Sponsored by:
Assemblyman  JOHN J. BURZICHELLI
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District 38 (Bergen and Passaic)

Co-Sponsored by:
Assemblymen Cryan, McKeon, Assemblywoman Jasey and Assemblyman Wilson

SYNOPSIS
“Aid in Dying for the Terminally Ill Act”; permits qualified terminally ill patient to self-administer medication to end life in humane and dignified manner.

CURRENT VERSION OF TEXT
As amended by the General Assembly on June 23, 2014.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. (New section) Sections 1 through 21 of this act P.L. , (pending before the Legislature as this bill) shall be known and may be cited as the “New Jersey Death with Dignity Act.”

2. (New section) The Legislature finds and declares that:

a. The public welfare requires a defined and safeguarded process, with procedural safeguards to protect the interests of patients and health care providers, by which a patient who is an adult New Jersey resident with the capacity to make health care decisions, and who has been determined by that individual’s attending physician and consulting physician to be suffering from a terminal disease that will cause death within six months, may obtain medication that the patient may self-administer to end his life in a humane and dignified manner.

b. Statistics from other states that have enacted laws to provide compassionate aid in dying for terminally ill patients indicate that the great majority of patients who requested medication under the laws of those states, including more than 90% of patients in Oregon since 1998 and between 72% and 86% of patients in Washington in each year since 2009, were enrolled in hospice care at the time of death, suggesting that those patients had availed themselves of available treatment and comfort care options available to them at the time they requested compassionate aid in dying.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Assembly AHE committee amendments adopted June 5, 2014.

Assembly floor amendments adopted June 16, 2014.

Assembly floor amendments adopted June 23, 2014.
patient’s physicians, and any other health care provider furnishing
services or care to the patient] a defined and safeguarded process in
order to effectuate the purposes of this act, which will:

(1) guide health care providers and patient advocates who
provide support to dying patients;
(2) assist capable, terminally ill patients who request
compassionate aid in dying;
(3) protect vulnerable adults from abuse; and
(4) ensure that the process is entirely voluntary on the part of all
participants, including patients and those health care providers that
are providing care to dying patients²; and

²[c.] ³[a.]² This act is ²in the public interest and is² necessary for
the welfare of the State and its residents ²[, and it is intended that it
be liberally construed to effectuate its purposes].

3. (New section) As used in ²this act] P.L., c. ²(C. ²)
(pending before the Legislature as this bill)²:

“Adult” means an individual who is 18 years of age or older.
“Attending physician” means ²[the] ³[p]³ physician ²licensed
pursuant to Title 45 of the Revised Statutes² who has primary
responsibility for the ²treatment and² care of a ²qualified terminally
ill² patient and treatment of the patient’s ²terminal illness².
“Capable” means having the capacity to make health care
decisions and to communicate them to a health care ²[professional]
provider², including communication through persons familiar with
the patient’s manner of communicating if those persons are
available.

“Consulting physician” means a physician ²licensed pursuant to
Title 45 of the Revised Statutes² who is qualified by specialty or
experience to make a professional diagnosis and prognosis
regarding a patient’s ²illness², ²disease², or condition².

“Counseling” means one or more consultations as necessary
between a psychiatrist or psychologist licensed pursuant to Title 45
of the Revised Statutes and a patient for the purpose of determining
that the patient is capable and not suffering from a psychiatric or
psychological disorder or depression causing impaired judgment.

“Health care facility” means a health care facility licensed
pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.)².
“Health care professional” means a person licensed to practice a
health care profession pursuant to Title 45 of the Revised Statutes.
²“Health care provider” means a health care professional or
health care facility².

“Informed decision” means a decision by a qualified² terminally
ill² patient to request and obtain a prescription for medication that
the ²[qualified]² patient may ²[choose to² self-administer to end the
patient’s life in a humane and dignified manner, which is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

(1) the patient’s medical diagnosis;

(2) the patient’s prognosis;

(3) the potential risks associated with taking the medication to be prescribed;

(4) the probable result of taking the medication to be prescribed; and

(5) the feasible alternatives to taking the medication, including, but not limited to, additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.

“Medically confirmed” means that the medical opinion of the attending physician has been confirmed pursuant to section 7 of P.L. , c. (C. ) (pending before the Legislature as this bill)

by a consulting physician who has examined the patient and the patient’s relevant medical records.

[2]“Participating in this act” or “participation in this act” means to perform the duties of an attending physician or consulting physician, a psychiatrist or psychologist providing counseling, or a pharmacist dispensing medication, a health care provider in accordance with the provisions of [this act] P.L. , c. (C. ) (pending before the Legislature as this bill), but does not include: making an initial determination that a patient has a terminal disease is terminally ill and informing the patient of the medical prognosis; providing information about the provisions of [this act] P.L. , c. (C. ) (pending before the Legislature as this bill) to a patient upon the patient’s request; or providing a patient, upon the patient’s request, with a referral to another physician health care provider.

“Patient” means a person who is under the care of a physician.

[2]“Physician” means a doctor of medicine or osteopathy licensed to practice medicine in New Jersey by the State Board of Medical Examiners.

“Qualified terminally ill patient” means a capable adult who is a resident of New Jersey and has satisfied the requirements of this act in order to obtain a prescription for medication that the qualified patient may self-administer to end the patient’s life in a humane and dignified manner pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill). A person shall not be considered to be a qualified terminally ill patient solely because of the person’s age or disability or a diagnosis of any specific illness, disease, or condition.

“Self-administer” means a qualified terminally ill patient’s act of ingesting medication to end that individual’s life in a humane
and dignified manner that has been prescribed pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill)

“Terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in a patient’s death within six months. “Terminal illness” means that the patient is in the terminal stage of an irreversibly fatal illness, disease, or condition. A determination of a specific life expectancy is not required as a precondition for a diagnosis that the patient is “terminally ill,” but a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less, with or without the provision of life-sustaining treatment, shall be deemed to constitute evidence that the patient is “terminally ill” for the purposes of P.L. , c. (C. ) (pending before the Legislature as this bill)

4. (New section) A terminally ill patient may make a written request for medication that the patient may choose to self-administer in order to end that individual’s life in a humane and dignified manner in accordance with the provisions of this act pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill), if the patient:
   a. is an adult resident of New Jersey as demonstrated pursuant to section 11 of P.L. , c. (C. ) (pending before the Legislature as this bill);
   b. is capable and has been determined by the patient’s attending physician and consulting physician to be suffering from a terminal disease; and
   c. has voluntarily expressed a wish to die receive a prescription for medication pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill).

5. (New section) a. A valid written request for medication under this act P.L. , c. (C. ) (pending before the Legislature as this bill) shall be in substantially the form set forth in section 20 of this act P.L. , c. (C. ) (pending before the Legislature as this bill), signed and dated by the patient and witnessed by at least two individuals who, in the patient’s presence, attest that, to the best of their knowledge and belief, the patient is capable and is acting voluntarily to sign the request.
   b. At least one of the witnesses shall be a person who is not:
      (1) a relative of the patient by blood, marriage, or adoption;
      (2) at the time the request is signed, entitled to any portion of the patient’s estate upon the patient’s death under any will or by operation of law; and
(3) an owner, operator, or employee of a health care facility where the patient is receiving medical treatment or is a resident.

c. The patient’s attending physician at the time the request is signed shall not serve as a witness.

d. If, at the time the written request is made, the patient is a resident of a long-term care facility licensed pursuant to P.L. 1971, c. 136 (C. 26:2H-1 et seq.), one of the witnesses shall be an individual designated by the facility.

6. (New section) a. The attending physician shall ensure that all appropriate steps are carried out in accordance with the provisions of [this act] P.L. , c. (C. ) (pending before the Legislature as this bill), before writing a prescription for medication to enable a qualified terminally ill patient to end the patient’s life in a humane and dignified manner, for which purpose that physician shall may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill), including such actions as are necessary to:

   (1) make the initial determination of whether a patient [has a terminal disease] is terminally ill, is capable, and has voluntarily made the request for medication pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill);

   (2) require that the patient demonstrate New Jersey residency pursuant to section 11 of P.L. , c. (C. ) (pending before the Legislature as this bill);

   (3) inform the patient of: the patient’s medical diagnosis; the potential risks associated with taking the medication to be prescribed; the probable result of taking the medication, including, but not limited to, additional treatment opportunities; palliative care, comfort care, hospice care, and pain control;

   (4) refer the patient to a consulting physician for medical confirmation of the diagnosis and prognosis, and for a determination that the patient is capable and acting voluntarily;

   (5) refer the patient for counseling, if appropriate, pursuant to section 8 of P.L. , c. (C. ) (pending before the Legislature as this bill);

   (6) recommend that the patient participate in a consultation concerning additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options for the patient, and provide the patient with a referral to a health care professional qualified to discuss these options with the patient;  

   (6) recommend that the patient notify the patient’s next of kin of the patient’s decision to request the medication;
advise the patient about the importance of having another person present when the patient chooses to self-administer medication prescribed under [this act]\(^2\) and of not taking the medication in a public place;

inform the patient of the patient’s opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind the request at the end of the 15-day waiting period required by this act; the patient makes a second oral request as provided in section 10 of P.L.\(\ldots\), c.\(\ldots\) (pending before the Legislature as this bill); verify, immediately before writing the prescription for medication under [this act]\(^1\) P.L.\(\ldots\), c.\(\ldots\) (pending before the Legislature as this bill), that the patient is making an informed decision to request the medication; and fulfill the medical record documentation requirements of [this act]\(^1\) P.L.\(\ldots\), c.\(\ldots\) (pending before the Legislature as this bill).

b. The attending physician shall:

(1) dispense medication directly, including ancillary medication intended to facilitate the desired effect to minimize the patient’s discomfort, if the attending physician is authorized under law to dispense and has a current federal Drug Enforcement Administration certificate of registration; or

(2) with the patient’s written consent:

(a) contact a pharmacist to inform the latter of the prescription; and

(b) transmit the written prescription personally, by mail, or by permissible electronic communication to the pharmacist, who shall dispense the medication directly to either the patient, the attending physician, or an expressly identified agent of the patient.

Medication dispensed pursuant to this subsection shall not be dispensed to the patient by mail or other form of courier.

A person shall not be considered a qualified terminally ill patient until a consulting physician has:

a. examined that patient and the patient’s relevant medical records;

b. confirmed, in writing, the attending physician’s diagnosis that the patient is suffering from a terminal disease; and
c. verified that the person patient is capable, is acting voluntarily, and has made an informed decision to request medication to end the person's life in a humane and dignified manner; that, if prescribed, the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill).

8. (New section) a. If, in the opinion of the attending physician or the consulting physician, a patient requesting medication that the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill) may not be capable because the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, the physician shall refer the patient to a licensed psychiatrist or psychologist for counseling to determine whether the patient is capable. A consulting physician who refers a patient to a licensed psychiatrist or psychologist for counseling pursuant to this subsection shall provide written notice of the referral to the attending physician. Medication to end a patient's life in a humane and dignified manner shall not be prescribed unless the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.]

b. If a patient has been referred to a licensed psychiatrist or psychologist for counseling pursuant to subsection a. of this section, the attending physician shall not write a prescription for medication that the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill) unless the attending physician has been notified in writing by the licensed psychiatrist or psychologist of that individual’s determination that the patient is capable.

9. (New section) A patient shall not receive a prescription for medication to end the patient’s life in a humane and dignified manner unless the attending physician has made an informed decision. Immediately before writing a prescription for medication pursuant to this act, the attending physician shall verify that the patient is making an informed decision.

10. (New section) A qualified terminally ill patient shall not receive a prescription for medication to end the patient’s life in a humane and dignified manner that the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill) unless the attending physician has recommended that the patient notify the patient’s next of kin of...
the patient’s request for medication ² pursuant to this act ³ , except
that a patient who declines or is unable to notify the patient’s next
of kin shall not have the request for medication denied for that
reason.

² [11.] 10.² (New section) a. In order to receive a
prescription for medication that a qualified patient may self-
administer to end the patient’s life in a humane and dignified
manner, the patient shall make an oral request and a written request
for the medication, and reiterate the oral request to the patient’s
attending physician at least 15 days after making the initial oral
request. At the time the patient makes a second oral request, the
attending physician shall offer the patient an opportunity to rescind
the request.

(1) At least 15 days shall elapse between the patient’s initial oral
request and the writing of a prescription pursuant to this act.
(2) At least 48 hours shall elapse between the time the patient
signs the written request and the writing of a prescription pursuant
to this act. In order to receive a prescription for medication that a
qualified terminally ill patient may choose to self-administer
pursuant to P.L. , c. (C. ) (pending before the Legislature
as this bill), the patient shall make two oral requests and one written
request for the medication to the patient’s attending physician,
subject to the following requirements:

1. at least 15 days shall elapse between the initial oral request
and the second oral request;
2. at the time the patient makes a second oral request, the
attending physician shall offer the patient an opportunity to rescind
the request;
3. the patient may submit the written request to the attending
physician when the patient makes the initial oral request or at any
time thereafter;
4. the written request shall meet the requirements of section 5
of P.L. , c. (C. ) (pending before the Legislature as this
bill);
5. at least 15 days shall elapse between the patient’s initial oral
request and the writing of a prescription pursuant to P.L.
, c. (C. ) (pending before the Legislature as this bill) ; and
6. at least 48 hours shall elapse between the attending
physician’s receipt of the patient’s written request and the writing
of a prescription pursuant to P.L. , c. (C. ) (pending
before the Legislature as this bill) .

b. A qualified ² terminally ill ² patient may rescind the request at
any time and in any manner without regard to the patient’s mental
state. ² The attending physician shall not write a prescription for
medication pursuant to this act without offering the patient an
opportunity to rescind the request. ²
c. At the time the patient makes an initial oral request for medication that the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill), the patient’s attending physician shall recommend to the patient that the patient participate in a consultation concerning additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options, and provide the patient with a referral to a health care professional qualified to discuss these options with the patient. If the patient chooses to participate in such consultation, the consultation shall include, to the extent the patient consents to share such information, consideration of: the patient’s terminal illness; the patient’s prognosis; current and past courses of treatment prescribed for the patient in connection with the patient’s terminal illness, including the results of any such treatment; and any palliative care, comfort care, hospice care, and pain control treatment the patient is currently receiving or has received in the past.

(2) The attending physician shall ensure that the following items shall be documented in the patient’s medical record for the purposes of this act:

(1) the determination that the patient is a qualified terminally ill patient and the basis for that determination;

(2) the oral requests and the written request all oral and written requests by the patient to the attending physician for medication to end the patient’s life in a humane and dignified manner that the patient may choose to self-administer pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill);

(3) the attending physician’s diagnosis and prognosis, and determination that the patient is capable, is acting voluntarily, and has made an informed decision;

(4) the consulting physician’s diagnosis and prognosis, and verification that the patient is capable, is acting voluntarily, and has made an informed decision;

(5) if applicable, a report of the determination made by a licensed psychiatrist or psychologist as to whether the patient is capable pursuant to section 8 of P.L. , c. (C. ) (pending before the Legislature as this bill);

(6) the attending physician’s recommendation that the patient participate in a consultation concerning additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options; the referral provided to the patient with a referral to a health care professional qualified to discuss these options with the patient; an indication as to whether the patient participated in the consultation; and an indication as to whether the patient is currently...
receiving palliative care, comfort care, hospice care, or pain control treatments;

(7) the attending physician's offer to the patient to rescind the patient's request at the time of the patient's second oral request; and

2[(6)] (8) a note by the attending physician indicating that all requirements under 4[(this act)] P.L., c. (C.) (pending before the Legislature as this bill) have been met and indicating the steps taken to carry out the patient's request for medication, including a notation of the medication prescribed.

2[12.] 11. (New section) A request for medication pursuant to 2[(this act)] P.L., c. (C.) (pending before the Legislature as this bill) shall not be granted unless the qualified 2[terminally ill] patient has documented that individual's New Jersey residency by furnishing to the attending physician a copy of one of the following:

2[as applies to that individual]:

a. a driver's license or non-driver identification card issued by the New Jersey Motor Vehicle Commission;

b. proof that the person is registered to vote in New Jersey;

c. a New Jersey resident gross income tax return filed for the most recent tax year; or

d. any other government record that the attending physician reasonably believes to demonstrate the individual's current residency in this State.

2[13.] 12. (New section) Any medication dispensed pursuant to 2[(this act that is not self-administered by a qualified patient)] P.L., c. (C.) (pending before the Legislature as this bill) that a qualified terminally ill patient chooses not to self-administer 2[shall be disposed of by lawful means].

2[14.] 13. (New section) a. The Director of the Division of Consumer Affairs in the Department of Law and Public Safety shall require that a health care professional report the following information to the division on a form and in a manner prescribed by regulation of the director, in consultation with the Commissioner of Health:

(1) No later than 30 days after the dispensing of medication pursuant to 2[(this act)] P.L., c. (C.) (pending before the Legislature as this bill), the health care professional who dispensed the medication shall file a copy of the dispensing record with the division, and shall otherwise facilitate the collection of such information as the director may require regarding compliance with 2[(this act)] P.L., c. (C.) (pending before the Legislature as this bill).
(2) No later than 30 days after the date of the qualified terminally ill patient’s death, the attending physician who prescribed the medication shall transmit to the division such documentation of the patient’s death as the director shall require.

(3) In the event that anyone required to report information to the division pursuant to this act, P.L. , c. (C. ) (pending before the Legislature as this bill) provides an inadequate or incomplete report, the division shall contact the person to request a complete report.

To the maximum extent practicable and consistent with the purposes of this section, the division shall seek to coordinate the process for reporting information pursuant to this subsection with the process for reporting prescription monitoring information by a pharmacy permit holder pursuant to sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50).

b. Any information collected pursuant to subsection a. of this section that contains material or data that could be used to identify an individual patient or health care professional shall not be included under materials available to public inspection pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) and P.L.2001, c.404 (C.47:1A-5 et al.).

c. The division shall prepare and make available to the public on its Internet website an annual statistical report of information collected pursuant to subsection a. of this section.

(15.) (New section) a. A provision in a contract, will, insurance policy, annuity, or other agreement, whether written or oral, made on or after the effective date of this act, P.L. , c. (C. ) (pending before the Legislature as this bill), shall not be valid to the extent that the provision would condition or restrict a person’s decision to make or rescind a request for medication to end the person’s life in a humane and dignified manner pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill).

b. An obligation owing under a contract, will, insurance policy, annuity, or other agreement, made before the effective date of this act, P.L. , c. (C. ) (pending before the Legislature as this bill), shall not be affected by: the provisions of this act, P.L. , c. (C. ) (pending before the Legislature as this bill); a person’s making or rescinding a request for medication to end the person’s life in a humane and dignified manner pursuant to P.L. , c. (C. ) (pending before the Legislature as this bill); or any other action taken pursuant to this act, P.L. , c. (C. ) (pending before the Legislature as this bill).

c. On or after the effective date of this act, P.L. , c. (C. ) (pending before the Legislature as this bill),
procurement or issuance of a life, health, or accident insurance
policy or annuity or the premium or rate charged for the policy
or annuity shall not be conditioned upon or otherwise take into
account the making or rescinding of a request for medication
pursuant to (this act) P.L. c. (C.) (pending before the
Legislature as this bill) by any person.

2 (New section) Nothing in (this act) P.L. c. (C.) (pending before the
Legislature as this bill) shall be construed to:

a. authorize a physician or any other person to end a patient’s
life by lethal injection, active euthanasia, or mercy killing, or any
act that constitutes assisted suicide under any law of this State;
or
b. lower the applicable standard of care to be provided by a
health care professional who participates in (this act) P.L. c. (C.)
(pending before the Legislature as this bill).

16. (New section) A person shall not be authorized to take any
action on behalf of a patient for the purposes of P.L. c. (C.)
(pending before the Legislature as this bill) by virtue of that
person’s designation as a guardian pursuant to N.J.S.3B:12-1 et
seq., a conservator pursuant to N.J.S.3B:13A-1 et seq., a health care
representative pursuant to P.L.1991, c.201 (C.26:2H-53 et seq.), or
a patient’s representative pursuant to P.L.2011, c.145 (C.26:2H-129
et al.), except for communicating the patient’s health care decisions
to a health care provider if the patient so requests.

17. (New section) a. (1) Except as provided in section 19
of P.L. c. (C.) (pending before the Legislature as
bill), a person shall not be subject to civil or criminal liability or
professional disciplinary action for any action taken in compliance
with the provisions of (this act) P.L. c. (C.) (pending
before the Legislature as this bill), including being present when a
qualified patient takes medication to end the patient’s life in a humane and dignified
manner prescribed pursuant to (this act) P.L. c. (C.)
pending before the Legislature as this bill. A person who
substantially complies in good faith with the provisions of the act shall be deemed to be in compliance with its
provisions.

b. (2) Any action taken in accordance with the provisions of (this
act) P.L. c. (C.) (pending before the Legislature as this
bill) shall not constitute patient abuse or neglect suicide,
assisted suicide, mercy killing, or homicide under any criminal law of this State.

(3) A patient's request for, or the provision of, medication in compliance with the provisions of this act P.L. , c. (C. ) (pending before the Legislature as this bill) shall not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator.

b. Any action taken by a health care professional to participate in this act P.L. , c. (C. ) (pending before the Legislature as this bill) shall be voluntary on the part of that individual. If a health care professional is unable or unwilling to carry out a patient's request under this act P.L. , c. (C. ) (pending before the Legislature as this bill), and the patient transfers care to a new health care professional or health care facility, the prior health care professional shall transfer, upon request, a copy of the patient's relevant records to the new health care professional or health care facility.

18. (New section) a. A person who, without authorization of the patient, and with the intent or effect of causing the patient's death, willfully alters or forges a request for medication pursuant to this act, P.L. , c. (C. ) (pending before the Legislature as this bill) or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death, is guilty of a crime of the second degree.

b. A person who coerces or exerts undue influence on a patient to request medication to end the patient's life, pursuant to this act P.L. , c. (C. ) (pending before the Legislature as this bill) or to destroy a rescission of a request, is guilty of a crime of the third degree.

c. Theft of medication prescribed to a qualified terminally ill patient pursuant to this act P.L. , c. (C. ) (pending before the Legislature as this bill) shall constitute an offense involving theft of a controlled dangerous substance as set forth in N.J.S.2C:20-2.

d. Nothing in this act P.L. , c. (C. ) (pending before the Legislature as this bill) shall limit liability for civil damages resulting from the negligence or intentional misconduct of any person.

d. The penalties set forth in this section shall not preclude the imposition of any other criminal penalty applicable under law for conduct that is inconsistent with the provisions of this act P.L. , c. (C. ) (pending before the Legislature as this bill).
19. (New section) Any governmental entity that incurs costs resulting from a person terminating his life qualified terminally ill patient choosing to self-administer medication prescribed pursuant to the act P.L. , c. (pending before the Legislature as this bill) in a public place has a claim against the estate of the patient to recover such costs and reasonable attorneys' fees related to enforcing the claim.

20. (New section) A written request for a medication as authorized by the act P.L. , c. (pending before the Legislature as this bill) shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, . . . . . . . . . . . . , am an adult of sound mind and a resident of New Jersey.

I am suffering from . . . . . . . . . . . . , which my attending physician has determined is a terminal illness, disease, or condition and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including palliative care, comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist as necessary to fill the prescription.

INITIAL ONE:

. . . . . I have informed my family of my decision and taken their opinions into consideration.
. . . . . I have decided not to inform my family of my decision.
. . . . . I have no family to inform of my decision.

INITIAL ALL THAT APPLY:

. . . . . My attending physician has recommended that I participate in a consultation concerning additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options, and provided me with a referral to a health care professional qualified to discuss these options with me.
I have participated in a consultation concerning additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options.

I am currently receiving palliative care, comfort care, or hospice care.

I understand that 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 and when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full responsibility for my decision.

Signed:.................

Dated:.................

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

1. Is personally known to us or has provided proof of identity.

2. Signed this request in our presence on the date of the person's signature.

3. Appears to be of sound mind and not under duress, fraud, or undue influence.

4. Is not a patient for whom either of us is the attending physician.

Printed Name of Witness 1:.................
Signature of Witness 1/Date:.................

Printed Name of Witness 2:.................
Signature of Witness 2/Date:.................

NOTE: At least one witness shall not be a relative by blood, marriage, or adoption of the person signing this request, shall not be
entitled to any portion of the person's estate upon death, and shall
not own, operate, or be employed at a health care facility where the
person is a patient or resident. If the patient is a resident of a long-
term care facility, one of the witnesses shall be an individual
designated by the facility.

21. (New section) The Director of the Division of Consumer
Affairs in the Department of Law and Public Safety, pursuant to the
seq.), shall adopt such rules and regulations as are necessary to
implement the provisions of sections 1 through 20 of [this act]
P.L. , c. (C. ) (pending before the Legislature as this
bill), including the required reporting of information to the
division by health care [providers] professionals pursuant to
before the Legislature as this bill).

22. (New section) The State Board of Medical Examiners,
pursuant to the "Administrative Procedure Act," P.L.1968, c.410
(C.52:14B-1 et seq.), shall adopt such rules and regulations as are
necessary to implement the provisions of sections 1 through 20 of
P.L. , c. (C. ) (pending before the Legislature as this bill)
concerning the duties of a licensed physician pursuant thereto.

23. (New section) The New Jersey State Board of Pharmacy,
pursuant to the "Administrative Procedure Act," P.L.1968, c.410
(C.52:14B-1 et seq.), shall adopt such rules and regulations as are
necessary to implement the provisions of sections 1 through 20 of
P.L. , c. (C. ) (pending before the Legislature as this bill)
concerning the duties of a licensed pharmacist pursuant thereto.

24. (New section) The State Board of Psychological Examiners,
pursuant to the "Administrative Procedure Act," P.L.1968, c.410
(C.52:14B-1 et seq.), shall adopt such rules and regulations as are
necessary to implement the provisions of sections 1 through 20 of
P.L. , c. (C. ) (pending before the Legislature as this bill)
concerning the duties of a licensed psychologist pursuant thereto.

25. (New section) a. As used in this section:
“Health care facility” or “facility” means a health care facility
licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).
“Health care professional” means a person licensed to practice a
health care profession pursuant to Title 45 of the Revised Statutes.

b. [A health care facility may adopt a written policy to
prohibit a health care professional from taking] (1) The existing
policies and procedures utilized by a health care facility shall, to the
maximum extent possible, govern the taking of any action by a
health care professional\(^2\) pursuant to sections 1 through 20 of P.L. \(\text{C.}\) (pending before the Legislature as this bill) on the premises owned by, or under the direct control of, the facility \(\text{C.}\) if the facility has given prior written notice of the written policy to all health care professionals with privileges to practice on those premises, except as otherwise prescribed by regulation of the Commissioner of Health pursuant to paragraph (4) of this subsection.

(2) Any action taken by a health care facility to participate in P.L. \(\text{C.}\) (pending before the Legislature as this bill) shall be voluntary on the part of the facility.

(3) A health care facility shall not be subject to a licensure enforcement action by the Department of Health for any action taken in compliance with the provisions of P.L. \(\text{C.}\) (pending before the Legislature as this bill).

(4) The Commissioner of Health, pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as are necessary to implement the provisions of sections 1 through 20 of P.L. \(\text{C.}\) (pending before the Legislature as this bill), concerning their application to a health care facility and any action taken by a health care professional on the premises owned by, or under the direct control of, the facility\(^2\).

\(^2\) The provisions of this subsection shall not preclude a health care facility or health care professional from providing to a patient any health care services to which the provisions of sections 1 through 20 of P.L. \(\text{C.}\) (pending before the Legislature as this bill) do not apply.

\(^2\) A health care professional who violates a written policy as set forth in subsection b. of this section, after being notified in writing of that policy, is subject to such of the following actions as the health care facility deems appropriate:

1. the loss of privileges or membership, or other sanctions provided under the medical staff bylaws, policies, and procedures of the facility if the health care professional is a member of the medical staff at the facility and takes the prohibited action while on the premises of that facility, but not including the private medical office of a physician or other provider; and

2. the termination of a lease or other contract for the occupancy of real property or other nonmonetary remedy provided by the lease or contract if the health care professional takes the prohibited action while on the premises of the health care facility or on property that is owned by or under the direct control of the facility; provided, however, that no lease or other contract made on or after the effective date of this act shall authorize or permit any nonmonetary remedy for taking the prohibited action in the form of loss or
restriction of medical staff privileges or exclusion from a managed health care provider network; or

(3) the termination of a contract or other nonmonetary remedy provided by contract if the health care professional takes the prohibited action while acting in the course and scope of that individual’s capacity as an employee or independent contractor of the health care facility, except that nothing in this subparagraph shall preclude:

(a) a health care professional from taking the prohibited action while acting outside the course and scope of that individual’s capacity as an employee or independent contractor; or

(b) a patient from contracting with the patient’s attending physician and consulting physician to act outside the course and scope of either physician’s capacity as an employee or independent contractor of the health care facility.

(4) A health care facility shall follow all otherwise applicable due process and other procedures that the facility may have in place relating to the imposition of sanctions on a health care professional.

26. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to read as follows:

1. a. Any person who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling, whether or not compensation is received or expected, is immune from any civil liability for a patient's violent act against another person or against himself unless the practitioner has incurred a duty to warn and protect the potential victim as set forth in subsection b. of this section and fails to discharge that duty as set forth in subsection c. of this section.

b. A duty to warn and protect is incurred when the following conditions exist:

   (1) The patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or

   (2) The circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.

A duty to warn and protect shall not be incurred when a qualified terminally ill patient requests medication that the patient may choose to self-administer in order to end the patient’s life in a humane and dignified manner in accordance with the provisions of P.L. , c. (C. ) (pending before the Legislature as this bill).

c. A licensed practitioner of psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling shall discharge
the duty to warn and protect as set forth in subsection b. of this section by doing any one or more of the following:

1 (1) Arranging for the patient to be admitted voluntarily to a psychiatric unit of a general hospital, a short-term care facility, a special psychiatric hospital, or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

2 (2) Initiating procedures for involuntary commitment to treatment of the patient to an outpatient treatment provider, a short-term care facility, a special psychiatric hospital or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

3 (3) Advising a local law enforcement authority of the patient’s threat and the identity of the intended victim;

4 (4) Warning the intended victim of the threat, or, in the case of an intended victim who is under the age of 18, warning the parent or guardian of the intended victim; or

5 (5) If the patient is under the age of 18 and threatens to commit suicide or bodily injury upon himself, warning the parent or guardian of the patient.

d. A practitioner who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage counseling who, in complying with subsection c. of this section, discloses a privileged communication, is immune from civil liability in regard to that disclosure.

(cf: P.L.2009, c.112, s.21)

27. N.J.S.2C:11-6 is amended to read as follows:

2C:11-6. 1Aiding Suicide.1 A person who purposely aids another to commit suicide is guilty of a crime of the second degree if his conduct causes such suicide or an attempted suicide, and otherwise of a crime of the fourth degree. Any action taken in accordance with the provisions of P.L. , c. (C. ) (pending before the Legislature as this bill) shall not constitute suicide or assisted suicide.

(cf: P.L.1978, c.95, s.2C:11-6)
a. In every municipality in which voting machines are not used, a legend which shall immediately precede the question as follows:

If you favor the proposition printed below make a cross (X), plus (+), or check (✓) in the square opposite the word "Yes." If you are opposed thereto make a cross (X), plus (+) or check (✓) in the square opposite the word "No."

b. In every municipality the following question:

<table>
<thead>
<tr>
<th>YES</th>
<th>AUTHORIZATION TO ALLOW CERTAIN PERSONS TO USE MEDICATION TO END THEIR LIFE IN A HUMANE AND DIGNIFIED WAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you approve allowing an adult who is able to make health care decisions and has a terminal disease that will cause death within six months to use a prescribed drug to end his life in a humane and dignified way?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO</th>
<th>INTERPRETIVE STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Voter approval of P. L. , c. (C. ) (pending before the Legislature as this bill) will permit an adult who is able to make health care decisions and has a terminal disease that will cause death within six months to use a prescribed drug to end his life in a humane and dignified way.</td>
</tr>
</tbody>
</table>

1[30.] 28. [1][[third] fourth] month next following 1[1]voter approval of this act at the designated general election, but the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, the Commissioner of Health, the State Board of Medical Examiners, the New Jersey State Board of Pharmacy, and the State Board of Psychological Examiners may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.1