXCEPT AS OTHERWISE PROVIDED HEREIN, NOTHING IN THIS ARTICLE SHALL 1 3. 2 BE CONSTRUED TO LIMIT LIABILITY FOR CIVIL DAMAGES RESULTING FROM NEGLI-3 GENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY PERSON. 4 S 2899-O. HEALTH CARE FACILITY EXCEPTIONS. A HEALTH CARE FACILITY MAY 5 PROHIBIT A PHYSICIAN FROM WRITING A PRESCRIPTION FOR A DOSE OF MEDICA-6 TION INTENDED TO BE LETHAL FOR A PATIENT WHO IS A RESIDENT IN ITS FACIL-7 INTENDS TO USE THE MEDICATION ON THE FACILITY'S PREMISES, AND ITY 8 PROVIDED THE FACILITY HAS NOTIFIED THE PHYSICIAN IN WRITING OF ITS POLI-9 WITH REGARD TO THE PRESCRIPTIONS. NOTWITHSTANDING CY SECTION 10 TWENTY-EIGHT HUNDRED NINETY-NINE-L OF THIS ARTICLE, ANY PHYSICIAN WHO VIOLATES A POLICY ESTABLISHED BY A HEALTH CARE FACILITY UNDER THIS 11 12 SECTION MAY BE SUBJECT TO SANCTIONS OTHERWISE ALLOWABLE UNDER LAW OR 13 CONTRACT. 14 S 2899-P. EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STATUTES. 1. 15 PROVISION IN A CONTRACT, WILL OR OTHER AGREEMENT, WHETHER WRITTEN OR NO ORAL, TO THE EXTENT THE PROVISION WOULD AFFECT WHETHER A PERSON MAY MAKE 16 17 OR RESCIND A REQUEST FOR MEDICATION TO END HIS OR HER LIFE IN A HUMANE 18 AND DIGNIFIED MANNER, SHALL BE VALID. 19 2. NO OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT SHALL BE CONDITIONED OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST BY A 20 21 PERSON FOR MEDICATION TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED 22 MANNER. 23 S 2899-Q. INSURANCE POLICIES; PROHIBITIONS. 1. A PERSON AND HIS OR HER 24 BENEFICIARIES SHALL NOT BE DENIED BENEFITS UNDER A LIFE INSURANCE POLICY 25 FOR ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE. 26 2. THE SALE, PROCUREMENT, OR ISSUE OF ANY MEDICAL MALPRACTICE INSUR-27 POLICY OR THE RATE CHARGED FOR THE POLICY SHALL NOT BE CONDITIONED ANCE 28 UPON OR AFFECTED BY WHETHER THE PHYSICIAN IS WILLING OR UNWILLING TO 29 PARTICIPATE IN THE PROVISIONS OF THIS ARTICLE. 2899-R. PROTECTION OF PATIENT CHOICE AT END OF LIFE. A PHYSICIAN 30 S WITH A BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP WITH A PATIENT WITH A 31 32 TERMINAL ILLNESS OR CONDITION SHALL NOT BE CONSIDERED TO HAVE ENGAGED IN UNPROFESSIONAL CONDUCT AND SHALL NOT BE THE SUBJECT OF DISCIPLINE IF: 33 PHYSICIAN DETERMINES THAT THE PATIENT IS CAPABLE AND DOES NOT 34 THE 1. 35 HAVE IMPAIRED JUDGMENT; 36 THE PHYSICIAN INFORMS THE PATIENT OF PALLIATIVE AND 2. CARE 37 END-OF-LIFE OPTIONS PURSUANT TO SUBDIVISION TWO OF SECTION TWENTY-NINE 38 HUNDRED NINETY-SEVEN-C OF THIS CHAPTER AND THE PHYSICIAN PRESCRIBES Α 39 DOSE OF MEDICATION THAT MAY BE LETHAL TO THE PATIENT; 40 THE PHYSICIAN ADVISES THE PATIENT OF ALL FORESEEABLE RISKS RELATED 3. 41 TO THE PRESCRIPTION; 42 4. THE PHYSICIAN ADVISES THE PATIENT OF ALL ALTERNATIVES TO AID IΝ 43 DYING; AND 44 5. THE PATIENT MAKES AN INDEPENDENT DECISION TO SELF-ADMINISTER A 45 LETHAL DOSE OF THE MEDICATION. 46 S 2899-S. SAFE DISPOSAL OF UNUSED MEDICATIONS. THE DEPARTMENT SHALL 47 ADOPT RULES AND REGULATIONS PROVIDING FOR THE SAFE DISPOSAL OF UNUSED 48 MEDICATIONS PRESCRIBED UNDER THIS ARTICLE. 49 S 2899-T. DEATH CERTIFICATE. IN THE EVENT THAT A PATIENT SELF-ADMIN-50 ISTERS A LETHAL DOSE OF MEDICATION IN ACCORDANCE WITH THE PROVISIONS OF 51 THIS ARTICLE, THE DEATH CERTIFICATE SHALL INDICATE THAT THE CAUSE OF DEATH WAS THE UNDERLYING TERMINAL ILLNESS OR CONDITION OF THE PATIENT. 52 53 S 2899-U. STATUTORY CONSTRUCTION. NOTHING IN THIS ARTICLE SHALL BE 54 CONSTRUED TO AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO END A 55 PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING, OR ACTIVE EUTHANASIA. 56 ACTION TAKEN IN ACCORDANCE WITH THIS ARTICLE SHALL NOT BE CONSTRUED FOR

ANY PURPOSE TO CONSTITUTE SUICIDE, ASSISTED SUICIDE, ATTEMPTED SUICIDE, 1 PROMOTING A SUICIDE ATTEMPT, MERCY KILLING, OR HOMICIDE UNDER THE LAW, 2 INCLUDING AS AN ACCOMPLICE OR ACCESSORY OR OTHERWISE. 3

S 2899-V. SEVERABILITY. IF ANY CLAUSE, SENTENCE, PARAGRAPH, SECTION OR 4 5 PART OF THIS ARTICLE SHALL BE ADJUDGED BY ANY COURT OF COMPETENT JURIS-DICTION TO BE INVALID, SUCH JUDGMENT SHALL NOT AFFECT, IMPAIR OR INVALI-6 7 DATE THE REMAINDER THEREOF, BUT SHALL BE CONFINED IN ITS OPERATION TO 8 THE CLAUSE, SENTENCE, PARAGRAPH, SECTION OR PART THEREOF, DIRECTLY INVOLVED IN THE CONTROVERSY IN WHICH SUCH JUDGMENT SHALL HAVE BEEN 9 RENDERED.

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S 2. This act shall take effect immediately. 11