# HOUSE BILL No. 1561

#### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-18-2; IC 16-36-7; IC 34-30-2-75.7; IC 35-52-16-27.5.

**Synopsis:** End of life options. Allows individuals with a terminal illness who meet certain requirements to make a written request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient.

Effective: July 1, 2017.

## Pierce

January 23, 2017, read first time and referred to Committee on Public Health.



#### Introduced

First Regular Session of the 120th General Assembly (2017)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2016 Regular Session of the General Assembly.

### HOUSE BILL No. 1561

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 16-18-2-326.8 IS ADDED TO THE INDIANA
2	CODE AS A NEW SECTION TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2017]: Sec. 326.8. "Self-administer", for
4	purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-1.
5	SECTION 2. IC 16-18-2-351.5 IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 351.5. "Terminal
7	illness" means the following:
8	(1) For purposes of IC 16-25, has the meaning set forth in
9	IC 16-25-1.1-9.
10	(2) For purposes of IC 16-36-7, the meaning set forth in
11	IC 16-36-7-2.
12	SECTION 3. IC 16-36-7 IS ADDED TO THE INDIANA CODE AS
13	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
14	1, 2017]:
15	Chapter 7. Medical Aid in Dying
16	Sec. 1. As used in this chapter, "self-administer" means the
17	affirmative conscious physical act by an individual to administer



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1	medication to the individual.
2	Sec. 2. As used in this chapter, "terminal illness" means a
3	disease or illness:
4	(1) from which there can be no recovery; and
5	(2) that reasonable medical judgment indicates will result in
6	death within six (6) months of the diagnosis.
7	Sec. 3. (a) An individual who:
8	(1) is at least eighteen (18) years of age;
9	(2) is an Indiana resident;
10	(3) is competent;
11	(4) is diagnosed, by a physician licensed under IC 25-22.5,
12	with a terminal illness that is confirmed by a consulting
13	physician; and
14	(5) has voluntarily expressed to the attending physician a wish
15	to die;
16	may make a written request in accordance with this chapter for
17	medication that the patient may self-administer to end the patient's
18	life.
19	(b) The written request for medication described in subsection
20	(a) must meet the following requirements:
21	(1) Be on a form issued by the state department, as set forth
22	in subsection (e).
23	(2) Be attested to and signed by the patient.
24	(3) Be witnessed by at least two (2) individuals who, in the
25	presence of the patient, attest that, to the best of the
26	individuals' knowledge, the patient is competent, is acting
27	voluntarily, and is not being coerced to sign the request.
28	(c) A witness described in subsection (b)(3) may not be any of
29	the following:
30	(1) A relative of the patient by blood, marriage, or adoption.
31	(2) An heir to any part of the patient's estate, by will or law,
32	upon the death of the patient.
33	(3) An owner, operator, or employee of a health care facility
34	where the patient is receiving medical treatment or is a
35	resident.
36	(4) The patient's attending physician at the time the request
37	is signed.
38	(d) After a patient makes a written request under this section,
39 40	and after the fifteen $(15)$ day waiting period required under section $4(1)$ of this short the section to the section $4(1)$ of this short the section $4(1)$ of this short the section $4(1)$ sectors and $4(1)$ sectors $4(1)$ sect
40	4(b) of this chapter, if the patient still wants to obtain medication
41	to end the patient's life, the patient must make a second written
42	request to obtain the medication.



1	(e) The state department shall prepare and make available a
2	form described in subsection (b)(1) that states the following,
3	subject to subsection (f):
4	<b>REQUEST FOR MEDICATION TO END MY LIFE</b>
5	I, (insert patient's name), am an
6	adult of sound mind.
7	I have been diagnosed with and am suffering from
8	(insert the name of the terminal illness), which
9	my attending physician has determined is a terminal disease
10	and which has been medically confirmed by a consulting
11	physician.
12	I have been fully informed of my diagnosis, prognosis, the
13	nature of medication to be prescribed, and the potential
14	associated risks, the expected result, and the feasible
15	alternatives, including comfort care, hospice care, and pain
16	control.
17	I request that my attending physician prescribe medication
18	that I may self-administer to end my life in a humane and
19	dignified manner and that the attending physician contact a
20	pharmacist to fill the prescription.
21	INITIAL ONE:
22	I have informed my family of my decision and taken my
23	family's opinion into consideration.
24	I have decided not to inform my family of my decision.
25	I have no family to inform of my decision.
26	I understand that I have the right to rescind this request at
27	any time.
28	I understand the full import of this request and I expect to die
29	when I take the medication to be prescribed. I further
30	understand that although most deaths occur within three (3)
31	hours, my death may take longer, and my physician has
32	counseled me about this possibility.
33	I make this request voluntarily and without reservation, and
34	I accept full moral responsibility for my actions.
35	Signed:
36	Dated:
37	DECLARATION OF WITNESSES
38	By initialing and signing below on or after the date the person
39 40	named above signs, I declare that the person making and
	signing the above request:
41	Witness 1 Witness 2
42	Initials Initials



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1	Is personally known to me or
2	has provided proof of identity
3	Signed this request in my
4	presence on the date of the
5	person's signature
6	Appears to be of sound mind
7	and not under duress or undue
8	influence
9	Is not a patient for whom I am
10	the attending physician
11	Witness 1:
12	Printed Name Signature Date
13	Witness 2:
14	Printed Name Signature Date
15	(f) The state department may make changes to the form set
16	forth in subsection (e).
17	Sec. 4. (a) For a patient who has made a first written request
18	under this chapter, the attending physician shall do the following:
19	(1) Make an initial determination of whether the patient:
20	(A) has a terminal illness;
21	(B) is competent; and
22	(C) has made the request voluntarily.
23	(2) Refer the patient to counseling if, after examining the
24	patient, the attending physician considers it necessary.
25	(3) Refer the patient to a consulting physician for medical
26	confirmation:
27	(A) of the terminal illness diagnosis;
28	(B) of the patient's competency; and
29	(C) that the patient is voluntarily making a request under
30	this chapter.
31	(4) Request and obtain proof of the patient's Indiana
32	residency.
33	(5) Inform the patient of the following to ensure that the
34	patient is making an informed decision:
35	(A) The patient's diagnosis.
36	(B) The patient's prognosis.
37	(C) The potential risks to taking the medication requested
38	in accordance with this chapter.
39	(D) The probable result of taking the medication to be
40	prescribed.
41	(E) The feasible alternatives to the medication, including
42	comfort care, hospice care, and pain control.



1	(6) Recommend that the patient notify next of kin.
2	(7) Counsel the patient:
3	(A) about the importance of having another individual
4	present when the patient takes the medication prescribed
5	under this chapter; and
6	(B) not to take the medication in a public place.
7	(8) Inform the patient that the patient may rescind the request
8	for medication at any time and in any manner.
9	(9) Offer the patient an opportunity to rescind the request at
10	the end of the fifteen (15) day waiting period under subsection
11	(b) <b>.</b>
12	(10) Verify immediately before writing the prescription for
13	the medication under this chapter that the patient is making
14	an informed decision.
15	(11) Complete the medical record documentation required by
16	section 8 of this chapter.
17	(12) Ensure that the requirements of this chapter have been
18	met.
19	(13) Either:
20	(A) dispense any medication necessary to facilitate the
21	desired effect and minimize the patient's discomfort if the
22	attending physician is qualified to dispense the medication;
23	or
24	(B) with the patient's written consent, prescribe the
25	medication, contact a pharmacist to inform the pharmacist
26	of the prescription, and transfer the prescription to the
27	pharmacist for dispensing of the medication to the patient.
28	A prescription under this clause may not be dispensed by
29	mail or other form of courier.
30	(b) An attending physician may not prescribe medication under
31	this chapter until at least fifteen (15) days have elapsed between the
32	patient's first written request and the patient's second written
33	request for the medication.
34	(c) After the fifteen (15) day waiting period under subsection
35	(b), the attending physician shall ask the patient whether the
36	patient wants to rescind the first written request. If the patient:
37 38	<ul> <li>(1) denies the request to rescind;</li> <li>(2) provides a second written request for the mediaction, and</li> </ul>
38 39	(2) provides a second written request for the medication; and
39 40	(3) meets the requirements of this chapter;
40 41	the attending physician may prescribe or dispense the medication after meeting the requirements of this chapter.
41 42	(d) The attending physician may sign the patient's death
<b>⊤</b> ∠	(u) the attenuing physician may sign the patient's death



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1 certification. The individual who signs the patient's death 2 certification shall list the underlying terminal illness as the cause 3 of death. 4 (e) After dispensing or writing a prescription for medication 5 under this chapter, the attending physician shall file a copy of the 6 dispensing or prescription with the state department in a manner 7 prescribed by the state department not later than thirty (30) days 8 after the death of the patient. 9 Sec. 5. Before a patient may obtain a prescription for 10 medication under this chapter, a consulting physician must do the 11 following: 12 (1) Examine the patient and the patient's medical records. 13 (2) Confirm the attending physician's terminal illness 14 diagnosis. 15 (3) Determine that the patient is competent and making a 16 voluntary informed decision to request the medication under 17 this chapter. 18 Sec. 6. (a) If either the attending physician or the consulting 19 physician determines that the patient is suffering from depression 20 or another psychological disorder that is causing impaired 21 judgment, the physician shall refer the patient for counseling under 22 section 4 of this chapter. 23 (b) Medication may not be prescribed under this chapter until 24 the individual performing the counseling under subsection (a) 25 determines that the patient is competent and not suffering from 26 depression or another psychological disorder that is causing 27 impaired judgment. 28 Sec. 7. A request for medication under this chapter may not be 29 refused because a patient declines or is unable to notify the 30 patient's next of kin as recommended by the attending physician 31 under section 4(a)(6) of this chapter. 32 Sec. 8. The attending physician shall maintain the following in 33 the patient's medical record: 34 (1) All written requests made by the patient for medication to 35 end the patient's life. 36 (2) The attending physician's diagnosis and the patient's 37 prognosis. 38 (3) The attending physician's determination that the patient 39 is competent, acting voluntarily in making a request under 40 this chapter, and making an informed decision. (4) Documentation of any counseling under section 6 of this 41

42 chapter and the results of the counseling.



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1 (5) Documentation that the attending physician offered the 2 patient the opportunity to rescind the written request. 3 (6) A statement by the attending physician that all of the 4 requirements under this chapter have been met, including a 5 notation of the medication prescribed. 6 Sec. 9. (a) After June 30, 2017, the sale, issuance, or 7 procurement of a life insurance policy, an accident and sickness 8 insurance policy, or an annuity may not be conditioned upon or 9 affected by a person making a request or taking medication if the 10 requirements of this chapter are met. 11 (b) After June 30, 2017, any provision in a contract, will, or 12 other agreement that limits a patient's ability to make a request 13 under this chapter is void. 14 Sec. 10. (a) Nothing in this chapter authorizes a person to end a 15 patient's life by lethal injection, mercy killing, or active euthanasia. 16 Actions taken in accordance with this chapter do not, for any 17 purpose, constitute neglect, suicide, assisted suicide, mercy killing, 18 or homicide under any law. 19 (b) Nothing in this chapter shall be interpreted to lower a health 20 care provider's standard of care. 21 Sec. 11. (a) The state department shall review all records 22 submitted to the state department under section 4(e) of this 23 chapter. The state department may request more information from 24 an attending physician submitting a record under this chapter. The 25 attending physician shall respond to the state department's request 26 for more information in the manner prescribed by the state 27 department. 28 (b) The state department shall adopt rules under IC 4-22-2 29 concerning the following: 30 (1) The procedure for submitting records to comply with this 31 chapter. 32 (2) The safe disposal by a patient of unused medication 33 obtained under this chapter 34 (c) Not later than February 1 of each year, the state department 35 shall generate and make available to the public an annual 36 statistical report of the records collected under this section. The 37 report may not disclose any personally identifiable information of 38 the patients whose medical records were submitted. 39 Sec. 12. (a) A health care provider who in good faith provides 40 assistance in the completion of a request for medication under this 41 chapter is immune from professional, civil, and criminal liability 42 arising from the assistance.



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(b) Except as provided in subsection (d), a professional organization or association or a health care provider may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this chapter.

(c) A health care provider may not be required to participate in the dispensing or prescribing of medication under this chapter to a patient who meets the requirements of this chapter. If a health care provider is unwilling or unable to carry out a patient's request under this chapter, the health care provider shall transfer, upon the patient's request, a copy of the patient's relevant medical records to the subsequent health care provider.

14 (d) A health care provider may prohibit another health care 15 provider from participating under this chapter on the prohibiting 16 health care provider's premises if the prohibiting health care 17 provider has given notice of the prohibition to health care 18 providers with privileges to practice on the prohibiting health care 19 provider's premises. This subsection does not prohibit a health 20 care provider from providing other health care services to the 21 patient. The prohibiting health care provider may sanction a health 22 care provider described in this subsection for participating under 23 this chapter in violation of the prohibition.

Sec. 13. (a) A person who, without authorization of the patient,
willfully alters, forges, conceals, or destroys a request for
medication or a rescission of a request for medication under this
chapter with the intent or effect of causing the patient's death
commits a Level 1 felony.

(b) A person who knowingly or intentionally coerces or exerts
undue influence on a patient to request medication to end the
patient's life or to destroy a rescission of a request for medication
under this chapter commits a Level 1 felony.

Sec. 14. This chapter is severable as provided in IC 1-1-1-8(b). SECTION 4. IC 34-30-2-75.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 75.7. IC 16-36-7-12 (Concerning a health care provider providing assistance to a patient who is terminally ill).

39 SECTION 5. IC 35-52-16-27.5 IS ADDED TO THE INDIANA
40 CODE AS A NEW SECTION TO READ AS FOLLOWS
41 [EFFECTIVE JULY 1, 2017]: Sec. 27.5. IC 16-36-7-13 defines a
42 crime concerning medical aid in dying.

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