

1 THROUGH PERSONS FAMILIAR WITH THE PATIENT'S MANNER OF COMMUNICATING IF
2 THOSE PERSONS ARE AVAILABLE.

3 3. "HEALTH CARE FACILITY" SHALL INCLUDE HOSPITALS, NURSING HOMES AND
4 RESIDENTIAL HEALTH CARE FACILITIES AS DEFINED IN SECTION TWENTY-EIGHT
5 HUNDRED ONE OF THIS CHAPTER.

6 4. "HEALTH CARE PROVIDER" MEANS A PERSON, PARTNERSHIP, CORPORATION,
7 FACILITY, OR INSTITUTION, LICENSED OR CERTIFIED OR AUTHORIZED BY LAW TO
8 ADMINISTER HEALTH CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF
9 BUSINESS OR PRACTICE OF A PROFESSION.

10 5. "IMPAIRED JUDGMENT" MEANS THAT A PERSON DOES NOT SUFFICIENTLY
11 UNDERSTAND OR APPRECIATE THE RELEVANT FACTS NECESSARY TO MAKE AN
12 INFORMED DECISION.

13 6. "INTERESTED PERSON" MEANS:

14 (A) THE PATIENT'S PHYSICIAN;

15 (B) A PERSON WHO KNOWS THAT HE OR SHE IS A RELATIVE OF THE PATIENT BY
16 BLOOD, CIVIL MARRIAGE, CIVIL UNION, OR ADOPTION;

17 (C) A PERSON WHO KNOWS THAT HE OR SHE WOULD BE ENTITLED UPON THE
18 PATIENT'S DEATH TO ANY PORTION OF THE ESTATE OR ASSETS OF THE PATIENT
19 UNDER ANY WILL OR TRUST, BY OPERATION OF LAW, OR BY CONTRACT; OR

20 (D) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE FACILITY, NURSING
21 HOME, OR RESIDENTIAL CARE FACILITY WHERE THE PATIENT IS RECEIVING
22 MEDICAL TREATMENT OR IS A RESIDENT.

23 7. "PALLIATIVE CARE" MEANS HEALTH CARE TREATMENT, INCLUDING INTERDIS-
24 CIPLINARY END-OF-LIFE CARE, AND CONSULTATION WITH PATIENTS AND FAMILY
25 MEMBERS, TO PREVENT OR RELIEVE PAIN AND SUFFERING AND TO ENHANCE THE
26 PATIENT'S QUALITY OF LIFE, INCLUDING HOSPICE CARE UNDER ARTICLE FORTY OF
27 THIS CHAPTER.

28 8. "PATIENT" MEANS A PERSON WHO IS EIGHTEEN YEARS OF AGE OR OLDER, A
29 RESIDENT OF NEW YORK STATE, AND UNDER THE CARE OF A PHYSICIAN.

30 9. "PHYSICIAN" MEANS AN INDIVIDUAL LICENSED TO PRACTICE MEDICINE IN
31 NEW YORK STATE.

32 10. "TERMINAL ILLNESS OR CONDITION" MEANS AN ILLNESS OR CONDITION
33 WHICH CAN REASONABLY BE EXPECTED TO CAUSE DEATH WITHIN SIX MONTHS,
34 WHETHER OR NOT TREATMENT IS PROVIDED.

35 S 2899-E. RIGHT TO INFORMATION. A PHYSICIAN WHO ENGAGES IN DISCUSSIONS
36 WITH A PATIENT UNDER SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-C OF THIS
37 CHAPTER RELATED TO THE RISKS AND BENEFITS OF PALLIATIVE CARE AND
38 END-OF-LIFE OPTIONS IN THE CIRCUMSTANCES DESCRIBED IN THIS ARTICLE SHALL
39 NOT BE CONSTRUED TO BE ASSISTING IN OR CONTRIBUTING TO A PATIENT'S INDE-
40 PENDENT DECISION TO SELF-ADMINISTER A LETHAL DOSE OF MEDICATION, AND
41 SUCH DISCUSSIONS SHALL NOT BE USED TO ESTABLISH CIVIL OR CRIMINAL
42 LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION.

43 S 2899-F. IMMUNITY. A PHYSICIAN SHALL NOT BE SUBJECT TO ANY CIVIL OR
44 CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION IF THE PHYSICIAN
45 PRESCRIBES TO A PATIENT WITH A TERMINAL ILLNESS OR CONDITION MEDICATION
46 TO BE SELF-ADMINISTERED FOR THE PURPOSE OF HASTENING THE PATIENT'S DEATH
47 OR FOR ANY OTHER ACTIONS PERFORMED IN GOOD FAITH COMPLIANCE WITH THE
48 PROVISIONS OF THIS ARTICLE.

49 S 2899-G. NO DUTY TO AID. A PATIENT WITH A TERMINAL ILLNESS OR CONDI-
50 TION WHO SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION PURSUANT TO THE
51 PROVISIONS OF THIS ARTICLE SHALL NOT BE CONSIDERED TO BE A PERSON WHO IS
52 SUICIDAL AND NO PERSON SHALL BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY
53 SOLELY FOR BEING PRESENT WHEN A PATIENT WITH A TERMINAL ILLNESS OR
54 CONDITION SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION OR FOR NOT ACTING
55 TO PREVENT THE PATIENT FROM SELF-ADMINISTERING A LETHAL DOSE OF MEDICA-
56 TION.

1 S 2899-H. LIMITATIONS ON ACTIONS. 1. A PHYSICIAN, NURSE, PHARMACIST,
2 OR OTHER PERSON SHALL NOT BE UNDER ANY DUTY, BY LAW OR CONTRACT, TO
3 PARTICIPATE IN THE PROVISION OF A LETHAL DOSE OF MEDICATION TO A
4 PATIENT.

5 2. A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL NOT SUBJECT A
6 PHYSICIAN, NURSE, PHARMACIST, OR OTHER PERSON TO DISCIPLINE, SUSPENSION,
7 LOSS OF LICENSE, LOSS OF PRIVILEGES, OR OTHER PENALTY FOR ACTIONS TAKEN
8 IN GOOD FAITH RELIANCE ON THE PROVISIONS OF THIS ARTICLE OR REFUSALS TO
9 ACT UNDER THIS ARTICLE.

10 3. EXCEPT AS OTHERWISE PROVIDED HEREIN NOTHING IN THIS ARTICLE SHALL
11 BE CONSTRUED TO LIMIT LIABILITY FOR CIVIL DAMAGES RESULTING FROM NEGLI-
12 GENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY PERSON.

13 S 2899-I. HEALTH CARE FACILITY EXCEPTIONS. A HEALTH CARE FACILITY MAY
14 PROHIBIT A PHYSICIAN FROM WRITING A PRESCRIPTION FOR A DOSE OF MEDICA-
15 TION INTENDED TO BE LETHAL FOR A PATIENT WHO IS A RESIDENT IN ITS FACIL-
16 ITY AND INTENDS TO USE THE MEDICATION ON THE FACILITY'S PREMISES,
17 PROVIDED THE FACILITY HAS NOTIFIED THE PHYSICIAN IN WRITING OF ITS POLI-
18 CY WITH REGARD TO THE PRESCRIPTIONS. NOTWITHSTANDING SECTION
19 TWENTY-EIGHT HUNDRED NINETY-NINE-F OF THIS ARTICLE, ANY PHYSICIAN WHO
20 VIOLATES A POLICY ESTABLISHED BY A HEALTH CARE FACILITY UNDER THIS
21 SECTION MAY BE SUBJECT TO SANCTIONS OTHERWISE ALLOWABLE UNDER LAW OR
22 CONTRACT.

23 S 2899-J. 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 ANCE POLICY OR THE RATE CHARGED FOR THE POLICY SHALL NOT BE CONDITIONED
28 UPON OR AFFECTED BY WHETHER THE PHYSICIAN IS WILLING OR UNWILLING TO
29 PARTICIPATE IN THE PROVISIONS OF THIS ARTICLE.

30 S 2899-K. NO EFFECT ON PALLIATIVE SEDATION. THIS ARTICLE SHALL NOT
31 LIMIT OR OTHERWISE AFFECT THE PROVISION, ADMINISTRATION, OR RECEIPT OF
32 PALLIATIVE SEDATION CONSISTENT WITH ACCEPTED MEDICAL STANDARDS.

33 S 2899-L. PROTECTION OF PATIENT CHOICE AT END OF LIFE. A PHYSICIAN
34 WITH A BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP WITH A PATIENT WITH A
35 TERMINAL ILLNESS OR CONDITION SHALL NOT BE CONSIDERED TO HAVE ENGAGED IN
36 UNPROFESSIONAL CONDUCT AND SHALL NOT BE THE SUBJECT OF DISCIPLINE IF:

37 1. THE PHYSICIAN DETERMINES THAT THE PATIENT IS CAPABLE AND DOES NOT
38 HAVE IMPAIRED JUDGMENT;

39 2. THE PHYSICIAN INFORMS THE PATIENT OF PALLIATIVE CARE AND
40 END-OF-LIFE OPTIONS PURSUANT TO SUBDIVISION TWO OF SECTION TWENTY-NINE
41 HUNDRED NINETY-SEVEN-C OF THIS CHAPTER AND THE PHYSICIAN PRESCRIBES A
42 DOSE OF MEDICATION THAT MAY BE LETHAL TO THE PATIENT;

43 3. THE PHYSICIAN ADVISES THE PATIENT OF ALL FORESEEABLE RISKS RELATED
44 TO THE PRESCRIPTION; AND

45 4. THE PATIENT MAKES AN INDEPENDENT DECISION TO SELF-ADMINISTER A
46 LETHAL DOSE OF THE MEDICATION.

47 S 2899-M. SAFE DISPOSAL OF UNUSED MEDICATIONS. THE DEPARTMENT SHALL
48 ADOPT RULES AND REGULATIONS PROVIDING FOR THE SAFE DISPOSAL OF UNUSED
49 MEDICATIONS PRESCRIBED UNDER THIS ARTICLE.

50 S 2899-N. STATUTORY CONSTRUCTION. NOTHING IN THIS ARTICLE SHALL BE
51 CONSTRUED TO AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO END A
52 PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING, OR ACTIVE EUTHANASIA.
53 ACTION TAKEN IN ACCORDANCE WITH THIS ARTICLE SHALL NOT BE CONSTRUED FOR
54 ANY PURPOSE TO CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, OR
55 HOMICIDE UNDER THE LAW.

56 S 2. This act shall take effect immediately.