State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1930

02/16/2023 Authored by Freiberg, Edelson, Hornstein, Bierman, Hollins and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy
02/12/2024 Adoption of Report: Amended and re-referred to the Committee on Public Safety Finance and Policy

A bill for an act

relating to health; establishing an end-of-life option for terminally ill adults with a prognosis of six months or less; providing criminal penalties; classifying certain data; requiring reports; providing immunity for certain acts; authorizing enforcement; amending Minnesota Statutes 2022, section 609.215, subdivision 3; Minnesota Statutes 2023 Supplement, sections 61A.031; 144.99, subdivision 1; proposing coding for new law as Minnesota Statutes, chapter 145E.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

END-OF-LIFE OPTION ACT

Section 1. **[145E.01] CITATION.**

This chapter may be cited as the "End-of-Life Option Act."

Sec. 2. **[145E.02] DEFINITIONS.**

Subdivision 1. **Application.** For purposes of this chapter, the terms defined in this section have the meanings given.

Subd. 2. **Attending provider.** "Attending provider" means the provider who has primary responsibility for the care of the individual and treatment of the individual's terminal disease.

Subd. 3. **Consulting provider.** "Consulting provider" means a provider, other than an individual's attending provider, who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the individual's terminal disease.

Subd. 4. **Health care facility.** "Health care facility" means a hospital, nursing home, hospice facility, assisted living facility, any other entity governed by chapter 144 or 144A, or a medical clinic. Health care facility does not include individual providers.

Subd. 5. **Health plan.** "Health plan" has the meaning given in section 62A.011, subdivision 3.

Subd. 6. **Informed decision.** "Informed decision" means a decision by a qualified individual to request and obtain a prescription for medical aid in dying medication pursuant to this chapter, after being fully informed by the attending provider and consulting provider as required under section 145E.15.

Subd. 7. **Intentionally.** "Intentionally" has the meaning given in section 609.02, subdivision 9, clause (3).

Subd. 8. **Licensed mental health consultant.** "Licensed mental health consultant" means one of the following, licensed by the profession's licensing board: psychiatrist, psychologist, or clinical social worker.

Subd. 9. **Medical aid in dying.** "Medical aid in dying" means the practice by a provider of evaluating a request, determining qualification, providing a prescription for medical aid in dying medication to a qualified individual, and when permissible dispensing the medication.

Subd. 10. **Medical aid in dying medication.** "Medical aid in dying medication" means a medication prescribed and dispensed pursuant to this chapter that a qualified individual may self-administer to bring about the qualified individual's peaceful death.

Subd. 11. **Mentally capable.** "Mentally capable" means the individual requesting medical aid in dying medication has the ability to make an informed decision.

Subd. 12. **Prognosis of six months or less.** "Prognosis of six months or less" means that a terminal disease will, within reasonable medical judgment, result in death within six months.

Subd. 13. **Provider.** "Provider" means:

(1) a doctor of medicine or osteopathy licensed by the Minnesota Board of Medical Practice pursuant to chapter 147; or

(2) an advanced practice registered nurse licensed by the Minnesota Board of Nursing and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist or nurse practitioner pursuant to chapter 148.

Provider does not include a health care facility.

Subd. 14. **Qualified individual.** "Qualified individual" means an individual who meets the criteria in section 145E.10, subdivision 1.

Subd. 15. **Self-administer.** "Self-administer" means the performance of an affirmative, conscious, voluntary act to ingest medical aid in dying medication, including by means of enteral administration. Self-administration does not include administration by intravenous or other parenteral injection or by infusion.

Subd. 16. **Terminal disease.** "Terminal disease" means an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months.

Sec. 3. **[145E.05] INFORMED CONSENT; MEDICAL STANDARD OF CARE.**

Subdivision 1. **No limitation on provision of information.** Nothing in this chapter limits the information a provider must provide to an individual to comply with Minnesota informed consent laws and the medical standard of care.

Subd. 2. **Medical standard of care.** (a) Medical care that complies with the requirements of this chapter meets the medical standard of care.

(b) Nothing in this chapter exempts a provider or other medical personnel from meeting medical standards of care for the treatment of an individual with a terminal disease.

Sec. 4. **[145E.10] MEDICAL AID IN DYING MEDICATION; QUALIFICATION; REQUEST.**

Subdivision 1. **Qualifications.** Any individual may request medical aid in dying medication. In order to obtain a prescription for medical aid in dying medication, the individual must:

(1) be 18 years of age or older;

(2) be mentally capable, as determined according to section 145E.15;

(3) have a terminal disease with a prognosis of six months or less;

(4) not be subject to guardianship or conservatorship; and

(5) request a prescription for medical aid in dying medication according to the process in subdivision 2, from an attending provider who meets the requirements in section 145E.15, subdivision 1, and a consulting provider who meets the requirements in section 145E.15, subdivision 2.

No individual is a qualified individual solely because of advanced age or disability.

Subd. 2. **Request process.** (a) An individual seeking medical aid in dying medication must make one oral request and one written request to the individual's attending provider and one oral request to the consulting provider. The written request must be in substantially the form specified in subdivision 4, and witnessed by an individual meeting the requirements of subdivision 3.

(b) Oral and written requests for medical aid in dying medication may be made only by the individual who will self-administer the medication. A request for medical aid in dying medication shall not be made by the individual's guardian, conservator, surrogate decision-maker, health care proxy, or attorney-in-fact for health care, nor via advance health care directive.

(c) For an individual seeking medical aid in dying medication who has difficulty with oral communication, the following may qualify as an oral request:

(1) use of written materials;

(2) use of technology-assisted communication;

(3) use of an interpreter; or

(4) use of other assistance with communication consistent with Title III of the Americans with Disabilities Act.

Subd. 3. **Witness.** The witness to a written request for medical aid in dying medication must be 18 years of age or older and at the time the request is signed must not be:

(1) a relative by blood, marriage, or adoption of the requesting individual;

(2) entitled to any portion of the estate of the requesting individual upon the requesting individual's death, under any will or by operation of law;

(3) an owner, operator, or employee of a health care facility or provider where the requesting individual is receiving medical treatment or is a resident;

(4) the requesting individual's attending provider; or

(5) serving as an interpreter for the requesting individual.

Subd. 4. **Written request.** In order to be valid, a written request for medical aid in dying medication must be in substantially the form below, must be signed and dated by the individual seeking medical aid in dying medication, and must be witnessed by at least one individual meeting the requirements of subdivision 3 who, in the presence of the individual

seeking medical aid in dying medication, attests that to the best of the witness's knowledge and belief the individual seeking medical aid in dying medication is mentally capable, acting voluntarily, and is not being coerced nor unduly influenced to sign the request.

Request for Medication to End My Life in a Peaceful Manner

I, ..., am an adult of sound mind. I have been diagnosed with ..... and given a prognosis of six months or less to live. I have been fully informed of the feasible alternative, concurrent, or additional treatment opportunities for my terminal disease, including but not limited to comfort care, palliative care, hospice care, or pain control, and of the potential risks and benefits of each. I have been offered and received resources or referrals to pursue these alternative, concurrent, or additional treatment opportunities for my terminal disease.

I have been fully informed of the nature, risks, and benefits of the medication to be prescribed, including that the likely outcome of self-administering the medication is death. I understand that I can rescind this request at any time and that I am under no obligation to fill the prescription once written, nor to self-administer the medication if I obtain it.

I request that my attending provider furnish a prescription for medication that will end my life in a peaceful manner if I choose to self-administer it, and I authorize my attending provider to contact a pharmacist to dispense the prescription.

I make this request voluntarily, free from coercion or undue influence, and attest that no one has attempted, by deception, intimidation, or other means, to cause me to request this prescription.

....

Requestor Signature Date

Witness:

(i) In my presence on ..... (date), ... (name) acknowledged his/her signature on this document.

(ii) To the best of my knowledge and belief the person named above is mentally capable, is acting voluntarily, and is not being coerced nor unduly influenced to sign this request for medical aid in dying medication.

(iii) I am at least 18 years of age.

(iv) I am not a relative of the person named above by blood, marriage, or adoption.

(v) I am not entitled to any portion of the estate of the person named above upon that person's death under any will or by operation of law.

(vi) I am not an owner, operator, or employee of a health care facility or provider where the person named above is receiving medical treatment or is a resident.

(vii) I am not currently the attending provider of the person named above.

(viii) I am not currently serving as an interpreter for the person named above.

I certify that the information in (i) through (viii) is true and correct.

.....

Signature of Witness

.....

Address

Sec. 5. **[145E.15] RESPONSIBILITIES OF ATTENDING PROVIDER, CONSULTING PROVIDER, LICENSED MENTAL HEALTH CONSULTANT, AND PHARMACIST.**

Subdivision 1. **Attending provider responsibilities.** (a) If an individual requests a prescription for medical aid in dying medication from the individual's attending provider, the attending provider must:

(1) determine whether the individual has a terminal disease with a prognosis of six months or less;

(2) determine whether the individual is mentally capable or refer the individual for confirmation of mental capability in accordance with subdivision 3;

(3) confirm that the individual's request does not arise from coercion or undue influence by asking the individual outside the presence of other persons, except for an interpreter as necessary, whether anyone has attempted, by deception, intimidation, or other means, to cause the individual to request this prescription;

(4) inform the individual of:

(i) the individual's diagnosis;

(ii) the individual's prognosis;

(iii) the potential risks and benefits and the probable result of self-administering medical aid in dying medication;

(iv) feasible end-of-life care and treatment options for the individual's terminal disease, including but not limited to alternative, concurrent, or additional treatment options, comfort care, palliative care, hospice care, and pain control, and the potential risks and benefits of each; and

(v) the individual's right to rescind the request for medical aid in dying medication, or consent for any other treatment, at any time and in any manner;

(5) inform the individual that there is no obligation to fill the prescription nor an obligation to self-administer the medical aid in dying medication, if the medication is obtained;

(6) offer the individual the opportunity to rescind the individual's request for medical aid in dying medication;

(7) provide the individual with a referral for comfort care, palliative care, hospice care, pain control, or other end-of-life treatment options as requested or as clinically indicated;

(8) refer the individual to a consulting provider for completion of the requirements in subdivision 2;

(9) inform the individual of the benefits of notifying the individual's next of kin or other important person of the individual's decision to request medical aid in dying medication;

(10) educate the individual on:

(i) the recommended procedure for self-administering the medical aid in dying medication to be prescribed;

(ii) proper safekeeping and disposal of the medical aid in dying medication in accordance with state and federal law;

(iii) the importance of having another person present when the individual self-administers the medical aid in dying medication; and

(iv) not self-administering the medical aid in dying medication in a public place. For purposes of this item, a health care facility is not considered a public place;

(11) document in the individual's medical record the individual's diagnosis and prognosis, the attending provider's determination of mental capability or referral for confirmation of mental capability by a licensed mental health consultant, the dates of all oral requests, a copy of the written request, and a notation that the requirements under this subdivision have been met; and

(12) include in the individual's medical record the consulting provider's written confirmation that the requirements of subdivision 2 have been met and, if applicable, the licensed mental health consultant's written determination.

(b) Upon the attending provider's completion of the steps in paragraph (a), the consulting provider's completion of the steps in subdivision 2, and if applicable, the licensed mental health consultant's completion of the steps in subdivision 3, the attending provider is authorized to prescribe medical aid in dying medication and any ancillary medications for the qualified individual. The attending provider must:

(1) deliver the prescription personally, by mail, or as an electronic order to a licensed pharmacist; or

(2) if authorized by the Drug Enforcement Administration, dispense medical aid in dying medication and any ancillary medications to the qualified individual or to an individual expressly designated in person by the qualified individual to receive the medications.

(c) Upon prescribing medical aid in dying medication and any ancillary medications for the qualified individual, the attending provider must identify the prescribed medications in the qualified individual's medical record.

Subd. 2. **Consulting provider qualifications and responsibilities.** (a) If the attending provider is not a doctor of medicine or osteopathy licensed by the Minnesota Board of Medical Practice pursuant to chapter 147, the consulting provider must be a doctor of medicine or osteopathy licensed by the Minnesota Board of Medical Practice pursuant to chapter 147.

(b) Upon receiving a referral from an attending provider of an individual seeking medical aid in dying medication, a consulting provider must:

(1) medically evaluate the individual and the individual's relevant medical records;

(2) determine whether the individual is mentally capable or refer the individual for confirmation of mental capability in accordance with subdivision 3;

(3) confirm that the individual's request does not arise from coercion or undue influence by asking the individual outside the presence of other persons, except for an interpreter as necessary, whether anyone has attempted, by deception, intimidation, or other means, to cause the individual to request this prescription;

(4) inform the individual of:

(i) the individual's diagnosis and prognosis;

(ii) feasible end-of-life care and treatment options for the individual's terminal disease, including but not limited to alternative, concurrent, or additional treatment options, comfort care, palliative care, hospice care, and pain control, and the risks and benefits of each;

(iii) the potential risk associated with taking medical aid in dying medication;

(iv) the probable result of taking medical aid in dying medication; and

(v) the individual's right to rescind a request for medical aid in dying medication, or consent for any other treatment, at any time;

(5) if so determined by the consulting provider, provide written confirmation to the attending provider that:

(i) the individual has made an oral request to the consulting provider for medical aid in dying medication;

(ii) the individual has a terminal disease with prognosis of six months or less;

(iii) the individual is mentally capable or provide documentation that the consulting provider has referred the individual for further evaluation in accordance with subdivision 3; and

(iv) the individual's request for medical aid in dying medication does not arise from coercion or undue influence; and

(6) offer the individual an opportunity to rescind the request.

Subd. 3. **Referral for confirmation of mental capability.** (a) If either the attending provider or the consulting provider is unable to confirm that the individual requesting medical aid in dying medication is mentally capable, the attending provider or consulting provider who cannot determine mental capability must refer the individual to a licensed mental health consultant for a determination of mental capability.

(b) The licensed mental health consultant who evaluates the individual under this subdivision must submit to the requesting provider a written determination of whether the individual is mentally capable.

(c) If the licensed mental health consultant determines that the individual is not mentally capable, the individual is not a qualified individual, and the attending provider must not prescribe medical aid in dying medication to the individual.

Subd. 4. **Pharmacist responsibilities.** A pharmacist who receives a prescription for medical aid in dying medication may dispense the medication and any ancillary medications to the attending provider, to the qualified individual, or to an individual expressly designated

in person by the qualified individual. If dispensed, the medical aid in dying medication and any ancillary medications must be dispensed in person or, with a signature required on delivery, by mail service, common carrier, or messenger service.

Subd. 5. **No duty to provide medical aid in dying.** (a) A provider must provide sufficient information to an individual with a terminal disease regarding available options, the alternatives, and the foreseeable risks and benefits of each so that the individual is able to make informed decisions regarding the individual's end-of-life health care.

(b) A provider may choose whether or not to practice medical aid in dying.

(c) If a provider is unable or unwilling to fulfill an individual's request for medical aid in dying medication or to provide related information or services requested by the individual, the provider must, upon request, transfer the individual's care and medical records to a new provider consistent with federal and Minnesota law.

(d) A provider must not engage in false, misleading, or deceptive practices relating to the provider's willingness to qualify an individual or to provide a prescription to a qualified individual for medical aid in dying medication. A provider who intentionally violates this paragraph is guilty of a gross misdemeanor and may also be subject to disciplinary action by the provider's licensing board.

Subd. 6. **No duty to fill a medical aid in dying medication prescription.** (a) A pharmacist may choose whether or not to fill a prescription for medical aid in dying medication.

(b) A pharmacist must not engage in false, misleading, or deceptive practices relating to the pharmacist's willingness to fill a prescription for medical aid in dying medication. A pharmacist who intentionally violates this paragraph is guilty of a gross misdemeanor and may also be subject to disciplinary action by the Board of Pharmacy.

EFFECTIVE DATE. Subdivision 5, paragraph (d), and subdivision 6, paragraph(b), are effective August 1, 2024, and apply to crimes committed on or after that date.

Sec. 6. **[145E.20] SAFE DISPOSAL OF UNUSED MEDICATIONS.**

After a qualified individual's death, an individual, facility, or staff member who has possession, custody, or control of medical aid in dying medications must ensure disposal of the medication in accordance with state or federal law or guidelines.

Sec. 7. **[145E.25] HEALTH CARE FACILITIES; PERMISSIBLE PROHIBITIONS AND DUTIES.**

Subdivision 1. **Facility policies.** (a) A health care facility may prohibit providers or pharmacists from qualifying individuals or prescribing or dispensing medical aid in dying medication while performing duties for the facility. A prohibiting health care facility must give providers and pharmacists advance written notice of this policy at the time of hiring, contracting with, or privileging the provider or pharmacist.

(b) No health care facility shall prohibit a provider or pharmacist from fulfilling the requirements of informed consent and meeting the standard of medical care by:

(1) providing information to an individual regarding the individual's health status, including but not limited to diagnosis, prognosis, recommended treatment, treatment alternatives, and any potential risks to the individual's health;

(2) providing information about available services, relevant community resources, and how to access those resources to obtain the care of the individual's choice; or

(3) providing information regarding health care services available under this chapter, information about relevant community resources, and information about how to access those resources for obtaining care of the individual's choice.

Subd. 2. **Timely transfer.** If an individual wishes to transfer care to another health care facility, the facility currently providing care to the individual shall coordinate a timely transfer to the new facility, including transfer of the individual's medical records.

Subd. 3. **False, misleading, or deceptive practices prohibited.** In accordance with section 144.651, a health care facility shall not engage in false, misleading, or deceptive practices relating to its policy with respect to medical aid in dying, including:

(1) whether it has a policy which prohibits affiliated providers or pharmacists from determining an individual's qualification for medical aid in dying or from prescribing or dispensing medical aid in dying medication to a qualified individual; or

(2) intentionally denying an individual access to medical aid in dying medication by failing to transfer an individual and the individual's medical records to another provider or health care facility in a timely manner.

Subd. 4. **Conflict.** If any part of this section is found to conflict with federal requirements which are a required condition to the receipt of federal funds by a health care facility or the state, the conflicting part of this section is inoperative solely to the extent of the conflict

with respect to the facility directly affected, and such finding or determination shall not affect the operation of the remainder of this chapter.

Sec. 8. **[145E.30] IMMUNITIES FOR ACTIONS IN GOOD FAITH; PROHIBITION AGAINST REPRISALS.**

(a) No individual, including no provider, pharmacist, licensed mental health consultant, or hospice provider employee, shall be subject to civil or criminal liability or professional disciplinary action, including censure, suspension, loss of license, loss of privileges, or any other penalty for engaging in good faith compliance with this chapter.

(b) No provider or health care facility shall subject a provider, pharmacist, or licensed mental health consultant to discharge, demotion, censure, discipline, suspension, loss of license, loss of privileges, discrimination, or any other penalty for:

(1) providing medical aid in dying in accordance with the standard of care and in good faith under this chapter while engaged in the outside practice of the individual's profession and off the facility premises;

(2) providing scientific and accurate information about medical aid in dying to an individual when discussing end-of-life care options; or

(3) choosing not to practice or participate in medical aid in dying.

(c) No individual shall be subject to civil or criminal liability or professional disciplinary action if, at the request of the qualified individual, the individual is present outside the scope of their employment contract and off the facility premises when the qualified individual self-administers medical aid in dying medication or at the time of death. An individual who is present may, without civil or criminal liability, assist the qualified individual by preparing the medical aid in dying medication, including opening medication containers, measuring the medication, or preparing an enteral dispenser containing the medication. The assisting individual is not permitted to assist the qualified individual by administering a prepared enteral dispenser to the qualified individual.

(d) The following acts do not constitute neglect or elder abuse and are not a basis for appointment of a guardian or conservator:

(1) a request by an individual for medical aid in dying medication; or

(2) the provision of medical aid in dying medication.

(e) A failure by a provider or a licensed mental health consultant to confirm that an individual requesting medical aid in dying medication is mentally capable is not a basis for appointment of a guardian or conservator.

(f) This section does not limit civil liability for intentional or negligent misconduct.

Sec. 9. **[145E.35] REPORTING REQUIREMENTS.**

Subdivision 1. **Forms.** The commissioner of health must develop and maintain an attending provider checklist form and attending provider follow-up form to facilitate the collection of the information described in this section. The commissioner must post the forms on the Department of Health website. Failure by the commissioner to develop the attending provider checklist form and attending provider follow-up form shall not delay the effective date of this chapter and shall not relieve an attending provider of the responsibility to submit the information in subdivision 2 or 3, as applicable, to the commissioner of health.

Subd. 2. **Attending provider checklist form; submission requirements.** Within 30 calendar days after providing a prescription for medical aid in dying medication, the attending provider must submit to the Department of Health an attending provider checklist form with the following information:

(1) the qualified individual's name and date of birth;

(2) the qualified individual's terminal diagnosis and prognosis;

(3) notice that the requirements under section 145E.15 were completed; and

(4) notice that the attending provider prescribed medical aid in dying medication to the qualified individual.

Subd. 3. **Attending provider follow-up form; submission requirements.** Within 60 calendar days after receiving notice of a qualified individual's death from self-administration of medical aid in dying medication prescribed by the attending provider, the attending provider must submit to the Department of Health an attending provider follow-up form with the following information:

(1) the qualified individual's name and date of birth;

(2) the date of the qualified individual's death; and

(3) an annotation of whether or not the qualified individual was enrolled in hospice services at the time of the qualified individual's death.

Subd. 4. **Review of reports; annual report.** (a) The commissioner of health must annually review a sample of the reports submitted under this section to ensure completeness, timeliness, and accuracy of submitted reports.

(b) The commissioner of health must annually issue a public report with summary data on the following for the most recent reporting period:

(1) the number of prescriptions for medical aid in dying medication provided;

(2) the number of providers who provided prescriptions for medical aid in dying medication; and

(3) the number of qualified individuals who died following self-administration of medical aid in dying medication.

(c) For purposes of this subdivision, "summary data" has the meaning given in section 13.02, subdivision 19.

Subd. 5. **Data practices.** Information submitted to the commissioner of health under subdivision 2 or 3 is classified as private data on individuals as defined in section 13.02, subdivision 12.

Subd. 6. **Enforcement.** The commissioner of health may enforce this section using the powers and authority in sections 144.989 to 144.993.

Sec. 10. **[145E.40] EFFECT ON CONSTRUCTION OF WILLS AND CONTRACTS.**

(a) No provision in a contract, will, or other agreement, whether written or oral, that would determine whether an individual may make or rescind a request for medical aid in dying medication is valid.

(b) No obligation owing under any currently existing contract shall be conditioned on or affected by an individual's act of making or rescinding a request for medical aid in dying medication.

Sec. 11. **[145E.45] INSURANCE OR ANNUITY POLICIES.**

(a) The sale, procurement, or issuance of a life, health, or accident insurance or annuity policy or the rate charged for a policy shall not be conditioned on or affected by an individual's act of making or rescinding a request for medical aid in dying medication.

(b) A qualified individual's act of self-administering medical aid in dying medication does not invalidate any part of a life, health, or accident insurance or annuity policy.

(c) An insurer, or the commissioner of human services when delivering services under medical assistance or MinnesotaCare through managed care or fee-for-service, must not deny or alter health care benefits otherwise available to an individual with a terminal disease who is an enrollee of the health plan based on the availability of medical aid in dying, the individual's request for medical aid in dying medication, or the absence of a request for medical aid in dying medication.

(d) An insurer must not attempt to coerce an individual with a terminal disease to request medical aid in dying medication.

Sec. 12. **[145E.50] DEATH RECORD.**

(a) Notwithstanding any other provision of law, the attending provider may sign the death record of a qualified individual who obtained and self-administered medical aid in dying medication.

(b) When a qualified individual dies after self-administering medical aid in dying medication:

(1) the cause of death on the qualified individual's death record shall be attributed to the qualified individual's underlying terminal disease; and

(2) the death shall not be designated on the death record as a suicide or homicide.

(c) Death of an individual after self-administration of medical aid in dying medication does not alone constitute grounds for postmortem inquiry. A coroner or medical examiner may conduct a preliminary investigation to determine whether an individual obtained a lawful prescription for medication under this chapter.

Sec. 13. **[145E.55] OFFENSES, PENALTIES, AND CLAIMS FOR COSTS INCURRED.**

Subdivision 1. **Offenses.** Whoever does any of the following is guilty of a felony and may be sentenced as provided in subdivision 2:

(1) intentionally alters or falsifies a request for medical aid in dying medication for another individual;

(2) without authority of law, intentionally destroys, mutilates, or conceals another individual's rescission of a request for medical aid in dying medication;

(3) compels another individual to request medical aid in dying medication through the use of coercion, undue influence, harassment, duress, compulsion, or other enticement; or

(4) compels another individual to self-administer medical aid in dying medication through the use of coercion, undue influence, harassment, duress, compulsion, or other enticement and murder in the first or second degree was not committed thereby.

Subd. 2. **Penalties.** (a) An individual who violates subdivision 1, clause (1) or (2), may be sentenced to imprisonment for not more than five years or to payment of a fine of not more than $10,000, or both.

(b) An individual who violates subdivision 1, clause (3), may be sentenced to imprisonment for not more than ten years or to payment of a fine of not more than $20,000, or both.

(c) An individual who violates subdivision 1, clause (4), may be sentenced to:

(1) imprisonment for not more than 20 years or to payment of a fine of not more than $40,000, or both; or

(2) if the person accomplished the violation through the use of force, imprisonment for not more than 25 years or to payment of a fine of not more than $50,000, or both.

Subd. 3. **Venue.** Notwithstanding anything to the contrary in section 627.01, an offense committed under this section may be prosecuted in: (1) the county where any part of the offense occurred; or (2) the county of residence of the victim or one of the victims.

Subd. 4. **Civil liability; other criminal penalties.** (a) Nothing in this section limits civil liability nor damages arising from negligent conduct or intentional misconduct related to the provision of medical aid in dying, including failure to obtain informed consent by any person, provider, or health care facility.

(b) The penalties in this section do not preclude criminal penalties applicable under other laws for conduct that violates this chapter.

Subd. 5. **Claims by governmental entity for costs incurred.** A governmental entity that incurs costs resulting from a qualified individual's self-administration, in a public place, of medical aid in dying medication prescribed under section 145E.15 shall have a claim against the estate of the qualified individual to recover such costs and reasonable attorney fees related to enforcing the claim.

EFFECTIVE DATE. Subdivisions 1 to 3 and 4, paragraph (b), are effective August 1, 2024, and apply to crimes committed on or after that date. Subdivisions 4, paragraph (a), and 5 are effective August 1, 2024.

Sec. 14. **[145E.60] CONSTRUCTION.**

(a) Nothing in this chapter authorizes a provider or any other person, including the qualified individual, to end the qualified individual's life by lethal injection, lethal infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or any other criminal act.

(b) Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect, or any other civil or criminal violation under the law.

Sec. 15. **COMMISSIONER OF HEALTH; DEVELOPMENT OF FORMS.**

By August 1, 2024, the commissioner of health must develop and post on the Department of Health website the attending provider checklist form and attending provider follow-up form required under Minnesota Statutes, section 145E.35.

EFFECTIVE DATE. This section is effective the day following final enactment.

ARTICLE 2
OTHER PROVISIONS

Section 1. Minnesota Statutes 2023 Supplement, section 61A.031, is amended to read:

61A.031 SUICIDE PROVISIONS.

(a) The sanity or insanity of a person shall not be a factor in determining whether a person committed suicide within the terms of an individual or group life insurance policy regulating the payment of benefits in the event of the insured's suicide. This paragraph shall not be construed to alter present law but is intended to clarify present law.

(b) A life insurance policy or certificate issued or delivered in this state may exclude or restrict liability for any death benefit in the event the insured dies as a result of suicide within one year from the date of the issue of the policy or certificate. Any exclusion or restriction shall be clearly stated in the policy or certificate. Any life insurance policy or certificate which contains any exclusion or restriction under this paragraph shall also provide that in the event any death benefit is denied because the insured dies as a result of suicide within one year from the date of issue of the policy or certificate, the insurer shall refund all premiums paid for coverage providing the denied death benefit on the insured. An exclusion or restriction authorized under this paragraph shall not apply in the event the insured dies due to self-administration of medical aid in dying medication obtained in accordance with chapter 145E.

Sec. 2. Minnesota Statutes 2023 Supplement, section 144.99, subdivision 1, is amended to read:

Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14), and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385; 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98; 144.992; 145E.35; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all rules, orders, stipulation agreements, settlements, compliance agreements, licenses, registrations, certificates, and permits adopted or issued by the department or under any other law now in force or later enacted for the preservation of public health may, in addition to provisions in other statutes, be enforced under this section.

Sec. 3. Minnesota Statutes 2022, section 609.215, subdivision 3, is amended to read:

Subd. 3. **Acts or omissions not considered aiding suicide or aiding attempted suicide.** (a) A health care provider, as defined in section 145B.02, subdivision 6, who administers, prescribes, or dispenses medications or procedures to relieve another person's pain or discomfort, even if the medication or procedure may hasten or increase the risk of death, does not violate this section unless the medications or procedures are knowingly administered, prescribed, or dispensed to cause death.

(b) A health care provider, as defined in section 145B.02, subdivision 6, who withholds or withdraws a life-sustaining procedure in compliance with chapter 145B or 145C or in accordance with reasonable medical practice does not violate this section.

(c) A provider, as defined in section 145E.02, subdivision 13, or pharmacist who prescribes or provides a medical aid in dying medication in compliance with chapter 145E does not violate this section.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to crimes committed on or after that date.