

STATE OF NEW YORK

8835

IN SENATE

January 8, 2026

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law and the education law, in relation to requirements for the provision of medication for medical aid in dying; and to amend a chapter of the laws of 2025 amending the public health law relating to a terminally ill patient's request for and use of medication for medical aid in dying, as proposed in legislative bills numbers S. 138 and A. 136, in relation to the effectiveness thereof

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivisions 4, 5, 11, 13, 17 and 18 of section 2899-d of
2 the public health law, as added by a chapter of the laws of 2025 amend-
3 ing the public health law relating to a terminally ill patient's request
4 for and use of medication for medical aid in dying, as proposed in
5 legislative bills numbers S. 138 and A. 136, are amended to read as
6 follows:

7 4. "Consulting physician" means a physician who is qualified by
8 specialty or experience to make a professional diagnosis and prognosis
9 regarding a ~~[person's]~~ patient's terminal illness or condition.

10 5. "Health care facility" means a general hospital, nursing home, or
11 residential health care facility as defined in section twenty-eight
12 hundred one of this chapter, or a hospice as defined in section four
13 thousand two of this chapter~~[-, provided that for the purposes of section
14 twenty-eight hundred ninety-nine m of this article, "hospice" shall
15 refer only to a facility providing in-patient hospice care or a hospice
16 residence].~~

17 11. "Mental health professional" means ~~[a licensed physician, who is a
18 diplomate or eligible to be certified by a national board of psychiatry,
19 psychiatric nurse practitioner, or psychologist, licensed or certified
20 under the education law acting within such mental health professional's
21 scope of practice and who is qualified, by training and experience,
22 certification, or board certification or eligibility, to make a determi-
23 nation under section twenty-eight hundred ninety-nine i of this article]~~

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

LBD00320-02-6

1 an individual (a) licensed to practice medicine in New York state who is
2 a diplomate of the American board of psychiatry and neurology or is
3 eligible to be certified by that board or is certified by the American
4 osteopathic board of neurology and psychiatry or is eligible to be
5 certified by that board; or (b) licensed to practice psychology under
6 title eight of the education law.

7 13. "Patient" means a [~~person~~] resident of New York state who is eigh-
8 teen years of age or older under the care of a physician.

9 17. "Terminal illness or condition" means an incurable and irrevers-
10 ible illness or condition that has been medically confirmed and will,
11 within reasonable medical judgment, produce death within six months
12 whether or not treatment is provided.

13 18. "Third-party health care payer" has its ordinary meaning and
14 includes, but is not limited to, an insurer, organization or corporation
15 licensed or certified under article thirty-two, forty-three or forty-
16 seven of the insurance law, or article forty-four of the public health
17 law; or an entity such as a pharmacy benefits manager[~~, fiscal adminis-~~
18 ~~trator, or administrative services provider that participates in the~~
19 ~~administration of a third-party health care payer system]~~ or third-party
20 administrator.

21 § 2. Subdivisions 1, 2 and 3 of section 2899-e of the public health
22 law, as added by a chapter of the laws of 2025 amending the public
23 health law relating to a terminally ill patient's request for and use of
24 medication for medical aid in dying, as proposed in legislative bills
25 numbers S. 138 and A. 136, are amended to read as follows:

26 1. Oral and written request. A patient wishing to request medication
27 under this article shall make an oral request and submit a written
28 request to the patient's attending physician. If a patient is not phys-
29 ically capable of making an oral request, such request can be made using
30 an alternative method of communication familiar to the patient. Oral
31 requests made under this subdivision must be recorded by an audio or
32 video device and permanently stored in the patient's medical record.

33 2. Making a written request. A patient may make a written request for
34 and consent to self-administer medication for the purpose of ending such
35 patient's life in accordance with this article if the patient:

36 (a) has been determined by the attending physician to have a terminal
37 illness or condition and which has been medically confirmed by a
38 consulting physician; and

39 (b) based on an informed decision, [~~expresses~~] requests voluntarily,
40 of the patient's own volition and without coercion [~~the request for~~].
41 medication to end such patient's life.

42 3. Written request signed and witnessed. (a) A written request for
43 medication under this article shall be signed and dated by the patient
44 and witnessed by at least two adults who, in the presence of the
45 patient, attest that to the best of the persons knowledge and belief the
46 patient has decision-making capacity, is acting voluntarily, is making
47 the request for medication of the patient's own volition and is not
48 being coerced to sign the request. The written request shall be in
49 substantially the form described in section twenty-eight hundred nine-
50 ty-nine-k of this article.

51 (b) Both witnesses shall be adults who are not:

52 (i) a relative of the patient by blood, marriage or adoption;

53 (ii) a person who at the time the request is signed would be entitled
54 to any portion of the estate of the patient upon death under any will or
55 by operation of law or would otherwise benefit financially from the
56 death of the patient;

1 (iii) an owner, operator, employee or independent contractor of a
2 health care facility where the patient is receiving treatment or is a
3 resident;

4 (iv) a domestic partner of the patient, as defined in subdivision
5 seven of section twenty-nine hundred ninety-four-a of this chapter;

6 (v) an agent under the patient's health care proxy as defined in
7 subdivision five of section twenty-nine hundred eighty of this chapter;
8 or

9 (vi) an agent acting under a power of attorney for the patient as
10 defined in section 5-1501 of the general obligations law.

11 (c) The attending physician, consulting physician and~~[, if applica-~~
12 ~~ble,~~] the mental health professional who provides a decision-making
13 capacity determination of the patient under this article shall not be a
14 witness.

15 § 3. Section 2899-f of the public health law, as added by a chapter of
16 the laws of 2025 amending the public health law relating to a terminally
17 ill patient's request for and use of medication for medical aid in
18 dying, as proposed in legislative bills numbers S. 138 and A. 136, is
19 amended to read as follows:

20 § 2899-f. Attending physician responsibilities. 1. ~~[The]~~ Upon a
21 patient's request for a medical aid-in-dying prescription, the attending
22 physician shall examine the patient in person and the patient's relevant
23 medical records ~~[and]~~, provided, however, that the attending physician
24 may waive the in-person examination requirement and conduct the examina-
25 tion via telehealth if the physician determines, within reasonable
26 medical judgment, and documents in the patient's medical record that
27 requiring an in-person visit would result in extraordinary hardship to
28 the patient. For purposes of this subdivision, the term "extraordinary
29 hardship" shall mean circumstances in which an in-person examination
30 would cause the patient undue pain or suffering, or would necessitate
31 extraordinary expense or logistical burden for medically-necessary
32 transportation. In such cases, the examination may be conducted via
33 telehealth once the attending physician affirms that all other require-
34 ments of this article have been fulfilled. The attending physician
35 shall also:

36 (a) make a determination of whether a patient has a terminal illness
37 or condition, has decision-making capacity, has made an informed deci-
38 sion and has made the request voluntarily of the patient's own volition
39 and without coercion;

40 (b) inform the patient of the requirement under this article for
41 confirmation by a consulting physician, and refer the patient to a
42 consulting physician upon the patient's request;

43 (c) inform the patient of the requirement under this article for
44 confirmation by a mental health professional, and refer the patient to a
45 mental health professional ~~[pursuant to section twenty-eight hundred~~
46 ~~ninety-nine-i of this article if the attending physician believes that~~
47 ~~the patient may lack decision-making capacity to make an informed deci-~~
48 ~~sion]~~ upon the patient's request;

49 (d) provide information and counseling under section twenty-nine
50 hundred ninety-seven-c of this chapter, provided, however, that if the
51 attending physician is not willing or does not feel qualified to provide
52 the patient with information and counseling under this paragraph, the
53 attending physician may arrange for another physician to do so, or shall
54 refer or transfer the patient to another physician willing to do so;

55 (e) ensure that the patient is making an informed decision by discuss-
56 ing with the patient: (i) the patient's medical diagnosis and prognosis;

1 (ii) the potential risks associated with taking the medication to be
2 prescribed; (iii) the probable result of taking the medication to be
3 prescribed; (iv) the possibility that the patient may choose to obtain
4 the medication but not take it; (v) the feasible alternatives and appro-
5 priate treatment options, including but not limited to (1) information
6 and counseling regarding palliative and hospice care and end-of-life
7 options appropriate to the patient, including but not limited to: the
8 range of options appropriate to the patient; the prognosis, risks and
9 benefits of the various options; and the patient's legal rights to
10 comprehensive pain and symptom management at the end of life; and (2)
11 information regarding treatment options appropriate to the patient,
12 including the prognosis, risks and benefits of the various treatment
13 options;

14 (f) offer to refer the patient for other appropriate treatment
15 options, including but not limited to palliative care and hospice care;

16 (g) provide health literate and culturally appropriate educational
17 material regarding hospice and palliative care that has been prepared by
18 the department in consultation with representatives of hospice and
19 palliative care providers from all regions of New York state, and that
20 is available on the department's website for access and download,
21 provided, however, an otherwise eligible patient cannot be denied care
22 under this article if these materials are not developed by the effective
23 date of this article;

24 (h) discuss with the patient the importance of:

25 (i) having another person present when the patient takes the medica-
26 tion and the restriction that no person other than the patient may
27 administer the medication;

28 (ii) not taking the medication in a public place; and

29 (iii) informing the patient's family of the patient's decision to
30 request and take medication that will end the patient's life; a patient
31 who declines or is unable to notify family shall not have such patient's
32 request for medication denied for that reason;

33 (i) inform the patient that such patient may rescind the request for
34 medication at any time and in any manner;

35 (j) fulfill the medical record documentation requirements of section
36 twenty-eight hundred ninety-nine-j of this article; and

37 (k) ensure that all appropriate steps are carried out in accordance
38 with this article before writing a prescription for medication.

39 2. Upon receiving confirmation from a consulting physician and mental
40 health professional under section twenty-eight hundred ninety-nine-h of
41 this article and [~~subject to~~] section twenty-eight hundred ninety-nine-i
42 of this article, respectively, the attending physician who determines
43 that the patient has a terminal illness or condition, has decision-mak-
44 ing capacity and has made a voluntary request for medication as provided
45 in this article, may personally, or by referral to another physician,
46 prescribe or order appropriate medication in accordance with the
47 patient's request under this article, and at the patient's request,
48 facilitate the filling of the prescription and delivery of the medica-
49 tion to the patient.

50 3. A prescription for medication shall not be filled until five days
51 after the prescription has been written, unless the patient's attending
52 physician has medically confirmed that the qualified individual may,
53 within reasonable medical judgment, die before the expiration of the
54 waiting period identified herein, in which case, the prescription may be
55 filled once the attending physician affirms that all other requirements
56 pursuant to this article have been fulfilled. Such prescription must

1 indicate the date and time that the prescription for medication was
2 written and indicate the first allowable date and time when it may be
3 filled.

4 4. In accordance with the direction of the prescribing or ordering
5 physician and the consent of the patient, the patient may self-adminis-
6 ter the medication to themselves. A health care professional or other
7 person shall not administer the medication to the patient.

8 § 4. Subdivision 2 of section 2899-h of the public health law, as
9 added by a chapter of the laws of 2025 amending the public health law
10 relating to a terminally ill patient's request for and use of medication
11 for medical aid in dying, as proposed in legislative bills numbers S.
12 138 and A. 136, is amended to read as follows:

13 2. confirm, in writing, to the attending physician and the patient,
14 whether: (a) the patient has a terminal illness or condition; (b) the
15 patient is making an informed decision; (c) the patient has decision-
16 making capacity[~~, or provide documentation that the consulting physician~~
17 ~~has referred the patient for a determination under section twenty-eight~~
18 ~~hundred ninety-nine i of this article]; and (d) the patient is acting~~
19 voluntarily, of the patient's own volition and without coercion.

20 § 5. Section 2899-i of the public health law, as added by a chapter of
21 the laws of 2025 amending the public health law relating to a terminally
22 ill patient's request for and use of medication for medical aid in
23 dying, as proposed in legislative bills numbers S. 138 and A. 136, is
24 amended to read as follows:

25 § 2899-i. [~~Referral to mental~~] Mental health professional responsibil-
26 ities. 1. [~~If the attending physician or the consulting physician deter-~~
27 ~~mines that the patient may lack decision-making capacity to make an~~
28 ~~informed decision due to a condition, including, but not limited to, a~~
29 ~~psychiatric or psychological disorder, or other condition causing~~
30 ~~impaired judgement, the attending physician or consulting physician~~
31 ~~shall refer the patient to a mental health professional for a determi-~~
32 ~~nation of whether the patient has decision-making capacity to make an~~
33 ~~informed decision. The referring physician shall advise the patient that~~
34 ~~the report of the mental health professional will be provided to the~~
35 ~~attending physician and the consulting physician.~~

36 2. ~~A mental health professional who evaluates a~~ Before a patient who
37 is requesting medication may receive a prescription for medication under
38 this article, a mental health professional must evaluate the patient
39 [~~under this section shall~~] and report, in writing, to the attending
40 physician and the consulting physician, the mental health professional's
41 independent conclusions about whether the patient has decision-making
42 capacity to make an informed decision, provided that if, at the time of
43 the report, the patient has not yet been referred to a consulting physi-
44 cian, then upon referral the attending physician shall provide the
45 consulting physician with a copy of the mental health professional's
46 report. If the mental health professional determines that the patient
47 lacks decision-making capacity to make an informed decision, the patient
48 shall not be deemed a qualified individual, and the attending physician
49 shall not prescribe medication to the patient.

50 [~~3-~~] 2. A determination made pursuant to this section that an adult
51 patient lacks decision-making capacity shall not be construed as a find-
52 ing that the patient lacks decision-making capacity for any other
53 purpose.

54 § 6. Subdivision 4 of section 2899-j of the public health law, as
55 added by a chapter of the laws of 2025 amending the public health law
56 relating to a terminally ill patient's request for and use of medication

1 for medical aid in dying, as proposed in legislative bills numbers S.
2 138 and A. 136, is amended to read as follows:

3 4. [~~if applicable,~~] written [~~confirmation~~] determination of decision-
4 making capacity under section twenty-eight hundred ninety-nine-i of this
5 article; and

6 § 7. Section 2899-k of the public health law, as added by a chapter of
7 the laws of 2025 amending the public health law relating to a terminally
8 ill patient's request for and use of medication for medical aid in
9 dying, as proposed in legislative bills numbers S. 138 and A. 136, is
10 amended to read as follows:

11 § 2899-k. Form of written request and witness attestation. 1. A
12 request for medication under this article shall be in substantially the
13 following form:

14 REQUEST FOR MEDICATION TO END MY LIFE

15 I, _____, am an adult who has decision-
16 making capacity, which means I understand and appreciate the nature and
17 consequences of health care decisions, including the benefits and risks
18 of and alternatives to any proposed health care, and to reach an
19 informed decision and to communicate health care decisions to a physi-
20 cian.

21 I have been diagnosed with (insert diagnosis), which my attending
22 physician has determined is a terminal illness or condition, which has
23 been medically confirmed by a consulting physician and mental health
24 professional and will, in the judgment of the physicians and mental
25 health professional, produce death within six months whether or not
26 treatment is provided.

27 I have been fully informed of my diagnosis and prognosis, the nature
28 of the medication to be prescribed and potential associated risks, the
29 expected result, and the feasible alternatives and treatment options
30 including but not limited to palliative care and hospice care.

31 I request that my attending physician prescribe medication that will
32 end my life if I choose to take it, and I authorize my attending physi-
33 cian to contact another physician or any pharmacist about my request.

34 INITIAL ONE:

35 () I have informed or intend to inform one or more members of my
36 family of my decision.

37 () I have decided not to inform any member of my family of my deci-
38 sion.

39 () I have no family to inform of my decision.

40 I understand that I have the right to rescind this request or decline
41 to use the medication at any time.

42 I understand the importance of this request, and I expect to die if I
43 take the medication to be prescribed. I further understand that although
44 most deaths occur within three hours, my death may take longer, and my
45 attending physician has counseled me about this possibility.

46 I make this request voluntarily, of my own volition and without being
47 coerced, and I accept full responsibility for my actions.

48 Signed: _____

49 Dated: _____

50 DECLARATION OF WITNESSES

1 I declare that the person signing this "Request for Medication to End
2 My Life":

3 (a) is personally known to me or has provided proof of identity;

4 (b) voluntarily signed the "Request for Medication to End My Life" in
5 my presence or acknowledged to me that the person signed it; and

6 (c) to the best of my knowledge and belief, has decision-making capac-
7 ity and is making the "Request for Medication to End My Life" voluntar-
8 ily, of the person's own volition and is not being coerced to sign the
9 "Request for Medication to End My Life".

10 I am not the attending physician or consulting physician of the person
11 signing the "Request for Medication to End My Life" or [~~if applicable,~~]
12 the mental health professional who provides a decision-making capacity
13 determination of the person signing the "Request for Medication to End
14 My Life" at the time the "Request for Medication to End My Life" was
15 signed.

16 I further declare under penalty of perjury that the statements made
17 herein are true and correct and false statements made herein are punish-
18 able.

19 I further declare that I am not (i) related to the above-named patient
20 by blood, marriage or adoption[~~;~~]; (ii) entitled at the time the patient
21 signed the "Request for Medication to End My Life" to any portion of the
22 estate of the patient upon such patient's death under any will or by
23 operation of law, or otherwise in a position to benefit financially from
24 the patient's death; (iii) an owner, operator, employee or independent
25 contractor of a health care facility where the patient is receiving
26 treatment or is a resident; (iv) a domestic partner of the patient, as
27 defined in subdivision seven of section twenty-nine hundred
28 ninety-four-a of the public health law; (v) an agent, as defined in
29 subdivision five of section twenty-nine hundred eighty of the public
30 health law, under the patient's health care proxy; or (vi) an agent, as
31 defined in section 5-1501 of the general obligations law, acting under a
32 power of attorney for the patient.

33 Witness 1, Date:

34 (Printed name)

35 (Address)

36 (Telephone number)

37 Witness 2, Date:

38 (Printed name)

39 (Address)

40 (Telephone number)

41 2. (a) The "Request for Medication to End My Life" shall be written in
42 the same language as any conversations, consultations, or interpreted
43 conversations or consultations between a patient and at least one of the
44 patient's attending or consulting physicians.

45 (b) Notwithstanding paragraph (a) of this subdivision, the written
46 "Request for Medication to End My Life" may be prepared in English even
47 when the conversations or consultations or interpreted conversations or

1 consultations were conducted in a language other than English or with
2 auxiliary aids or hearing, speech or visual aids, if the English
3 language form includes an attached declaration by the interpreter of the
4 conversation or consultation, which shall be in substantially the
5 following form:

6 INTERPRETER'S DECLARATION

7 I, (insert name of interpreter), (mark as applicable):
8 () for a patient whose conversations or consultations or interpreted
9 conversations or consultations were conducted in a language other than
10 English and the "Request for Medication to End My Life" is in English: I
11 declare that I am fluent in English and (insert target language). I have
12 the requisite language and interpreter skills to be able to interpret
13 effectively, accurately and impartially information shared and communi-
14 cations between the attending or consulting physician and (name of
15 patient).

16 I certify that on (insert date), at approximately (insert time), I
17 interpreted the communications and information conveyed between the
18 physician and (name of patient) as accurately and completely to the best
19 of my knowledge and ability and read the "Request for Medication to End
20 My Life" to (name of patient) in (insert target language).

21 (Name of patient) affirmed to me such patient's desire to sign the
22 "Request for Medication to End My Life" voluntarily, of (name of
23 patient)'s own volition and without coercion.

24 () for a patient with a speech, hearing or vision disability: I
25 declare that I have the requisite language, reading and/or interpreter
26 skills to communicate with the patient and to be able to read and/or
27 interpret effectively, accurately and impartially information shared and
28 communications that occurred on (insert date) between the attending or
29 consulting physician and (name of patient).

30 I certify that on (insert date), at approximately (insert time), I
31 read and/or interpreted the communications and information conveyed
32 between the physician and (name of patient) impartially and as accurate-
33 ly and completely to the best of my knowledge and ability and, where
34 needed for effective communication, read or interpreted the "Request for
35 Medication to End my Life" to (name of patient).

36 (Name of patient) affirmed to me such patient's desire to sign the
37 "Request for Medication to End My Life" voluntarily, of (name of
38 patient)'s own volition and without coercion.

39 I further declare under penalty of perjury that (i) the foregoing is
40 true and correct; (ii) I am not (A) related to (name of patient) by
41 blood, marriage or adoption[r]; (B) entitled at the time (name of
42 patient) signed the "Request for Medication to End My Life" to any
43 portion of the estate of (name of patient) upon such patient's death
44 under any will or by operation of law, or otherwise in a position to
45 benefit financially from the patient's death; (C) an owner, operator,
46 employee or independent contractor of a health care facility where (name
47 of patient) is receiving treatment or is a resident, except that if I am
48 an employee or independent contractor at such health care facility,
49 providing interpreter services is part of my job description at such
50 health care facility or I have been trained to provide interpreter
51 services and (name of patient) requested that I provide interpreter
52 services to such patient for the purposes stated in this Declaration;
53 (D) a domestic partner of the patient, as defined in subdivision seven
54 of section twenty-nine hundred ninety-four-a of the public health law;

1 (E) an agent, as defined in subdivision five of section twenty-nine
 2 hundred eighty of the public health law, under the patient's health care
 3 proxy; or (F) an agent, as defined in section 5-1501 of the general
 4 obligations law, acting under a power of attorney for the patient; and
 5 (iii) false statements made herein are punishable.

6 Executed at (insert city, county and state) on this (insert day of
 7 month) of (insert month), (insert year).

8 (Signature of Interpreter)

9 (Printed name of Interpreter)

10 (ID # or Agency Name)

11 (Address of Interpreter)

12 (Language Spoken by Interpreter)

13 (c) An interpreter whose services are provided under paragraph (b) of
 14 this subdivision shall not (i) be related to the patient who signs the
 15 "Request for Medication to End My Life" by blood, marriage or
 16 adoption[7]; (ii) be entitled at the time the "Request for Medication to
 17 End My Life" is signed by the patient to any portion of the estate of
 18 the patient upon death under any will or by operation of law, or other-
 19 wise in a position to benefit financially from the patient's death;
 20 (iii) be an owner, operator, employee or independent contractor of a
 21 health care facility where the patient is receiving treatment or is a
 22 resident; provided that an employee or independent contractor whose job
 23 description at the health care facility includes interpreter services or
 24 who is trained to provide interpreter services and who has been
 25 requested by the patient to serve as an interpreter under this article
 26 shall not be prohibited from serving as an interpreter under this arti-
 27 cle; (iv) be a domestic partner of the patient, as defined in subdivi-
 28 sion seven of section twenty-nine hundred ninety-four-a of this chapter;
 29 (v) be an agent, as defined in subdivision five of section twenty-nine
 30 hundred eighty of this chapter, under the patient's health care proxy;
 31 or (vi) be an agent, as defined in section 5-1501 of the general obli-
 32 gations law, acting under a power of attorney for the patient.

33 § 8. Subdivision 2 of section 2899-m of the public health law, as
 34 added by a chapter of the laws of 2025 amending the public health law
 35 relating to a terminally ill patient's request for and use of medication
 36 for medical aid in dying, as proposed in legislative bills numbers S.
 37 138 and A. 136, is amended and a new subdivision 3 is added to read as
 38 follows:

39 2. (a) A private health care facility may prohibit the prescribing,
 40 dispensing, ordering or self-administering of medication under this
 41 article while the patient is being treated in the health care facility
 42 or in an affiliated facility that is majority-owned, operated, or
 43 controlled by the same corporate entity as the health care facility, or
 44 while the patient is residing in the health care facility if:

45 (i) the prescribing, dispensing, ordering or self-administering is
 46 contrary to a formally adopted policy of the health care facility that
 47 is expressly based on sincerely held religious beliefs or moral
 48 convictions central to the health care facility's operating principles;
 49 and

1 (ii) the health care facility has informed the patient of such policy
2 prior to admission or as soon as reasonably possible.

3 (b) Where a health care facility has adopted a prohibition under this
4 subdivision, if a patient who wishes to use medication under this arti-
5 cle requests, the patient shall be transferred promptly to another
6 health care facility that is reasonably accessible under the circum-
7 stances and willing to permit the prescribing, dispensing, ordering and
8 self-administering of medication under this article with respect to the
9 patient.

10 (b-1) A health care facility or an affiliated facility that is majori-
11 ty-owned, operated, or controlled by the same corporate entity as the
12 health care facility that has adopted a prohibition under this subdivi-
13 sion may restrict any employee from participating in the provision of
14 medication under this article.

15 (c) Where a health care facility has adopted a prohibition under this
16 subdivision, any health care provider or employee or independent
17 contractor of the health care facility or any facility that is majori-
18 ty-owned, operated, or controlled by the same corporate entity as the
19 health care facility who violates the prohibition may be subject to
20 sanctions otherwise available to the health care facility, provided the
21 health care facility has previously notified the health care provider,
22 employee or independent contractor of the prohibition in writing.

23 3. Nothing in this section shall be construed to restrict a patient at
24 home from accessing care under this article.

25 § 9. Subdivision 4 of section 2899-n of the public health law, as
26 added by a chapter of the laws of 2025 amending the public health law
27 relating to a terminally ill patient's request for and use of medication
28 for medical aid in dying, as proposed in legislative bills numbers S.
29 138 and A. 136, is amended to read as follows:

30 4. An insurer or third-party health care payer shall not provide any
31 information in communications made to a patient about the availability
32 of medication under this article absent a request by the patient or by
33 such patient's attending physician upon the request of such patient.

34 ~~[Any communication shall not include both the denial of coverage for~~
35 ~~treatment and information as to the availability of medication under~~
36 ~~this article.]~~ Any communication from an insurer or third-party health
37 care payer indicating a denial of coverage for treatment shall not also
38 include any information as to the availability of medication prescribed
39 under this article. This subdivision does not bar the inclusion of
40 information as to the coverage of medication and professional services
41 under this article in information generally stating what is covered by a
42 third-party health care payer or provided in response to a request by
43 the patient or by such patient's attending physician upon the request of
44 the patient.

45 § 10. Section 6530 of the education law is amended by adding a new
46 subdivision 51 to read as follows:

47 51. A violation of article twenty-eight-F of the public health law
48 and/or regulations promulgated thereunder.

49 § 11. Section 3 of a chapter of the laws of 2025 amending the public
50 health law relating to a terminally ill patient's request for and use of
51 medication for medical aid in dying, as proposed in legislative bills
52 numbers S. 138 and A. 136, is amended to read as follows:

53 § 3. This act shall take effect [~~immediately~~] on the one hundred
54 eightieth day after it shall have become a law. Effective immediately,
55 the addition, amendment and/or repeal of any rule or regulation neces-
56 sary for the implementation of this act on its effective date are

1 authorized to be made and completed on or before such effective date.
2 Notwithstanding any provisions to the contrary in the state administra-
3 tive procedure act, such rules or regulations may be adopted on an emer-
4 gency basis.

5 § 12. This act shall take effect immediately; provided, however, that
6 the provisions of sections one, two, three, four, five, six, seven,
7 eight, nine and ten of this act shall take effect on the same date and
8 in the same manner as a chapter of the laws of 2025 amending the public
9 health law relating to a terminally ill patient's request for and use of
10 medication for medical aid in dying, as proposed in legislative bills
11 numbers S. 138 and A. 136, takes effect.