

3685

2015-2016 Regular Sessions

I N S E N A T E

February 13, 2015

Introduced by Sens. SAVINO, HOYLMAN -- read twice and ordered printed,
and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the
"New York end of life options act"

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

1 Section 1. This act shall be known and may be cited as the "New York
2 end of life options act".

3 S 2. The public health law is amended by adding a new article 29-CCCC
4 to read as follows:

5 ARTICLE 29-CCCC

6 NEW YORK END OF LIFE OPTIONS ACT

- 7 SECTION 2994-AAA. DEFINITIONS.
8 2994-BBB. RIGHT TO REQUEST AID-IN-DYING MEDICATION.
9 2994-CCC. REQUEST PROCESS.
10 2994-DDD. RIGHT TO RESCIND REQUEST; REQUIREMENT TO OFFER OPPOR-
11 TUNITY TO RESCIND.
12 2994-EEE. ATTENDING PHYSICIAN RESPONSIBILITIES.
13 2994-FFF. DEATH CERTIFICATE.
14 2994-GGG. CONSULTING PHYSICIAN CONFIRMATION.
15 2994-HHH. COUNSELING REFERRAL.
16 2994-III. INFORMED DECISION REQUIRED.
17 2994-JJJ. FORM OF REQUEST.
18 2994-KKK. STANDARD OF CARE.
19 2994-LLL. EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STAT-
20 UTES.
21 2994-MMM. INSURANCE OR ANNUITY POLICIES.
22 2994-NNN. IMMUNITIES; PROHIBITIONS ON CERTAIN HEALTHCARE PROVID-
23 ERS; NOTIFICATION; PERMISSIBLE SANCTIONS.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 2994-000. NON-SANCTIONABLE ACTIVITIES.
2 2994-PPP. PENALTIES.
3 2994-QQQ. SEVERABILITY.

4 S 2994-AAA. DEFINITIONS. AS USED IN THIS ARTICLE, THE FOLLOWING WORDS
5 AND PHRASES SHALL HAVE THE FOLLOWING MEANINGS:

6 1. "ADULT" MEANS AN INDIVIDUAL WHO IS EIGHTEEN YEARS OF AGE OR OLDER.

7 2. "AID-IN-DYING MEDICATION" MEANS MEDICATION PRESCRIBED BY A PHYSI-
8 CIAN TO A QUALIFIED INDIVIDUAL, WHICH THE PATIENT MAY CHOOSE TO SELF-AD-
9 MINISTER TO BRING ABOUT A PEACEFUL DEATH IF THEY FIND THEIR SUFFERING
10 DUE TO A TERMINAL ILLNESS TO BE UNBEARABLE.

11 3. "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS PRIMARY RESPONSI-
12 BILITY FOR THE CARE OF AN INDIVIDUAL AND TREATMENT OF THE INDIVIDUAL'S
13 TERMINAL ILLNESS.

14 4. "CAPACITY" MEANS THAT IN THE OPINION OF AN INDIVIDUAL'S ATTENDING
15 PHYSICIAN, CONSULTING PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST THE INDI-
16 VIDUAL HAS THE ABILITY TO MAKE AND COMMUNICATE AN INFORMED DECISION TO
17 HEALTHCARE PROVIDERS, INCLUDING COMMUNICATION THROUGH A PERSON FAMILIAR
18 WITH THE INDIVIDUAL'S MANNER OF COMMUNICATING IF THAT PERSON IS AVAIL-
19 ABLE.

20 5. "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY
21 SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS
22 REGARDING AN INDIVIDUAL'S ILLNESS.

23 6. "COUNSELING" MEANS ONE OR MORE CONSULTATIONS AS NECESSARY BETWEEN
24 AN INDIVIDUAL AND A PSYCHIATRIST OR PSYCHOLOGIST LICENSED IN THIS STATE
25 FOR THE PURPOSE OF DETERMINING THAT THE INDIVIDUAL IS COMPETENT AND IS
26 NOT SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION
27 CAUSING IMPAIRED JUDGMENT.

28 7. "HEALTHCARE PROVIDER" OR "PROVIDER" MEANS A PERSON LICENSED, CERTI-
29 FIED, OR OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO ADMINISTER HEALTH-
30 CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRAC-
31 TICE OF A PROFESSION, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS
32 NOTWITHSTANDING, AND INCLUDES A HEALTHCARE FACILITY.

33 8. "INFORMED DECISION" MEANS A DECISION BY A TERMINALLY ILL INDIVIDUAL
34 TO REQUEST AND OBTAIN A PRESCRIPTION FOR MEDICATION THAT THE INDIVIDUAL
35 MAY SELF-ADMINISTER TO END THE INDIVIDUAL'S LIFE THAT IS BASED ON AN
36 UNDERSTANDING AND ACKNOWLEDGMENT OF THE RELEVANT FACTS AND THAT IS MADE
37 AFTER BEING FULLY INFORMED BY THE ATTENDING PHYSICIAN OF:

38 (A) THE INDIVIDUAL'S MEDICAL DIAGNOSIS AND PROGNOSIS;

39 (B) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO BE
40 PRESCRIBED;

41 (C) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE PRESCRIBED;

42 (D) THE POSSIBILITY THAT THEY MAY NOT CHOOSE TO OBTAIN THE MEDICATION,
43 OR MAY OBTAIN THE MEDICATION BUT MAY DECIDE NOT TO TAKE IT; AND

44 (E) THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES,
45 INCLUDING BUT NOT LIMITED TO COMFORT CARE, HOSPICE CARE AND PAIN MANAGE-
46 MENT.

47 9. "MEDICALLY CONFIRMED" MEANS THE MEDICAL OPINION OF THE ATTENDING
48 PHYSICIAN HAS BEEN CONFIRMED BY A CONSULTING PHYSICIAN WHO HAS EXAMINED
49 THE INDIVIDUAL AND THE INDIVIDUAL'S RELEVANT MEDICAL RECORDS.

50 10. "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY LICENSED TO
51 PRACTICE MEDICINE IN THIS STATE.

52 11. "QUALIFIED INDIVIDUAL" MEANS A TERMINALLY ILL ADULT POSSESSING
53 CAPACITY WHO HAS SATISFIED THE REQUIREMENTS OF THIS ARTICLE.

54 12. "SELF-ADMINISTER" MEANS A QUALIFIED INDIVIDUAL'S AFFIRMATIVE,
55 CONSCIOUS ACT OF USING THE MEDICATION TO BRING ABOUT THEIR OWN PEACEFUL
56 AND HUMANE DEATH.

1 13. "TERMINAL ILLNESS" MEANS AN INCURABLE AND IRREVERSIBLE ILLNESS
2 THAT HAS BEEN MEDICALLY CONFIRMED AND WILL, WITHIN REASONABLE MEDICAL
3 JUDGMENT, RESULT IN DEATH WITHIN SIX MONTHS.

4 S 2994-BBB. RIGHT TO REQUEST AID-IN-DYING MEDICATION. 1. A QUALIFIED
5 INDIVIDUAL POSSESSING CAPACITY MAY MAKE A DOCUMENTED REQUEST TO RECEIVE
6 A PRESCRIPTION FOR AID-IN-DYING MEDICATION IF:

7 (A) THE QUALIFIED INDIVIDUAL'S ATTENDING PHYSICIAN AND A CONSULTING
8 PHYSICIAN HAVE DETERMINED THE QUALIFIED INDIVIDUAL TO BE SUFFERING FROM
9 A TERMINAL ILLNESS; AND

10 (B) THE QUALIFIED INDIVIDUAL HAS VOLUNTARILY EXPRESSED THE WISH TO
11 RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION.

12 2. A PERSON MAY NOT QUALIFY UNDER THE PROVISIONS OF THIS ARTICLE SOLE-
13 LY BECAUSE OF AGE OR DISABILITY.

14 S 2994-CCC. REQUEST PROCESS. 1. A QUALIFIED INDIVIDUAL WISHING TO
15 RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION PURSUANT TO THIS
16 ARTICLE SHALL SUBMIT A WRITTEN REQUEST AND MAKE AN ORAL REQUEST TO THEIR
17 ATTENDING PHYSICIAN.

18 2. A VALID WRITTEN REQUEST FOR AID-IN-DYING MEDICATION UNDER THIS
19 ARTICLE MUST BE:

20 (A) IN SUBSTANTIALLY THE FORM DESCRIBED IN SECTION TWENTY-NINE HUNDRED
21 NINETY-FOUR-JJJ OF THIS ARTICLE;

22 (B) SIGNED AND DATED BY THE QUALIFIED INDIVIDUAL SEEKING THE MEDICA-
23 TION; AND

24 (C) WITNESSED BY AT LEAST TWO OTHER INDIVIDUALS WHO, IN THE PRESENCE
25 OF THE QUALIFIED INDIVIDUAL, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE
26 AND BELIEF THE QUALIFIED INDIVIDUAL:

27 (I) POSSESSES CAPACITY;

28 (II) IS ACTING VOLUNTARILY; AND

29 (III) IS NOT BEING COERCED TO SIGN THE REQUEST.

30 3. ONE OF THE WITNESSES MUST BE AN INDIVIDUAL WHO IS NOT:

31 (A) RELATED TO THE QUALIFIED INDIVIDUAL BY BLOOD, MARRIAGE OR
32 ADOPTION;

33 (B) AT THE TIME THE REQUEST IS SIGNED, ENTITLED TO ANY PORTION OF THE
34 QUALIFIED INDIVIDUAL'S ESTATE UPON DEATH OF THE QUALIFIED INDIVIDUAL
35 UNDER A WILL OR ANY OPERATION OF LAW; OR

36 (C) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTHCARE FACILITY WHERE THE
37 QUALIFIED INDIVIDUAL IS RECEIVING MEDICAL TREATMENT OR WHERE THE QUALI-
38 FIED INDIVIDUAL RESIDES.

39 4. NEITHER THE QUALIFIED INDIVIDUAL'S ATTENDING PHYSICIAN NOR ANY
40 CONSULTING PHYSICIAN MAY BE A WITNESS TO THE SIGNING OF A WRITTEN
41 REQUEST.

42 S 2994-DDD. RIGHT TO RESCIND REQUEST; REQUIREMENT TO OFFER OPPORTUNITY
43 TO RESCIND. 1. A QUALIFIED INDIVIDUAL MAY AT ANY TIME RESCIND THEIR
44 REQUEST FOR AID-IN-DYING MEDICATION WITHOUT REGARD TO THE QUALIFIED
45 INDIVIDUAL'S MENTAL STATE.

46 2. A PRESCRIPTION FOR AID-IN-DYING MEDICATION UNDER THIS ARTICLE MAY
47 NOT BE WRITTEN WITHOUT THE ATTENDING PHYSICIAN OFFERING THE QUALIFIED
48 INDIVIDUAL AN OPPORTUNITY TO RESCIND THE REQUEST.

49 S 2994-EEE. ATTENDING PHYSICIAN RESPONSIBILITIES. THE ATTENDING PHYSI-
50 CIAN SHALL:

51 1. MAKE THE INITIAL DETERMINATION OF WHETHER AN ADULT MAKING A REQUEST
52 UNDER THIS ARTICLE:

53 (A) HAS CAPACITY;

54 (B) HAS A TERMINAL ILLNESS; AND

55 (C) HAS VOLUNTARILY MADE THE REQUEST FOR AID-IN-DYING MEDICATION
56 PURSUANT TO THIS ARTICLE;

1 2. ENSURE TO THE GREATEST DEGREE POSSIBLE THAT THE INDIVIDUAL IS
2 MAKING AN INFORMED DECISION BY DISCUSSING WITH THE INDIVIDUAL:

3 (A) THE INDIVIDUAL'S MEDICAL DIAGNOSIS AND PROGNOSIS;

4 (B) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE AID-IN-DYING MEDI-
5 CATION TO BE PRESCRIBED;

6 (C) THE PROBABLE RESULT OF TAKING THE AID-IN-DYING MEDICATION TO BE
7 PRESCRIBED;

8 (D) THE POSSIBILITY THAT THEY CAN CHOOSE TO OBTAIN THE MEDICATION, BUT
9 NOT TAKE IT; AND

10 (E) THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES,
11 INCLUDING BUT NOT LIMITED TO COMFORT CARE, HOSPICE CARE, AND PAIN
12 MANAGEMENT;

13 3. REFER THE INDIVIDUAL TO A CONSULTING PHYSICIAN FOR MEDICAL CONFIR-
14 MATION OF THE DIAGNOSIS, AND FOR A DETERMINATION THAT THE INDIVIDUAL
15 POSSESSES CAPACITY AND IS ACTING VOLUNTARILY;

16 4. REFER THE INDIVIDUAL TO COUNSELING, IF APPROPRIATE, PURSUANT TO
17 SECTION TWENTY-NINE HUNDRED NINETY-FOUR-HHH OF THIS ARTICLE;

18 5. ENSURE TO THE GREATEST DEGREE POSSIBLE THAT THE INDIVIDUAL'S
19 REQUEST DOES NOT ARISE FROM COERCION OR UNDUE INFLUENCE BY ANOTHER
20 PERSON;

21 6. COUNSEL THE INDIVIDUAL ABOUT THE IMPORTANCE OF:

22 (A) HAVING ANOTHER PERSON PRESENT WHEN THEY TAKE THE AID-IN-DYING
23 MEDICATION PRESCRIBED PURSUANT TO THIS ARTICLE; AND

24 (B) NOT TAKING THE AID-IN-DYING MEDICATION IN A PUBLIC PLACE;

25 7. INFORM THE INDIVIDUAL THAT THEY MAY RESCIND THE REQUEST FOR
26 AID-IN-DYING MEDICATION AT ANY TIME AND IN ANY MANNER;

27 8. OFFER THE INDIVIDUAL AN OPPORTUNITY TO RESCIND THE REQUEST FOR
28 MEDICATION BEFORE PRESCRIBING THE AID-IN-DYING MEDICATION;

29 9. VERIFY, IMMEDIATELY PRIOR TO WRITING THE PRESCRIPTION FOR MEDICA-
30 TION, THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION;

31 10. ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN ACCORDANCE
32 WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR AID-IN-DYING MEDICA-
33 TION; AND

34 11. PRESCRIBE AID-IN-DYING MEDICATION BY, WITH THE QUALIFIED INDIVID-
35 UAL'S WRITTEN CONSENT, CONTACTING A PHARMACIST, INFORMING THE PHARMACIST
36 OF THE PRESCRIPTION, AND FORWARDING THE WRITTEN PRESCRIPTION TO THE
37 PHARMACIST, WHO SHALL DISPENSE THE MEDICATIONS TO EITHER THE QUALIFIED
38 INDIVIDUAL OR A PERSON EXPRESSLY DESIGNATED BY THE QUALIFIED INDIVIDUAL.

39 S 2994-FFF. DEATH CERTIFICATE. 1. UNLESS OTHERWISE PROHIBITED BY LAW,
40 THE ATTENDING PHYSICIAN MAY SIGN THE QUALIFIED INDIVIDUAL'S DEATH
41 CERTIFICATE.

42 2. THE CAUSE OF DEATH LISTED ON A QUALIFIED INDIVIDUAL'S DEATH CERTIF-
43 ICATE WHO USES AID-IN-DYING MEDICATION WILL BE THE UNDERLYING TERMINAL
44 ILLNESS.

45 S 2994-GGG. CONSULTING PHYSICIAN CONFIRMATION. BEFORE A PATIENT IS
46 QUALIFIED UNDER THE PROVISIONS OF THIS ARTICLE, A CONSULTING PHYSICIAN
47 SHALL EXAMINE THE PATIENT AND HIS OR HER RELEVANT MEDICAL RECORDS AND
48 CONFIRM, IN WRITING, THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT THE
49 PATIENT IS SUFFERING FROM A TERMINAL DISEASE, AND VERIFY THAT THE
50 PATIENT IS CAPABLE, IS ACTING VOLUNTARILY AND HAS MADE AN INFORMED DECI-
51 SION.

52 S 2994-HHH. COUNSELING REFERRAL. IF IN THE OPINION OF THE ATTENDING
53 PHYSICIAN OR THE CONSULTING PHYSICIAN AN INDIVIDUAL MAY BE SUFFERING
54 FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING
55 IMPAIRED JUDGMENT, EITHER PHYSICIAN SHALL REFER THE PATIENT FOR COUN-
56 SELING. NO AID-IN-DYING MEDICATION SHALL BE PRESCRIBED UNTIL THE PERSON

1 PERFORMING THE COUNSELING DETERMINES THAT THE PATIENT IS NOT SUFFERING
2 FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING
3 IMPAIRED JUDGMENT.

4 S 2994-III. INFORMED DECISION REQUIRED. AN INDIVIDUAL MAY NOT RECEIVE
5 A PRESCRIPTION FOR AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE
6 UNLESS THEY HAVE MADE AN INFORMED DECISION AS DEFINED IN THIS ARTICLE.

7 S 2994-JJJ. FORM OF REQUEST. 1. A REQUEST FOR AID-IN-DYING MEDICATION
8 AS AUTHORIZED BY THIS ARTICLE MUST BE IN SUBSTANTIALLY THE FOLLOWING
9 FORM:

10 REQUEST FOR MEDICATION TO END MY LIFE
11 IN A HUMANE AND DIGNIFIED MANNER

12 I, _____, AM AN ADULT OF SOUND MIND.
13 I AM SUFFERING FROM _____,
14 WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS IN ITS TERMINAL PHASE AND
15 WHICH HAS BEEN MEDICALLY CONFIRMED.

16 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS AND PROGNOSIS, THE NATURE
17 OF THE AID-IN-DYING MEDICATION TO BE PRESCRIBED AND POTENTIAL ASSOCIATED
18 RISKS, THE EXPECTED RESULT, AND THE FEASIBLE ALTERNATIVES OR ADDITIONAL
19 TREATMENT OPPORTUNITIES INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN
20 MANAGEMENT.

21 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICATION THAT WILL
22 END MY LIFE IN A HUMANE AND DIGNIFIED MANNER IF I CHOOSE TO TAKE IT, AND
23 I AUTHORIZE MY ATTENDING PHYSICIAN TO CONTACT ANY PHARMACIST ABOUT MY
24 REQUEST.

25 INITIAL ONE:

26 I HAVE INFORMED MY FAMILY OF MY DECISION AND TAKEN THEIR OPINIONS
27 INTO CONSIDERATION.

28 I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

29 I HAVE NO FAMILY TO INFORM OF MY DECISION.

30 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY
31 TIME.

32 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST, AND I EXPECT TO DIE IF I
33 TAKE THE AID-IN-DYING MEDICATION TO BE PRESCRIBED. I FURTHER UNDERSTAND
34 THAT ALTHOUGH MOST DEATHS OCCUR WITHIN THREE HOURS, MY DEATH MAY TAKE
35 LONGER, AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBIL-
36 ITY.

37 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I ACCEPT
38 FULL MORAL RESPONSIBILITY FOR MY ACTIONS.

39 SIGNED: _____

40 DATED: _____

41 2. PURSUANT TO PARAGRAPH (A) OF SUBDIVISION TWO OF SECTION TWENTY-NINE
42 HUNDRED NINETY-FOUR-CCC OF THIS ARTICLE, EACH WITNESS MUST COMPLETE
43 DOCUMENTATION IN SUBSTANTIALLY THE FOLLOWING FORM:

44 DECLARATION OF WITNESSES

- 45 WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:
- 46 (A) IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF IDENTITY;
- 47 (B) SIGNED THIS REQUEST IN OUR PRESENCE;
- 48 (C) IS AN INDIVIDUAL WHOM WE BELIEVE TO BE OF SOUND MIND AND NOT UNDER
49 DURESS, FRAUD, OR UNDUE INFLUENCE; AND
- 50 (D) IS NOT AN INDIVIDUAL FOR WHOM EITHER OF US IS THE ATTENDING PHYSI-
51 CIAN.

52 _____ WITNESS 1, DATE: _____

1 _____ WITNESS 2, DATE: _____

2 NOTE: ONE WITNESS MAY NOT BE A RELATIVE (BY BLOOD, MARRIAGE OR
3 ADOPTION) OF THE PERSON SIGNING THIS REQUEST, MAY NOT BE ENTITLED TO ANY
4 PORTION OF THE PERSON'S ESTATE UPON DEATH, AND MAY NOT OWN, OPERATE, OR
5 BE EMPLOYED AT A HEALTHCARE FACILITY WHERE THE PERSON IS A PATIENT OR
6 WHERE THE PERSON RESIDES.

7 S 2994-KKK. STANDARD OF CARE. PHYSICIANS AND MEDICAL PERSONNEL SHALL
8 PROVIDE MEDICAL SERVICES UNDER THIS ARTICLE THAT MEET THE STANDARD OF
9 CARE FOR END OF LIFE MEDICAL CARE.

10 S 2994-LLL. EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STATUTES.

11 1. A PROVISION IN A CONTRACT, WILL OR OTHER AGREEMENT, WHETHER WRITTEN
12 OR ORAL, TO THE EXTENT THE PROVISION WOULD AFFECT WHETHER A PERSON MAY
13 MAKE OR RESCIND A REQUEST FOR AID-IN-DYING MEDICATION, IS NOT VALID.

14 2. AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT MAY NOT
15 BE CONDITIONED OR AFFECTED BY AN INDIVIDUAL MAKING OR RESCINDING A
16 REQUEST FOR AID-IN-DYING MEDICATION.

17 S 2994-MMM. INSURANCE OR ANNUITY POLICIES. 1. THE SALE, PROCUREMENT OR
18 ISSUANCE OF A LIFE, HEALTH OR ACCIDENT INSURANCE OR ANNUITY POLICY, OR
19 THE RATE CHARGED FOR A POLICY MAY NOT BE CONDITIONED UPON OR AFFECTED BY
20 A PERSON MAKING OR RESCINDING A REQUEST FOR AID-IN-DYING MEDICATION.

21 2. A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING AID-IN-DYING
22 MEDICATION MAY NOT HAVE AN EFFECT UPON A LIFE, HEALTH, OR ACCIDENT
23 INSURANCE OR ANNUITY POLICY OTHER THAN THAT OF A NATURAL DEATH FROM THE
24 UNDERLYING ILLNESS.

25 S 2994-NNN. IMMUNITIES; PROHIBITIONS ON CERTAIN HEALTHCARE PROVIDERS;
26 NOTIFICATION; PERMISSIBLE SANCTIONS. 1. A PERSON IS NOT SUBJECT TO CIVIL
27 OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTIC-
28 IPATING IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE, INCLUDING AN INDI-
29 VIDUAL WHO IS PRESENT WHEN A QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE
30 PRESCRIBED AID-IN-DYING MEDICATION.

31 2. A HEALTHCARE PROVIDER OR PROFESSIONAL ORGANIZATION OR ASSOCIATION
32 MAY NOT SUBJECT AN INDIVIDUAL TO CENSURE, DISCIPLINE, SUSPENSION, LOSS
33 OF LICENSE, LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP OR OTHER PENALTY FOR
34 PARTICIPATING OR REFUSING TO PARTICIPATE IN GOOD FAITH COMPLIANCE WITH
35 THIS ARTICLE.

36 3. A REQUEST BY AN INDIVIDUAL FOR OR PROVISION BY AN ATTENDING PHYSI-
37 CIAN OF MEDICATION IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS
38 ARTICLE DOES NOT CONSTITUTE NEGLIGENCE OR ELDER ABUSE FOR ANY PURPOSE OF
39 LAW, OR PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A GUARDIAN OR
40 CONSERVATOR.

41 4. A HEALTHCARE PROVIDER MAY CHOOSE WHETHER TO PARTICIPATE IN PROVID-
42 ING AID-IN-DYING MEDICATION TO A QUALIFIED INDIVIDUAL PURSUANT TO THIS
43 ARTICLE. IF A HEALTHCARE PROVIDER IS UNABLE OR UNWILLING TO CARRY OUT AN
44 INDIVIDUAL'S REQUEST UNDER THIS ARTICLE AND THE INDIVIDUAL TRANSFERS
45 CARE TO A NEW HEALTHCARE PROVIDER, THE PRIOR HEALTHCARE PROVIDER SHALL
46 TRANSFER, UPON REQUEST, A COPY OF THE INDIVIDUAL'S RELEVANT MEDICAL
47 RECORDS TO THE NEW HEALTHCARE PROVIDER.

48 5. NOTHING IN THIS SECTION SHALL PREVENT A HEALTHCARE PROVIDER FROM
49 PROVIDING AN INDIVIDUAL WITH HEALTHCARE SERVICES THAT DO NOT CONSTITUTE
50 PARTICIPATION IN THIS ARTICLE.

51 S 2994-OOO. NON-SANCTIONABLE ACTIVITIES. A HEALTHCARE PROVIDER MAY NOT
52 BE SANCTIONED FOR:

53 1. MAKING AN INITIAL DETERMINATION THAT AN INDIVIDUAL HAS A TERMINAL
54 ILLNESS AND INFORMING THEM OF THE MEDICAL PROGNOSIS;

55 2. PROVIDING INFORMATION ABOUT THE NEW YORK END OF LIFE OPTIONS ACT TO
56 A PATIENT UPON THE REQUEST OF THE INDIVIDUAL;

1 3. PROVIDING AN INDIVIDUAL, UPON REQUEST, WITH A REFERRAL TO ANOTHER
2 PHYSICIAN; OR

3 4. CONTRACTING WITH AN INDIVIDUAL TO ACT OUTSIDE THE COURSE AND SCOPE
4 OF THE PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF A
5 HEALTHCARE PROVIDER THAT PROHIBITS ACTIVITIES UNDER THIS ARTICLE.

6 S 2994-PPP. PENALTIES. 1. A PERSON WHO WITHOUT AUTHORIZATION OF THE
7 QUALIFIED INDIVIDUAL WILLFULLY ALTERS OR FORGES A REQUEST FOR MEDICATION
8 OR CONCEALS OR DESTROYS A RESCISSION OF THAT REQUEST WITH THE INTENT OR
9 EFFECT OF CAUSING THE QUALIFIED INDIVIDUAL'S DEATH IS GUILTY OF A CLASS
10 A FELONY.

11 2. A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A QUALIFIED INDI-
12 VIDUAL TO REQUEST MEDICATION TO END THE QUALIFIED INDIVIDUAL'S LIFE, OR
13 TO DESTROY A RESCISSION OF A REQUEST, IS GUILTY OF A CLASS A FELONY.

14 3. EXCEPT AS PROVIDED IN SUBDIVISIONS ONE AND TWO OF THIS SECTION, IT
15 SHALL BE A CLASS A MISDEMEANOR FOR A PERSON WITHOUT AUTHORIZATION OF THE
16 INDIVIDUAL TO WILLFULLY ALTER, FORGE, CONCEAL OR DESTROY AN INSTRUMENT,
17 THE REINSTATEMENT OR REVOCATION OF AN INSTRUMENT, OR ANY OTHER EVIDENCE
18 OR DOCUMENT REFLECTING THE INDIVIDUAL'S DESIRES AND INTERESTS WITH THE
19 INTENT OR EFFECT OF AFFECTING A HEALTHCARE DECISION.

20 4. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES
21 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY
22 PERSON.

23 5. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES
24 APPLICABLE UNDER OTHER PROVISIONS OF LAW FOR CONDUCT THAT IS INCONSIST-
25 ENT WITH THIS ARTICLE.

26 S 2994-QQQ. SEVERABILITY. IF ANY CLAUSE, SENTENCE, PARAGRAPH, SECTION
27 OR PART OF THIS ARTICLE SHALL BE ADJUDGED BY ANY COURT OF COMPETENT
28 JURISDICTION TO BE INVALID, SUCH JUDGMENT SHALL NOT AFFECT, IMPAIR OR
29 INVALIDATE THE REMAINDER THEREOF, BUT SHALL BE CONFINED IN ITS OPERATION
30 TO THE CLAUSE, SENTENCE, PARAGRAPH, SECTION OR PART THEREOF, DIRECTLY
31 INVOLVED IN THE CONTROVERSY IN WHICH SUCH JUDGMENT SHALL HAVE BEEN
32 RENDERED.

33 S 3. This act shall take effect on the ninetieth day next succeeding
34 the date upon which it shall have become a law.