

5814

2015-2016 Regular Sessions

I N S E N A T E

June 4, 2015

Introduced by Sen. BONACIC -- 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 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 2899-D. DEFINITIONS.

6 2899-E. WRITTEN REQUEST FOR MEDICATION.

7 2899-F. WRITTEN REQUEST SIGNED AND WITNESSED.

8 2899-G. ATTENDING PHYSICIAN RESPONSIBILITIES.

9 2899-H. COUNSELING REFERRAL.

10 2899-I. MEDICAL RECORD DOCUMENTATION REQUIREMENTS.

11 2899-J. RESIDENCY REQUIREMENT.

12 2899-K. RIGHT TO INFORMATION.

13 2899-L. IMMUNITY.

14 2899-M. NOT SUICIDE; NO DUTY TO AID.

15 2899-N. LIMITATIONS ON ACTIONS.

16 2899-O. HEALTH CARE FACILITY EXCEPTIONS.

17 2899-P. EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STATUTES.

18 2899-Q. INSURANCE POLICIES; PROHIBITIONS.

19 2899-R. PROTECTION OF PATIENT CHOICE AT END OF LIFE.

20 2899-S. SAFE DISPOSAL OF UNUSED MEDICATIONS.

21 2899-T. DEATH CERTIFICATE.

22 2899-U. STATUTORY CONSTRUCTION.

23 2899-V. SEVERABILITY.

24 S 2899-D. DEFINITIONS. AS USED IN THIS ARTICLE:

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

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

1 2. ONE OF THE WITNESSES SHALL BE A PERSON WHO IS NOT:

2 (A) A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE OR ADOPTION;

3 (B) A PERSON WHO AT THE TIME THE REQUEST IS SIGNED WOULD BE ENTITLED
4 TO ANY PORTION OF THE ESTATE OF THE PATIENT UPON DEATH UNDER ANY WILL OR
5 BY OPERATION OF LAW; OR

6 (C) AN OWNER, OPERATOR OR EMPLOYEE OF A HEALTH CARE FACILITY WHERE THE
7 PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT.

8 3. THE PATIENT'S ATTENDING PHYSICIAN AT THE TIME THE REQUEST IS SIGNED
9 SHALL NOT BE A WITNESS.

10 S 2899-G. ATTENDING PHYSICIAN RESPONSIBILITIES. 1. THE ATTENDING
11 PHYSICIAN SHALL:

12 (A) MAKE THE DETERMINATION OF WHETHER A PATIENT HAS A TERMINAL ILLNESS
13 OR CONDITION, IS CAPABLE, AND HAS MADE THE REQUEST VOLUNTARILY;

14 (B) REQUEST THAT THE PATIENT DEMONSTRATE NEW YORK STATE RESIDENCY;

15 (C) REFER THE PATIENT FOR COUNSELING, IF APPROPRIATE, PURSUANT TO
16 SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTICLE; AND

17 (D) FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENTS OF SECTION
18 TWENTY-EIGHT HUNDRED NINETY-NINE-I OF THIS ARTICLE;

19 2. SUBJECT TO SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTI-
20 CLE, AN ATTENDING PHYSICIAN WHO MAKES THE DETERMINATION THAT THE PATIENT
21 HAS A TERMINAL ILLNESS OR CONDITION, IS CAPABLE AND HAS MADE A REQUEST
22 FOR MEDICATION AS PROVIDED IN SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-E
23 OF THIS ARTICLE, THE ATTENDING PHYSICIAN SHALL EITHER:

24 (A) DISPENSE THE MEDICATION DIRECTLY, INCLUDING ANCILLARY MEDICATION
25 INTENDED TO FACILITATE THE DESIRED EFFECT TO MINIMIZE THE PATIENT'S
26 DISCOMFORT, PROVIDED THE ATTENDING PHYSICIAN HAS A CURRENT DRUG ENFORCE-
27 MENT ADMINISTRATION CERTIFICATE AND COMPLIES WITH ANY APPLICABLE RULE OR
28 REGULATION; OR

29 (B) WITH THE PATIENT'S WRITTEN CONSENT:

30 (I) CONTACT A PHARMACIST AND INFORM THE PHARMACIST OF THE
31 PRESCRIPTION; AND

32 (II) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY OR BY MAIL TO THE
33 PHARMACIST, WHO WILL DISPENSE THE MEDICATIONS TO EITHER THE PATIENT, THE
34 ATTENDING PHYSICIAN OR AN EXPRESSLY IDENTIFIED AGENT OF THE PATIENT.

35 S 2899-H. COUNSELING REFERRAL. IF IN THE OPINION OF THE ATTENDING
36 PHYSICIAN A PATIENT MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL
37 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT, SUCH PHYSICIAN SHALL
38 REFER THE PATIENT FOR COUNSELING. NO MEDICATION TO END A PATIENT'S LIFE
39 IN A HUMANE AND DIGNIFIED MANNER SHALL BE PRESCRIBED UNTIL THE PERSON
40 PERFORMING THE COUNSELING DETERMINES THAT THE PATIENT IS NOT SUFFERING
41 FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING
42 IMPAIRED JUDGMENT AND IS CAPABLE.

43 S 2899-I. MEDICAL RECORD DOCUMENTATION REQUIREMENTS. THE FOLLOWING
44 SHALL BE DOCUMENTED OR FILED IN THE PATIENT'S MEDICAL RECORD:

45 1. ALL ORAL REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER
46 LIFE IN A HUMANE AND DIGNIFIED MANNER;

47 2. ALL WRITTEN REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER
48 LIFE IN A HUMANE AND DIGNIFIED MANNER;

49 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS, DETERMINATION
50 THAT THE PATIENT IS CAPABLE AND ACTING VOLUNTARILY;

51 4. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING,
52 IF PERFORMED; AND

53 5. A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL REQUIREMENTS
54 UNDER THE PROVISIONS OF THIS ARTICLE HAVE BEEN MET AND INDICATING THE
55 STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF THE MEDI-
56 CATION PRESCRIBED.

1 S 2899-J. RESIDENCY REQUIREMENT. ONLY REQUESTS MADE BY NEW YORK STATE
2 RESIDENTS UNDER THE PROVISIONS OF THIS ARTICLE SHALL BE GRANTED. FACTORS
3 DEMONSTRATING NEW YORK STATE RESIDENCY SHALL INCLUDE BUT SHALL NOT BE
4 LIMITED TO:

- 5 1. POSSESSION OF A NEW YORK STATE DRIVER'S LICENSE;
- 6 2. REGISTRATION TO VOTE IN NEW YORK STATE;
- 7 3. EVIDENCE THAT THE PERSON OWNS OR LEASES PROPERTY IN NEW YORK STATE;

8 OR

- 9 4. FILING OF A NEW YORK STATE TAX RETURN FOR THE MOST RECENT TAX YEAR.

10 S 2899-K. RIGHT TO INFORMATION. A PHYSICIAN WHO ENGAGES IN DISCUSSIONS
11 WITH A PATIENT UNDER SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-C OF THIS
12 CHAPTER RELATED TO THE RISKS AND BENEFITS OF PALLIATIVE CARE AND
13 END-OF-LIFE OPTIONS IN THE CIRCUMSTANCES DESCRIBED IN THIS ARTICLE SHALL
14 NOT BE CONSTRUED TO BE ASSISTING IN OR CONTRIBUTING TO A PATIENT'S INDE-
15 PENDENT DECISION TO SELF-ADMINISTER A LETHAL DOSE OF MEDICATION, AND
16 SUCH DISCUSSIONS SHALL NOT BE USED TO ESTABLISH CIVIL OR CRIMINAL
17 LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION.

18 S 2899-L. IMMUNITY. (A) A PHYSICIAN SHALL NOT BE SUBJECT TO ANY CIVIL
19 OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION IF THE PHYSI-
20 CIAN PRESCRIBES TO A PATIENT WITH A TERMINAL ILLNESS OR CONDITION MEDI-
21 CATION TO BE SELF-ADMINISTERED FOR THE PURPOSE OF HASTENING THE
22 PATIENT'S DEATH OR FOR ANY OTHER ACTIONS PERFORMED IN GOOD FAITH COMPLI-
23 ANCE WITH THE PROVISIONS OF THIS ARTICLE.

24 (B) A PHARMACIST SHALL NOT BE SUBJECT TO ANY CIVIL OR CRIMINAL LIABIL-
25 ITY OR PROFESSIONAL DISCIPLINARY ACTION IF THE PHARMACIST DISPENSES SUCH
26 MEDICATION.

27 S 2899-M. NOT SUICIDE; NO DUTY TO AID. (A) A PATIENT WITH A TERMINAL
28 ILLNESS OR CONDITION WHO SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION
29 PURSUANT TO THE PROVISIONS OF THIS ARTICLE SHALL NOT BE CONSIDERED TO BE
30 A PERSON WHO IS SUICIDAL.

31 (B) (1) NO PERSON SHALL BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY
32 SOLELY FOR BEING PRESENT WHEN SUCH PATIENT WITH A TERMINAL ILLNESS OR
33 CONDITION SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION OR FOR NOT ACTING
34 TO PREVENT THE PATIENT FROM SELF-ADMINISTERING A LETHAL DOSE OF MEDICA-
35 TION.

36 (2) NO PERSON, WHETHER OR NOT OTHERWISE OBLIGATED BY LAW OR PROFES-
37 SIONAL PRACTICE TO DO SO, SHALL BE UNDER ANY DUTY TO RENDER ASSISTANCE
38 TO SUCH PATIENT OR TO OTHERWISE ACT TO RESUSCITATE SUCH PATIENT AFTER HE
39 OR SHE SELF-ADMINISTERS A LETHAL DOSE OF MEDICATION.

40 S 2899-N. LIMITATIONS ON ACTIONS. 1. A PHYSICIAN, NURSE, PHARMACIST,
41 OR OTHER PERSON SHALL NOT BE UNDER ANY DUTY, BY LAW OR CONTRACT, TO
42 PARTICIPATE IN THE PROVISION OF A LETHAL DOSE OF MEDICATION TO A
43 PATIENT, PROVIDED THAT REASONABLE EFFORTS SHALL BE MADE TO REFER THE
44 PATIENT TO A PHYSICIAN, NURSE OR PHARMACIST WHO MAY PARTICIPATE IN THE
45 PROVISION OF A LETHAL DOSE OF MEDICATION TO A PATIENT.

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

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

54 S 2899-O. HEALTH CARE FACILITY EXCEPTIONS. A HEALTH CARE FACILITY MAY
55 PROHIBIT A PHYSICIAN FROM WRITING A PRESCRIPTION FOR A DOSE OF MEDICA-
56 TION INTENDED TO BE LETHAL FOR A PATIENT WHO IS A RESIDENT IN ITS FACIL-

1 ITY AND INTENDS TO USE THE MEDICATION ON THE FACILITY'S PREMISES,
2 PROVIDED THE FACILITY HAS NOTIFIED THE PHYSICIAN IN WRITING OF ITS POLI-
3 CY WITH REGARD TO THE PRESCRIPTIONS. NOTWITHSTANDING SECTION
4 TWENTY-EIGHT HUNDRED NINETY-NINE-L OF THIS ARTICLE, ANY PHYSICIAN WHO
5 VIOLATES A POLICY ESTABLISHED BY A HEALTH CARE FACILITY UNDER THIS
6 SECTION MAY BE SUBJECT TO SANCTIONS OTHERWISE ALLOWABLE UNDER LAW OR
7 CONTRACT.

8 S 2899-P. EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS AND STATUTES. 1.
9 NO PROVISION IN A CONTRACT, WILL OR OTHER AGREEMENT, WHETHER WRITTEN OR
10 ORAL, TO THE EXTENT THE PROVISION WOULD AFFECT WHETHER A PERSON MAY MAKE
11 OR RESCIND A REQUEST FOR MEDICATION TO END HIS OR HER LIFE IN A HUMANE
12 AND DIGNIFIED MANNER, SHALL BE VALID.

13 2. NO OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT SHALL BE
14 CONDITIONED OR AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST, BY A
15 PERSON, FOR MEDICATION TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED
16 MANNER.

17 S 2899-Q. INSURANCE POLICIES; PROHIBITIONS. 1. A PERSON AND HIS OR HER
18 BENEFICIARIES SHALL NOT BE DENIED BENEFITS UNDER A LIFE INSURANCE POLICY
19 FOR ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE.

20 2. THE SALE, PROCUREMENT, OR ISSUE OF ANY MEDICAL MALPRACTICE INSUR-
21 ANCE POLICY OR THE RATE CHARGED FOR THE POLICY SHALL NOT BE CONDITIONED
22 UPON OR AFFECTED BY WHETHER THE PHYSICIAN IS WILLING OR UNWILLING TO
23 PARTICIPATE IN THE PROVISIONS OF THIS ARTICLE.

24 S 2899-R. PROTECTION OF PATIENT CHOICE AT END OF LIFE. A PHYSICIAN
25 WITH A BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP WITH A PATIENT WITH A
26 TERMINAL ILLNESS OR CONDITION SHALL NOT BE CONSIDERED TO HAVE ENGAGED IN
27 UNPROFESSIONAL CONDUCT AND SHALL NOT BE THE SUBJECT OF DISCIPLINE IF:

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

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

34 3. THE PHYSICIAN ADVISES THE PATIENT OF ALL FORESEEABLE RISKS RELATED
35 TO THE PRESCRIPTION;

36 4. THE PHYSICIAN ADVISES THE PATIENT OF ALL ALTERNATIVES TO AID IN
37 DYING; AND

38 5. THE PATIENT MAKES AN INDEPENDENT DECISION TO SELF-ADMINISTER A
39 LETHAL DOSE OF THE MEDICATION.

40 S 2899-S. SAFE DISPOSAL OF UNUSED MEDICATIONS. THE DEPARTMENT SHALL
41 ADOPT RULES AND REGULATIONS PROVIDING FOR THE SAFE DISPOSAL OF UNUSED
42 MEDICATIONS PRESCRIBED UNDER THIS ARTICLE.

43 S 2899-T. DEATH CERTIFICATE. IN THE EVENT THAT A PATIENT SELF-ADMIN-
44 ISTERS A LETHAL DOSE OF MEDICATION IN ACCORDANCE WITH THE PROVISIONS OF
45 THIS ARTICLE, THE DEATH CERTIFICATE SHALL INDICATE THAT THE CAUSE OF
46 DEATH WAS THE UNDERLYING TERMINAL ILLNESS OR CONDITION OF THE PATIENT.

47 S 2899-U. STATUTORY CONSTRUCTION. NOTHING IN THIS ARTICLE SHALL BE
48 CONSTRUED TO AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO END A
49 PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING, OR ACTIVE EUTHANASIA.
50 ACTION TAKEN IN ACCORDANCE WITH THIS ARTICLE SHALL NOT BE CONSTRUED FOR
51 ANY PURPOSE TO CONSTITUTE SUICIDE, ASSISTED SUICIDE, ATTEMPTED SUICIDE,
52 PROMOTING A SUICIDE ATTEMPT, MERCY KILLING, OR HOMICIDE UNDER THE LAW,
53 INCLUDING AS AN ACCOMPLICE OR ACCESSORY OR OTHERWISE.

54 S 2899-V. SEVERABILITY. IF ANY CLAUSE, SENTENCE, PARAGRAPH, SECTION OR
55 PART OF THIS ARTICLE SHALL BE ADJUDGED BY ANY COURT OF COMPETENT JURIS-
56 DICTION TO BE INVALID, SUCH JUDGMENT SHALL NOT AFFECT, IMPAIR OR INVALID-

1 DATE THE REMAINDER THEREOF, BUT SHALL BE CONFINED IN ITS OPERATION TO
2 THE CLAUSE, SENTENCE, PARAGRAPH, SECTION OR PART THEREOF, DIRECTLY
3 INVOLVED IN THE CONTROVERSY IN WHICH SUCH JUDGMENT SHALL HAVE BEEN
4 RENDERED.

5 S 2. This act shall take effect immediately.