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#### HOUSE BILL 171

# 53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017

#### INTRODUCED BY

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AN ACT

RELATING TO HEALTH CARE; ENACTING THE END OF LIFE OPTIONS ACT; AMENDING A SECTION OF CHAPTER 30, ARTICLE 2 NMSA 1978 TO ESTABLISH RIGHTS, PROCEDURES AND PROTECTIONS RELATING TO MEDICAL AID IN DYING; REMOVING CRIMINAL LIABILITY FOR ATTENDING HEALTH CARE PROVIDERS WHO PROVIDE ASSISTANCE PURSUANT TO THE END OF LIFE OPTIONS ACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. [NEW MATERIAL] SHORT TITLE.--Sections 1 through 9 of this act may be cited as the "End of Life Options Act".

SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the End of Life Options Act:

"adult" means an individual eighteen years of age or older;

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1	B. "attending health care provider" means an
2	individual who:
3	(1) is licensed:
4	(a) to practice allopathic medicine
5	pursuant to the Medical Practice Act;
6	(b) to practice osteopathic medicine
7	pursuant to the Osteopathic Medicine Act;
8	(c) in advanced practice as a nurse
9	pursuant to the Nursing Practice Act; or
10	(d) to practice as a physician assistant
11	pursuant to the Physician Assistant Act or the Osteopathic
12	Medicine Act;
13	(2) has responsibility for a patient's health
14	care; and
15	(3) provides treatment related to a patient's
16	terminal illness;
17	C. "capacity" means an individual's ability to
18	understand and appreciate the nature and consequences of
19	proposed health care, including its significant benefits, risks
20	and alternatives to proposed health care and to make and
21	communicate an informed health care decision. A determination
22	of lack of capacity shall be made only according to the
23	provisions of Section 24-7A-11 NMSA 1978;
24	D. "medical aid in dying" means the medical
25	practice wherein an attending health care provider prescribes

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substance; and

6	F. "terminal illness" means a disease or condition
7	that is incurable and irreversible and that, in accordance with
8	reasonable medical judgment, will result in death within a
9	reasonably foreseeable period of time.
10	SECTION 3. [NEW MATERIAL] MEDICAL AID IN DYINGATTENDING
11	HEALTH CARE PROVIDER DETERMINATIONAn attending health care
12	provider may provide medical aid in dying to an adult patient
13	if the attending health care provider:
14	A. determines that the patient:
15	(1) has capacity;
16	(2) has a terminal illness;
17	(3) has made the request for medical aid in
18	dying voluntarily; and
19	(4) has the ability to self-administer the
20	medical-aid-in-dying medication;
21	B. treats the patient in accordance with accepted
22	medical standards of care;
23	C. determines that the patient is making an
24	informed decision by discussing with the patient:
25	(1) the patient's medical diagnosis and
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medication to an individual who may self-administer that

voluntary physical action to give oneself a pharmaceutical

"self-administer" means taking an affirmative,

medication to bring about the individual's death;

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prognosis;

- (2) the potential risks associated with taking the medical-aid-in-dying medication that the patient has requested the attending health care provider to prescribe;
- (3) the probable result of taking the medicalaid-in-dying medication to be prescribed;
- (4) the patient's option of choosing to obtain the medical-aid-in-dying medication and not taking it; and
- (5) the feasible alternatives to medical-aidin-dying or additional treatment opportunities, including care focusing on palliating symptoms and reducing suffering; and
- D. believes in good faith that the patient's request does not arise from coercion or undue influence by another person.
- SECTION 4. [NEW MATERIAL] DEATH CERTIFICATE--CAUSE OF DEATH.--The cause of death listed on an individual's death certificate who is deceased pursuant to self-administration of medical-aid-in-dying medication pursuant to the End of Life Options Act shall be the individual's underlying terminal illness.
- SECTION 5. [NEW MATERIAL] MEDICAL AID IN DYING--REQUEST-FORM.--A patient seeking medical aid in dying may make a
  request to the patient's attending health care provider for
  medical aid in dying using substantially the following form:

  "REQUEST FOR MEDICATION TO END MY LIFE IN A PEACEFUL MANNER
  .205193.5

I,		_,	am	an
adult of sound	mind			

I am suffering from a terminal illness, which is a disease or condition that is incurable and irreversible and that, according to reasonable medical judgment, will result in death within a reasonably foreseeable period of time. My attending health care provider has determined that the illness is in its terminal phase.

I have been fully informed of my diagnosis and prognosis, the nature of the medical-aid-in-dying medication to be prescribed and potential associated risks, the expected result and the feasible alternatives or additional treatment opportunities, including palliating symptoms and reducing suffering.

I request that my attending health care provider prescribe medication that will end my life in a peaceful manner if I choose to take it, and I authorize my attending health care provider to contact a willing pharmacist about my request.

 $\ensuremath{\text{I}}$  understand that  $\ensuremath{\text{I}}$  have the right to rescind this request at any time.

I understand the full import of this request and I expect to die if I take the medical-aid-in-dying medication prescribed. I further understand that although most deaths occur within three hours, my death may take longer. My attending health care provider has counseled me about this .205193.5

possibility.

I make this request voluntarily and without reservation.

I accept full responsibility for my actions.

Signed:

Dated: ".

SECTION 6. [NEW MATERIAL] MEDICAL AID IN DYING--RIGHT TO KNOW.--An attending health care provider shall inform terminally ill patients of all options related to the patients' care that are legally available to terminally ill patients and that meet or exceed the medical standards of care for end-of-life medical care.

SECTION 7. [NEW MATERIAL] MEDICAL AID IN DYING--EFFECT ON WILLS--CONTRACTS.--

- A. A provision in a contract, will or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a request for medical-aid-in-dying medication, is not valid.
- B. An obligation owing under any currently existing contract may not be conditioned or affected by an individual making or rescinding a request for medical-aid-in-dying medication.

## SECTION 8. [NEW MATERIAL] IMMUNITIES.--

A. A person that acts in good faith to comply with the provisions of Section 3 the End of Life Options Act shall not be subject to civil or criminal liability or professional .205193.5

disciplinary action for such action. This immunity extends to attending health care providers, a patient's caregivers and any other person that acts to assist the attending health care provider or patient in the good-faith compliance with the provisions of Section 3 of the End of Life Options Act at the request of the attending health care provider or patient.

- B. A person that declines for any reason to participate in actions permitted pursuant to Section 3 the End of Life Options Act shall not be subject to civil or criminal liability or professional disciplinary action for such action.
- C. A request by a terminally ill individual for or provision by an attending health care provider of medication in good-faith compliance with the provisions of the End of Life Options Act in accordance with medical standards of care does not constitute neglect or adult abuse for any purpose of law, or provide the basis per se for a finding that the requesting terminally ill individual lacks capacity.
- D. An attending health care provider may choose whether to participate in providing medical-aid-in-dying medication to an individual pursuant to the End of Life Options Act.
- E. If an attending health care provider is unable or unwilling to carry out a patient's request for medical aid in dying pursuant to the End of Life Options Act and the patient transfers care to a new attending health care provider, .205193.5

the patient's prior attending health care provider shall transfer, upon the patient's request, a copy of the patient's relevant medical records to the new attending health care provider.

F. No person shall subject any attending health care provider to discipline, suspension, loss of license, loss of privilege or other penalty for actions taken in good-faith reliance on the provisions of the End of Life Options Act or refusals to act under the End of Life Options Act.

SECTION 9. [NEW MATERIAL] SEVERABILITY.--If any part or application of the End of Life Options Act is held invalid, the remainder or its application to other situations or persons shall not be affected.

SECTION 10. Section 30-2-4 NMSA 1978 (being Laws 1963, Chapter 303, Section 2-5) is amended to read:

### "30-2-4. ASSISTING SUICIDE.--

A. Assisting suicide consists of deliberately aiding another in the taking of [his] the person's own life [Whoever], unless the person aiding another in the taking of the person's own life is an attending health care provider who provides medical aid in dying, in accordance with the provisions of the End of Life Options Act, to an adult patient who has capacity and who has a terminal illness.

B. A person who is not an attending health care provider providing medical aid in dying in accordance with the .205193.5

1	End of Life Options Act and who commits assisting suicide is
2	guilty of a fourth degree felony.
3	C. As used in this section:
4	(1) "adult" means an individual eighteen years
5	of age or older;
6	(2) "attending health care provider" means an
7	individual who:
8	(a) is licensed: l) to practice
9	allopathic medicine pursuant to the Medical Practice Act; 2) to
10	practice osteopathic medicine pursuant to the Osteopathic
11	Medicine Act; 3) in advanced practice as a nurse pursuant to
12	the Nursing Practice Act; or 4) to practice as a physician
13	assistant pursuant to the Physician Assistant Act or the
14	Osteopathic Medicine Act;
15	(b) has responsibility for a patient's
16	health care; and
17	(c) provides treatment related to a
18	<pre>patient's terminal illness;</pre>
19	(3) "capacity" means an individual's ability
20	to understand and appreciate the nature and consequences of
21	proposed health care, including its significant benefits, risks
22	and alternatives to proposed health care, and to make and
23	communicate an informed health care decision. A determination
24	of lack of capacity shall be made only according to the
25	provisions of Section 24-7A-11 NMSA 1978;

1	(4) "medical aid in dying" means the medical
2	practice wherein an attending health care provider prescribes
3	medication to an individual who may self-administer that
4	medication to bring about the individual's death;
5	(5) "self-administer" means taking an
6	affirmative, voluntary physical action to give oneself a
7	pharmaceutical substance; and
8	(6) "terminal illness" means a disease or
9	condition that is incurable and irreversible that, in
10	accordance with reasonable medical judgment, will result in
11	death within a reasonably foreseeable period of time."
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