

Subject End-of-Life Option Act

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Date February 16, 2024

Article 1: End-of-Life Option Act

This article establishes a process for a terminally ill adult with a prognosis of six months or less to obtain and self-administer medical aid in dying medication. It specifies who is eligible to obtain and self-administer medical aid in dying medication. It also establishes responsibilities for attending providers, consulting providers, licensed mental health consultants, and pharmacists regarding determining eligibility to obtain medical aid in dying medication, providing certain information, prescribing or dispensing medical aid in dying medication, documenting information in the individual's medical record, and for attending providers, reporting certain information to the commissioner of health.

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1 Citation.

Adds § 145E.01. Provides chapter 145E may be cited as the End-of-Life Option Act.

2 Definitions.

Adds § 145E.02. Defines terms for this chapter: attending provider, consulting provider, health care facility, health plan, informed decision, intentionally, licensed mental health consultant, medical aid in dying, medical aid in dying medication, mentally capable, prognosis of six months or less, provider, qualified individual, self-administer, terminal disease.

Subd. 2. Attending provider. Defines attending provider as the provider who has primary responsibility for the individual's care and treatment of the individual's terminal disease.

Subd. 3. Consulting provider. Defines consulting provider as a provider, other than the attending provider, who is qualified to make a diagnosis and prognosis on the individual's terminal disease.

Subd. 9. Medical aid in dying. Defines medical aid in dying as the practice of evaluating a request for medical aid in dying medication, determining qualification, providing a prescription, and when permissible dispensing the medication.

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Subd. 13. Provider. Defines provider as a doctor of medicine or osteopathy, clinical nurse specialist, or nurse practitioner.

Subd. 14. Qualified individual. Defines qualified individual as an individual who meets the criteria listed in statute to obtain a prescription for medical aid in dying medication.

3 Informed consent; medical standard of care.

Adds § 145E.05. States that this chapter does not limit the information a provider must provide to a patient to comply with informed consent requirements and the medical standard of care, and it does not exempt medical personnel from meeting medical standards of care when treating an individual with a terminal disease. Provides medical care that complies with this chapter meets the medical standard of care.

4 Medical aid in dying medication; qualification; request.

Adds § 145E.10. Specifies criteria an individual must meet to obtain medical aid in dying medication and establishes a process for an individual to request a prescription.

Subd. 1. Qualifications. Allows any individual to request medical aid in dying medication. To obtain a prescription for medical aid in dying medication, requires the individual to be age 18 or older, be mentally capable, have a terminal disease with a prognosis of six months or less, not be subject to guardianship or conservatorship, and request a prescription from an attending provider and consulting provider. States that no individual is a qualified individual solely because of advanced age or disability.

Subd. 2. Request process. Requires an individual seeking a prescription for medical aid in dying medication to make one oral request and one written request to the individual's attending provider, and one oral request to the consulting provider. Requires these requests to be made by the individual who will self-administer the medication, and lists individuals who cannot make a request. Provides accommodations for individuals who have difficulty with oral communication.

Subd. 3. Witness. Establishes criteria that must be met by an individual to witness a written request for medical aid in dying medication.

Subd. 4. Written request. Requires a written request for medical aid in dying medication to be substantially in the form specified in this subdivision, signed and dated by the requesting individual, and witnessed by at least one individual

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who meets the requirements in subdivision 3. Provides language for the written request.

5 Responsibilities of attending provider, consulting provider, licensed mental health consultant, and pharmacist.

Adds § 145E.15. Lists duties of attending providers, consulting providers, licensed mental health consultants, and pharmacists when an individual requests medical aid in dying medication. Establishes criminal penalties and grounds for disciplinary action for certain false, misleading, or deceptive practices.

Subd. 1. Attending provider responsibilities. Lists duties of an attending provider when an individual requests a prescription for medical aid in dying medication from that provider. Authorizes an attending provider to prescribe or, if authorized by the Drug Enforcement Administration, dispense medical aid in dying medication if the attending provider completes the steps in this subdivision, the consulting provider completes the steps in subdivision 2, and if applicable, the licensed mental health consultant completes the steps in subdivision 3. Requires the attending provider to include the medical aid in dying medications prescribed in the qualified individual's medical record.

Subd. 2. Consulting provider qualifications and responsibilities. If the attending provider is not a doctor of medicine or osteopathy, requires the consulting provider to be a doctor of medicine or osteopathy. Lists duties of a consulting provider when an attending provider refers an individual seeking medical aid in dying medication.

Subd. 3. Referral for confirmation of mental capability. If an attending provider or consulting provider cannot confirm the individual requesting medical aid in dying medication is mentally capable, requires that provider to refer the individual to a licensed mental health consultant for a determination of mental capability. Requires the licensed mental health consultant to submit to the requesting provider a determination of the individual's mental capability. If the licensed mental health consultant determines the individual is not mentally capable, the individual cannot obtain medical aid in dying medication.

Subd. 4. Pharmacist responsibilities. Provides a pharmacist who receives a prescription for medical aid in dying medication may dispense the medication to the attending provider, the qualified individual, or an individual designated by the qualified individual.

Subd. 5. No duty to provide medical aid in dying. Requires a provider to provide sufficient information to an individual with a terminal disease to allow the individual to make informed decisions about end-of-life health care. Allows a provider to choose whether or not to practice medical aid in dying. If a provider is

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unable or unwilling to fulfill a request for medical aid in dying medication or to provide information or services requested by an individual, requires the provider to transfer the individual's care and medical records to a new provider if the individual so requests. Provides it is a gross misdemeanor and a ground for disciplinary action for a provider to engage in false, misleading, or deceptive practices regarding a provider's willingness to qualify an individual or provide a prescription for medical aid in dying medication.

Subd. 6. No duty to fill a medical aid in dying medication prescription. Allows a pharmacist to choose whether or not to fill a prescription for medical aid in dying medication. Provides it is a gross misdemeanor and a ground for disciplinary action for a pharmacist to engage in false, misleading, or deceptive practices regarding a pharmacist's willingness to fill a prescription for medical aid in dying medication.

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.

6 Safe disposal of unused medications.

Adds § 145E.20. After a qualified individual's death, requires an individual, facility, or staff member to ensure disposal of the qualified individual's medical aid in dying medication in accordance with state or federal law or guidelines.

7 Health care facilities; permissible prohibitions and duties.

Adds § 145E.25. Describes permitted and prohibited policies for a health care facility regarding medical aid in dying; requires a facility to timely transfer a patient to a new facility if the patient so requests; and prohibits a facility from engaging in false, misleading, or deceptive practices regarding its medical aid in dying policy.

Subd. 1. Facility policies. Allows a health care facility to prohibit providers and pharmacists from qualifying individuals or prescribing or dispensing medical aid in dying medication while performing duties for the facility. Provides a health care facility cannot prohibit a provider or pharmacist from providing an individual with information about the individual's health status, available services, and medical aid in dying.

Subd. 2. Timely transfer. If an individual wishes to transfer care to another health care facility, requires the individual's current facility to coordinate a timely transfer to a new facility.

Subd. 3. False, misleading, or deceptive practices prohibited. Prohibits a health care facility from engaging in false, misleading, or deceptive practices regarding its policy on medical aid in dying.

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Subd. 4. Conflict. If any part of this section conflicts with federal requirements that are a condition to the receipt of federal funds, makes that part inoperative to the extent of the conflict for the facility directly affected.

8 Immunities for actions in good faith; prohibition against reprisals.

Adds § 145E.30. Provides immunity from civil or criminal liability or professional disciplinary action for individuals who comply with this chapter. Prohibits a provider or health care facility from discharging or discriminating against a provider, pharmacist, or licensed mental health consultant for providing medical aid in dying, providing accurate information about medical aid in dying, or choosing not to practice medical aid in dying. Provides immunity from civil or criminal liability or professional disciplinary action for an individual who is present when a qualified individual self-administers medical aid in dying medication or who assists a qualified individual in preparing medical aid in dying medication. Provides requesting medical aid in dying medication and providing medical aid in dying medication are not neglect or elder abuse and not a basis to appoint a guardian or conservator. States a failure to confirm an individual's mental capability is not a basis to appoint a guardian or conservator. States this section does not limit civil liability for intentional or negligent misconduct.

9 Reporting requirements.

Adds § 145E.35. Requires the commissioner of health to develop and maintain an attending provider checklist form and attending provider follow-up form to collect data from attending providers on the prescribing and use of medical aid in dying medication. Requires an attending provider to submit an attending provider checklist form within 30 days after providing a prescription for medical aid in dying medication, and to submit an attending provider follow-up form within 60 days after learning of an individual's death from medical aid in dying medication prescribed by the provider. Requires the commissioner to issue an annual public report with summary data on medical aid in dying for the most recent reporting period. Classifies information submitted to the commissioner under this section as private data on individuals, and allows the commissioner to enforce this section using the Health Enforcement Consolidation Act.

10 Effect on construction of wills and contracts.

Adds § 145E.40. Provides a provision in a contract, will, or other agreement that would determine whether an individual may make or rescind a request for medical aid in dying medication is not valid. Prohibits an obligation owing under an existing contract from being conditioned on or affected by an individual making or rescinding a request for medical aid in dying medication.

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11 Insurance or annuity policies.

Adds § 145E.45. Provides:

- the sale or issuance of an insurance or annuity policy, or the rate charged for a policy, must not be affected by an individual’s act of making or rescinding a request for medical aid in dying medication;
- a qualified individual’s act of self-administering medical aid in dying medication does not invalidate a life insurance, health insurance, or annuity policy;
- an insurer must not modify health care benefits available to an individual with a terminal disease based on the availability of medical aid in dying or whether an individual requests medical aid in dying; and
- an insurer must not attempt to coerce an individual with a terminal disease to request medical aid in dying medication.

12 Death record.

Adds § 145E.50. Allows an attending provider to sign the death record of an individual who self-administered medical aid in dying medication. When a qualified individual dies after self-administering medical aid in dying medication, requires the cause of death to be attributed to the individual’s underlying terminal disease and not designated as suicide or homicide. Provides death after self-administration of medical aid in dying medication does not by itself constitute grounds for a postmortem inquiry.

13 Offenses, penalties, and claims for costs incurred.

Adds § 145E.55. Makes it a felony, and establishes criminal penalties, for intentionally altering or falsifying a request for medical aid in dying medication for another individual; intentionally destroying or concealing another individual’s rescission of a request for medical aid in dying medication; or compelling another individual to request or self-administer medical aid in dying medication. Specifies where prosecution of an offense committed under this section may occur. Provides this section does not limit civil liability for acts related to medical aid in dying, and does not preclude criminal penalties that apply under other laws for conduct that violates this chapter. Allows a government entity that incurs costs from an individual’s self-administration of medical aid in dying medication in a public place to have a claim against the individual’s estate to recover the costs.

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.

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14 Construction.

Adds § 145E.60. Provides this chapter does not authorize any person to end a qualified individual's life by a criminal act. States that actions taken in accordance with this chapter do not constitute suicide, assisted suicide, or any other civil or criminal violation of law.

15 Commissioner of health; development of forms.

By August 1, 2024, requires the commissioner of health to develop and post on the department website, the attending provider checklist form and attending provider follow-up form.

Effective date: This section is effective the day following final enactment.

Article 2: Other Provisions

This article amends sections governing suicide exclusions in life insurance policies, enforcement of form submission requirements for attending providers, and acts that are not aiding suicide or aiding attempted suicide, to conform with sections in article 1.

Section Description – Article 2: Other Provisions

1 Suicide provisions.

Amends § 61A.031. Amends a section allowing a life insurance policy to exclude or restrict liability for death benefits if the insured dies as a result of suicide within one year after the policy is issued, to provide this exclusion or restriction does not apply if the insured dies due to self-administration of medical aid in dying medication.

2 Remedies available.

Amends § 144.99, subd. 1. Adds a cross-reference to the section requiring attending providers to submit attending provider checklist forms and attending provider follow-up forms to the commissioner of health, to allow the commissioner of health to use the Health Enforcement Consolidation Act to enforce the submission requirements.

3 Acts or omissions not considered aiding suicide or aiding attempted suicide.

Amends § 609.215, subd. 3. Provides that a provider or pharmacist who prescribes or provides a medical aid in dying medication in compliance with chapter 145E is not aiding suicide or aiding attempted suicide.

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



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