

Title 26.
Chapter 16.(New)
Medical Aid in
Dying
§§1-20 -
C.26:16-1 to
26:16-20
§21 –
C.52:17B-139.13
§22 - C.45:9-5.3
§23 –
C.45:14-47.1
§24 –
C.45:14B-48
§25 –
C.45:15BB-11.2
§26 –
C.26:2H-5.33
§29 - Note

P.L. 2019, CHAPTER 59, *approved April 12, 2019*
Assembly, No. 1504 (*Second Reprint*)

1 AN ACT concerning ²medical² aid in dying for the terminally ill,
2 supplementing Titles 45 and 26 of the Revised Statutes, and
3 amending P.L.1991, c.270 and N.J.S.2C:11-6.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. (New section) Sections 1 through 21 of P.L. , c. (C.)
9 (pending before the Legislature as this bill) shall be known and may
10 be cited as the “²Medical² Aid in Dying for the Terminally Ill Act.”
11

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

13 a. Recognizing New Jersey’s long-standing commitment to
14 individual dignity, informed consent, and the fundamental right of
15 competent adults to make health care decisions about whether to
16 have life-prolonging medical or surgical means or procedures
17 provided, withheld, or withdrawn, this State affirms the right of a
18 qualified terminally ill patient, protected by appropriate safeguards,
19 to obtain medication that the patient may choose to self-administer
20 in order to bring about the patient’s humane and dignified death
21 ²**[;]** ².

22 b. Statistics from other states that have enacted laws to provide
23 compassionate ²medical² aid in dying for terminally ill patients

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AJU committee amendments adopted March 12, 2018.

²Assembly floor amendments adopted January 31, 2019.

1 indicate that the great majority of patients who requested
 2 medication under the laws of those states, including more than 90
 3 ²[%] percent² of patients in Oregon since 1998 and between 72
 4 ²[%] percent² and 86 ²[%] percent² of patients in Washington in
 5 each year since 2009, were enrolled in hospice care at the time of
 6 death, suggesting that those patients had availed themselves of
 7 available treatment and comfort care options available to them at
 8 the time they requested compassionate ²medical² aid in dying ²[:]
 9 ².

10 c. The public welfare requires a defined and safeguarded
 11 process in order to effectuate the purposes of this act, which will:

12 (1) guide health care providers and patient advocates who
 13 provide support to dying patients;

14 (2) assist capable, terminally ill patients who request
 15 compassionate ²medical² aid in dying;

16 (3) protect vulnerable adults from abuse; and

17 (4) ensure that the process is entirely voluntary on the part of all
 18 participants, including patients and those health care providers that
 19 are providing care to dying patients ²[:; and] ².

20 d. This act is in the public interest and is necessary for the
 21 welfare of the State and its residents.

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

24 “Adult” means an individual who is 18 years of age or older.

25 “Attending physician” means a physician licensed pursuant to
 26 Title 45 of the Revised Statutes who has primary responsibility for
 27 the treatment and care of a qualified terminally ill patient and
 28 treatment of the patient's illness, disease, or condition.

29 “Capable” means having the capacity to make health care
 30 decisions and to communicate them to a health care provider,
 31 including communication through persons familiar with the
 32 patient’s manner of communicating if those persons are available.

33 “Consulting physician” means a physician licensed pursuant to
 34 Title 45 of the Revised Statutes who is qualified by specialty or
 35 experience to make a professional diagnosis and prognosis
 36 regarding a patient's illness, disease, or condition.

37 ¹“Counseling” means one or more consultations as necessary
 38 between a psychiatrist or psychologist licensed pursuant to Title 45
 39 of the Revised Statutes and a patient for the purpose of determining
 40 that the patient is capable and not suffering from a psychiatric or
 41 psychological disorder or depression causing impaired judgment. ¹

42 “Health care facility” means a health care facility licensed
 43 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

44 “Health care professional” means a person licensed to practice a
 45 health care profession pursuant to Title 45 of the Revised Statutes.

46 “Health care provider” means a health care professional or health
 47 care facility.

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

7 (1) the patient’s medical diagnosis;

8 (2) the patient’s prognosis;

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

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

13 (5) the feasible alternatives to taking the medication, including,
14 but not limited to, ¹concurrent or¹ additional treatment
15 opportunities, palliative care, comfort care, hospice care, and pain
16 control.

17 ¹“Long-term care facility” means a nursing home, assisted living
18 residence, comprehensive personal care home, residential health
19 care facility, or dementia care home licensed pursuant to P.L.1971,
20 c.136 (C.26:2H-1 et seq.).¹

21 “Medically confirmed” means that the medical opinion of the
22 attending physician has been confirmed pursuant to section 7 of
23 P.L. , c. (C.) (pending before the Legislature as this bill)
24 by a consulting physician who has examined the patient and the
25 patient’s relevant medical records.

26 ¹“Mental health care professional” means a psychiatrist,
27 psychologist, or clinical social worker licensed pursuant to Title 45
28 of the Revised Statutes.¹

29 “Participate in this act” means to perform the duties of a health
30 care provider in accordance with the provisions of P.L. ,
31 c. (C.) (pending before the Legislature as this bill), but does
32 not include: making an initial determination that a patient is
33 terminally ill and informing the patient of the medical prognosis;
34 providing information about the provisions of P.L. , c. (C.)
35 (pending before the Legislature as this bill) to a patient upon the
36 patient’s request; or providing a patient, upon the patient’s request,
37 with a referral to another health care provider.

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

39 “Qualified terminally ill patient” means a capable adult who is a
40 resident of New Jersey and has satisfied the requirements to obtain
41 a prescription for medication pursuant to P.L. , c. (C.)
42 (pending before the Legislature as this bill). A person shall not be
43 considered to be a qualified terminally ill patient solely because of
44 the person’s age or disability or a diagnosis of any specific illness,
45 disease, or condition.

46 “Self-administer” means a qualified terminally ill patient’s act of
47 ¹【ingesting】 physically administering, to the patient’s own self,¹

1 medication that has been prescribed pursuant to P.L. , c. (C.)
2 (pending before the Legislature as this bill).

3 “Terminally ill” means that the patient is in the terminal stage of
4 an irreversibly fatal illness, disease, or condition with a prognosis,
5 based upon reasonable medical certainty, of a life expectancy of six
6 months or less.

7
8 4. (New section) A terminally ill patient may make a written
9 request for medication that the patient may choose to self-
10 administer pursuant to P.L. , c. (C.) (pending before the
11 Legislature as this bill), if the patient:

12 a. is an adult resident of New Jersey as demonstrated pursuant
13 to section 11 of P.L. , c. (C.) (pending before the
14 Legislature as this bill);

15 b. is capable and has been determined by the patient’s
16 attending physician and a consulting physician to be terminally ill;
17 and

18 c. has voluntarily expressed a wish to receive a prescription for
19 medication pursuant to P.L. , c. (C.) (pending before the
20 Legislature as this bill).

21
22 5. (New section) a. A valid written request for medication
23 under P.L. , c. (C.) (pending before the Legislature as this
24 bill) shall be in substantially the form set forth in section 20 of
25 P.L. , c. (C.) (pending before the Legislature as this bill),
26 signed and dated by the patient and witnessed by at least two
27 individuals who, in the patient’s presence, attest that, to the best of
28 their knowledge and belief, the patient is capable and is acting
29 voluntarily to sign the request.

30 b. At least one of the witnesses shall be a person who is not:

31 (1) a relative of the patient by blood, marriage, or adoption;

32 (2) at the time the request is signed, entitled to any portion of
33 the patient’s estate upon the patient’s death under any will or by
34 operation of law; and

35 (3) an owner, operator, or employee of a health care facility ¹,
36 other than a long term care facility,¹ where the patient is receiving
37 medical treatment or is a resident.

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

40 ¹**[d. If, at the time the written request is made, the patient is a**
41 **resident of a long-term care facility licensed pursuant to P.L.1971,**
42 **c.136 (C.26:2H-1 et seq.), one of the witnesses shall be an**
43 **individual designated by the facility.]¹**
44

45 6. (New section) a. The attending physician shall ensure that
46 all appropriate steps are carried out in accordance with the
47 provisions of P.L. , c. (C.) (pending before the Legislature
48 as this bill) before writing a prescription for medication that a

- 1 qualified terminally ill patient may choose to self-administer
2 pursuant to P.L. , c. (C.) (pending before the Legislature as
3 this bill), including such actions as are necessary to:
- 4 (1) make the initial determination of whether a patient is
5 terminally ill, is capable, and has voluntarily made the request for
6 medication pursuant to P.L. , c. (C.) (pending before the
7 Legislature as this bill);
- 8 (2) require that the patient demonstrate New Jersey residency
9 pursuant to section 11 of P.L. , c. (C.) (pending before the
10 Legislature as this bill);
- 11 (3) inform the patient of: the patient's medical diagnosis and
12 prognosis; the potential risks associated with taking the medication
13 to be prescribed; the probable result of taking the medication to be
14 prescribed; and the feasible alternatives to taking the medication,
15 including, but not limited to, ¹concurrent or¹ additional treatment
16 opportunities, palliative care, comfort care, hospice care, and pain
17 control;
- 18 (4) refer the patient to a consulting physician for medical
19 confirmation of the diagnosis and prognosis, and for a
20 determination that the patient is capable and acting voluntarily;
- 21 (5) refer the patient ¹**【for counseling】** to a mental health care
22 professional¹, if appropriate, pursuant to section 8 of
23 P.L. , c. (C.) (pending before the Legislature as this bill);
- 24 (6) recommend that the patient participate in a consultation
25 concerning ¹concurrent or¹ additional treatment opportunities,
26 palliative care, comfort care, hospice care, and pain control options
27 for the patient, and provide the patient with a referral to a health
28 care professional qualified to discuss these options with the patient;
- 29 (7) ²**【recommend that the patient notify the patient's next of kin**
30 **of the patient's decision to request the medication;**
- 31 (8)²**】** advise the patient about the importance of having another
32 person present if and when the patient chooses to self-administer
33 medication prescribed under P.L. , c. (C.) (pending before
34 the Legislature as this bill) and of not taking the medication in a
35 public place;
- 36 ²**【(9)】** ²(8)² inform the patient of the patient's opportunity to
37 rescind the request at any time and in any manner, and offer the
38 patient an opportunity to rescind the request at the time the patient
39 makes a second oral request as provided in section 10 of
40 P.L. , c. (C.) (pending before the Legislature as this bill);
- 41 ²**【(10) verify, immediately before writing the prescription for**
42 **medication under P.L. , c. (C.) (pending before the**
43 **Legislature as this bill), that the patient is making an informed**
44 **decision to request the medication; and**
- 45 (11)¹**】**; and
- 46 ²(9)² fulfill the medical record documentation requirements of
47 P.L. , c. (C.) (pending before the Legislature as this bill).

1 b. The attending physician shall:

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

7 (2) ¹with the patient's written consent:

8 (a) ¹contact a pharmacist to inform the latter of the prescription
9 ¹and

10 ¹(b) ¹transmit the written prescription personally, by mail, or
11 by permissible electronic communication to the pharmacist, who
12 shall dispense the medication directly to either the patient, the
13 attending physician, or an expressly identified agent of the patient.

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

16

17 7. (New section) A patient shall not be considered a qualified
18 terminally ill patient until a consulting physician has:

19 a. examined that patient and the patient's relevant medical
20 records;

21 b. confirmed, in writing, the attending physician's diagnosis
22 that the patient is terminally ill; and

23 c. verified that the patient is capable, is acting voluntarily, and
24 has made an informed decision to request medication that, if
25 prescribed, the patient may choose to self-administer pursuant to
26 P.L. , c. (C.) (pending before the Legislature as this bill).

27

28 8. (New section) a. If, in the medical opinion of the attending
29 physician or the consulting physician, a patient requesting
30 medication that the patient may choose to self-administer pursuant
31 to P.L. , c. (C.) (pending before the Legislature as this bill)

32 may not be capable ¹because the patient may have a psychiatric or
33 psychological disorder or depression that causes impaired
34 judgment¹, the physician shall refer the patient to a ¹licensed
35 psychiatrist or psychologist for counseling] mental health care
36 professional¹ to determine whether the patient is capable. A
37 consulting physician who refers a patient to a ¹licensed
38 psychiatrist or psychologist for counseling] mental health care
39 professional¹ pursuant to this subsection shall provide written
40 notice of the referral to the attending physician.

41 b. If a patient has been referred to a ¹licensed psychiatrist or
42 psychologist for counseling] mental health care professional¹
43 pursuant to subsection a. of this section, the attending physician
44 shall not write a prescription for medication that the patient may
45 choose to self-administer pursuant to P.L. , c. (C.)
46 (pending before the Legislature as this bill) unless the attending
47 physician has been notified in writing by the ¹licensed psychiatrist

1 or psychologist] mental health care professional¹ of that
2 individual's determination that the patient is capable.

3

4 9. (New section) A qualified terminally ill patient shall not
5 receive a prescription for medication that the patient may choose to
6 self-administer pursuant to P.L. , c. (C.) (pending before
7 the Legislature as this bill) unless the attending physician has
8 recommended that the patient notify the patient's next of kin of the
9 patient's request for medication, except that a patient who declines
10 or is unable to notify the patient's next of kin shall not have the
11 request for medication denied for that reason.

12

13 10. (New section) a. In order to receive a prescription for
14 medication that a qualified terminally ill patient may choose to self-
15 administer pursuant to P.L. , c. (C.) (pending before the
16 Legislature as this bill), the patient shall make two oral requests and
17 one written request for the medication to the patient's attending
18 physician, subject to the following requirements:

19 (1) at least 15 days shall elapse between the initial oral request
20 and the second oral request;

21 (2) at the time the patient makes a second oral request, the
22 attending physician shall offer the patient an opportunity to rescind
23 the request;

24 (3) the patient may submit the written request to the attending
25 physician when the patient makes the initial oral request or at any
26 time thereafter;

27 (4) the written request shall meet the requirements of section 5
28 of P.L. , c. (C.) (pending before the Legislature as this
29 bill);

30 (5) at least 15 days shall elapse between the patient's initial oral
31 request and the writing of a prescription pursuant to
32 P.L. , c. (C.) (pending before the Legislature
33 as this bill) ; and

34 (6) at least 48 hours shall elapse between the attending
35 physician's receipt of the patient's written request and the writing
36 of a prescription pursuant to P.L. , c. (C.) (pending
37 before the Legislature as this bill).

38 b. A qualified terminally ill patient may rescind the request at
39 any time and in any manner without regard to the patient's mental
40 state.

41 c. At the time the patient makes an initial oral request for
42 medication that the patient may choose to self-administer pursuant
43 to P.L. , c. (C.) (pending before the Legislature as this
44 bill), the patient's attending physician shall recommend to the
45 patient that the patient participate in a consultation concerning
46 'concurrent or' additional treatment opportunities, palliative care,
47 comfort care, hospice care, and pain control options, and provide
48 the patient with a referral to a health care professional qualified to

1 discuss these options with the patient. If the patient chooses to
2 participate in such consultation, the consultation shall include, to
3 the extent the patient consents to share such information,
4 consideration of: the patient's terminal illness; the patient's
5 prognosis; current and past courses of treatment prescribed for the
6 patient in connection with the patient's terminal illness, including
7 the results of any such treatment; and any palliative care, comfort
8 care, hospice care, and pain control treatment the patient is
9 currently receiving or has received in the past.

10 d. The attending physician shall ensure that the following items
11 are included in the patient's medical record:

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

14 (2) all oral and written requests by the patient to the attending
15 physician for medication that the patient may choose to self-
16 administer pursuant to P.L. , c. (C.) (pending before the
17 Legislature as this bill);

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

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

24 (5) if applicable, a report of the determination made by a
25 ¹**[licensed psychiatrist or psychologist]** mental health care
26 professional¹ as to whether the patient is capable pursuant to section
27 8 of P.L. , c. (C.) (pending before the Legislature as this
28 bill);

29 (6) the attending physician's recommendation that the patient
30 participate in a consultation concerning ¹concurrent or¹ additional
31 treatment opportunities, palliative care, comfort care, hospice care,
32 and pain control options; the referral provided to the patient with a
33 referral to a health care professional qualified to discuss these
34 options with the patient; an indication as to whether the patient
35 participated in the consultation; and an indication as to whether the
36 patient is currently receiving palliative care, comfort care, hospice
37 care, or pain control treatments;

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

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

45
46 11. (New section) A request for medication pursuant to
47 P.L. , c. (C.) (pending before the Legislature as this bill)
48 shall not be granted unless the qualified terminally ill patient has

1 documented that individual's New Jersey residency by furnishing to
2 the attending physician a copy of one of the following:
3 a. a driver's license or non-driver identification card issued by
4 the New Jersey Motor Vehicle Commission;
5 b. proof that the person is registered to vote in New Jersey;
6 c. a New Jersey resident gross income tax return filed for the
7 most recent tax year; or
8 d. any other government record that the attending physician
9 reasonably believes to demonstrate the individual's current
10 residency in this State.

11

12 12. (New section) Any medication dispensed pursuant to
13 P.L. , c. (C.) (pending before the Legislature as this bill)
14 that a qualified terminally ill patient chooses not to self-administer
15 shall be disposed of by lawful means ¹, including, but not limited
16 to, disposing of the medication consistent with State and federal
17 guidelines concerning disposal of prescription medications, or
18 surrendering the medication to a prescription medication drop-off
19 receptacle¹. ²The patient shall designate a person who shall be
20 responsible for the lawful disposal of the medication.²

21

22 13. (New section) a. The ²**[Director of the Division of**
23 **Consumer Affairs in the Department of Law and Public Safety]**
24 Commissioner of Health² shall require that a health care
25 professional report the following information to the ²**[division]**
26 Department of Health² on a form and in a manner prescribed by
27 regulation of the ²**[director, in consultation with the Commissioner**
28 **of Health]** commissioner²:

29 (1) No later than 30 days after the dispensing of medication
30 pursuant to P.L. , c. (C.) (pending before the Legislature as
31 this bill), the ²**[health care professional]** physician or pharmacist²
32 who dispensed the medication shall file a copy of the dispensing
33 record with the ²**[division]** department², and shall otherwise
34 facilitate the collection of such information as the director may
35 require regarding compliance with P.L. , c. (C.) (pending
36 before the Legislature as this bill).

37 (2) No later than 30 days after the date of the qualified
38 terminally ill patient's death, the attending physician shall transmit
39 to the ²**[division]** department² such documentation of the patient's
40 death as the director shall require.

41 (3) In the event that anyone required to report information to the
42 ²**[division]** department² pursuant to P.L. , c. (C.) (pending
43 before the Legislature as this bill) provides an inadequate or
44 incomplete report, the ²**[division]** department² shall contact the
45 person to request a complete report.

1 (4) To the maximum extent practicable and consistent with the
2 purposes of this section, the ²【division】 department² shall seek to
3 coordinate the process for reporting information pursuant to this
4 subsection with the process for reporting prescription monitoring
5 information by a pharmacy permit holder pursuant to sections 25
6 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50).

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

13 c. The ²【division】 department² shall prepare and make
14 available to the public on its Internet website an annual statistical
15 report of information collected pursuant to subsection a. of this
16 section.

17
18 14. (New section) a. A provision in a contract, will, insurance
19 policy, annuity, or other agreement, whether written or oral, made
20 on or after the effective date of P.L. , c. (C.) (pending
21 before the Legislature as this bill), shall not be valid to the extent
22 that the provision would condition or restrict a person's decision to
23 make or rescind a request for medication pursuant to
24 P.L. , c. (C.) (pending before the Legislature as this bill).

25 b. An obligation owing under a contract, will, insurance policy,
26 annuity, or other agreement, made before the effective date of
27 P.L. , c. (C.) (pending before the Legislature as this bill),
28 shall not be affected by: the provisions of P.L. , c. (C.)
29 (pending before the Legislature as this bill); a person's making or
30 rescinding a request for medication pursuant to P.L. , c. (C.)
31 (pending before the Legislature as this bill); or any other action
32 taken pursuant to P.L. , c. (C.) (pending before the
33 Legislature as this bill).

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

42
43 15. (New section) Nothing in P.L. , c. (C.) (pending
44 before the Legislature as this bill) shall be construed to:

45 a. authorize a physician or any other person to end a patient's
46 life by lethal injection, active euthanasia, or mercy killing, or any
47 act that constitutes assisted suicide under any law of this State; or

1 b. lower the applicable standard of care to be provided by a
2 health care professional who participates in P.L. , c. (C.)
3 (pending before the Legislature as this bill).
4

5 16. (New section) A person shall not be authorized to take any
6 action on behalf of a patient for the purposes of P.L. , c. (C.)
7 (pending before the Legislature as this bill) by virtue of that
8 person's designation as a guardian pursuant to N.J.S.3B:12-1 et
9 seq., a conservator pursuant to N.J.S.3B:13A-1 et seq., a health care
10 representative pursuant to P.L.1991, c.201 (C.26:2H-53 et seq.), or
11 a patient's representative pursuant to P.L.2011, c.145 (C.26:2H-129
12 et al.), except for communicating the patient's health care decisions
13 to a health care provider if the patient so requests.
14

15 17. (New section) a. (1) Except as provided in sections 18 and
16 19 of P.L. , c. (C.) (pending before the Legislature as this
17 bill), a person shall not be subject to civil or criminal liability or
18 professional disciplinary action ¹, or subject to censure, discipline,
19 suspension, or loss of any licensure, certification, privileges, or
20 membership,¹ for any action taken in compliance with the
21 provisions of P.L. , c. (C.) (pending before the Legislature
22 as this bill), including being present when a qualified terminally ill
23 patient self-administers medication prescribed pursuant to
24 P.L. , c. (C.) (pending before the Legislature as this bill)
25 ¹, or for the refusal to take any action in furtherance of, or to
26 otherwise participate in, a request for medication pursuant to the
27 provisions of P.L. , c. (C.) (pending before the Legislature
28 as this bill)¹. A person who substantially complies in good faith
29 with the provisions of P.L. , c. (C.) (pending before the
30 Legislature as this bill) shall be deemed to be in compliance with its
31 provisions.

32 (2) Any action taken in accordance with the provisions of
33 P.L. , c. (C.) (pending before the Legislature as this bill)
34 shall not constitute patient abuse or neglect, suicide, assisted
35 suicide, mercy killing, ¹euthanasia,¹ or homicide under any law of
36 this State.

37 (3) A patient's request for, or the provision of, medication in
38 compliance with the provisions of P.L. , c. (C.) (pending
39 before the Legislature as this bill) shall not ¹constitute abuse or
40 neglect of an elderly person or¹ provide the sole basis for the
41 appointment of a guardian or conservator.

42 b. ¹The provisions of subsection a. of this section shall not
43 apply to acts or omissions constituting gross negligence,
44 recklessness, or willful misconduct.

45 c.¹ Any action taken by a health care professional to participate
46 in P.L. , c. (C.) (pending before the Legislature as this bill)
47 shall be voluntary on the part of that individual. If a health care

1 professional is unable or unwilling to carry out a patient's request
2 under P.L. , c. (C.) (pending before the Legislature as this
3 bill), and the patient transfers the patient's care to a new health care
4 professional or health care facility, the prior health care
5 professional shall transfer, upon request, a copy of the patient's
6 relevant records to the new health care professional or health care
7 facility.

8

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

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

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

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

27 e. The penalties set forth in this section shall not preclude the
28 imposition of any other criminal penalty applicable under law for
29 conduct that is inconsistent with the provisions of P.L. ,
30 c. (C.) (pending before the Legislature as this bill).

31

32 19. (New section) Any governmental entity that incurs costs
33 resulting from a qualified terminally ill patient choosing to self-
34 administer medication prescribed pursuant to P.L. , c. (C.)
35 (pending before the Legislature as this bill) in a public place has a
36 claim against the estate of the patient to recover those costs and
37 reasonable attorneys' fees related to enforcing the claim.

38

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

42

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

45

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

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

4 I have been fully informed of my diagnosis, prognosis, the nature
5 of medication to be prescribed and potential associated risks, the
6 expected result, and the feasible alternatives, including ¹concurrent
7 or additional treatment opportunities.¹ palliative care, comfort care,
8 hospice care, and pain control.

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

13

14 INITIAL ONE:

15

16 I have informed my family of my decision and taken their
17 opinions into consideration.

18 I have decided not to inform my family of my decision.

19 I have no family to inform of my decision.

20

21 INITIAL ALL THAT APPLY:

22

23 My attending physician has recommended that I participate
24 in a consultation concerning ¹concurrent or¹ additional treatment
25 opportunities, palliative care, comfort care, hospice care, and pain
26 control options, and provided me with a referral to a health care
27 professional qualified to discuss these options with me.

28 I have participated in a consultation concerning
29 ¹concurrent or¹ additional treatment opportunities, palliative care,
30 comfort care, hospice care, and pain control options.

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

33

34 I understand that I have the right to rescind this request at any
35 time.

36 I understand the full import of this request, and I expect to die if
37 and when I take the medication to be prescribed. I further
38 understand that, although most deaths occur within three hours, my
39 death may take longer and my physician has counseled me about
40 this possibility.

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

43

44 Signed:

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46 Dated:

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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:

Witness 1 Witness 2
Initials Initials
.....

- 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 facility¹, other than a long term care facility,¹ where the person is a patient or resident. ¹**【If the patient is a resident of a long-term care facility, one of the witnesses shall be an individual designated by the facility.】¹**

21. (New section) The Director of the Division of Consumer Affairs in the Department of Law and Public Safety, 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), including the required reporting of information to the division by health care professionals pursuant to section 13 of P.L. , c. (C.) (pending 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

1 P.L. , c. (C.) (pending before the Legislature as this bill)
 2 concerning the duties of a licensed physician pursuant thereto.

3

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

10

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

17

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

25

26 ¹[25.] 26.¹ (New section) a. As used in this section:

27 "Health care facility" or "facility" means a health care facility
 28 licensed pursuant to P.L.1971, c.,136 (C.26:2H-1 et seq.).

29 "Health care professional" means a person licensed to practice a
 30 health care profession pursuant to Title 45 of the Revised Statutes.

31 b. (1) The existing policies and procedures utilized by a
 32 health care facility shall, to the maximum extent possible, govern
 33 the taking of any action by a health care professional pursuant to
 34 sections 1 through 20 of P.L. , c. (C.) (pending before the
 35 Legislature as this bill) on the premises owned by, or under the
 36 direct control of, the facility, except as otherwise prescribed by
 37 regulation of the Commissioner of Health pursuant to paragraph (4)
 38 of this subsection.

39 (2) Any action taken by a health care facility to participate in
 40 P.L. , c. (C.) (pending before the Legislature as this bill)
 41 shall be voluntary on the part of the facility.

42 (3) A health care facility shall not be subject to a licensure
 43 enforcement action by the Department of Health for any action
 44 taken in compliance with the provisions of P.L. , c. (C.)
 45 (pending before the Legislature as this bill).

46 (4) The Commissioner of Health, pursuant to the
 47 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
 48 1 et seq.), shall adopt such rules and regulations as are necessary to

1 implement the provisions of sections 1 through 20 of
 2 P.L. , c. (C.) (pending before the Legislature as this bill),
 3 concerning their application to a health care facility and any action
 4 taken by a health care professional on the premises owned by, or
 5 under the direct control of, the facility.

6 (5) The provisions of this subsection shall not preclude a health
 7 care facility or health care professional from providing to a patient
 8 any health care services to which the provisions of sections 1
 9 through 20 of P.L. , c. (C.) (pending before the Legislature
 10 as this bill) do not apply.

11

12 ¹~~[26.]~~ 27.¹ Section 1 of P.L.1991, c.270 (C.2A:62A-16) is
 13 amended to read as follows:

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

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

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

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

33 A duty to warn and protect shall not be incurred when a qualified
 34 terminally ill patient requests medication that the patient may
 35 choose to self-administer in accordance with the provisions of
 36 P.L. , c. (C.) (pending before the Legislature as this bill).

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

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

45 (2) Initiating procedures for involuntary commitment to
 46 treatment of the patient to an outpatient treatment provider, a short-
 47 term care facility, a special psychiatric hospital, or a psychiatric

1 facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et
2 seq.);

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

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

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

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

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

17

18 ¹~~27.~~ 28.¹ N.J.S.2C:11-6 is amended to read as follows:

19 2C:11-6. Aiding Suicide. A person who purposely aids another
20 to commit suicide is guilty of a crime of the second degree if his
21 conduct causes such suicide or an attempted suicide, and otherwise
22 of a crime of the fourth degree. Any action taken in accordance with
23 the provisions of P.L. _____, c. _____ (C. _____) (pending before the
24 Legislature as this bill) shall not constitute suicide or assisted
25 suicide.

26 (cf: P.L.1978, c.95, s.2C:11-6)

27

28 ¹~~28.~~ 29.¹ This act shall take effect on the first day of the
29 fourth month next following the date of enactment, but the Director
30 of the Division of Consumer Affairs in the Department of Law and
31 Public Safety, the Commissioner of Health, the State Board of
32 Medical Examiners, the New Jersey State Board of Pharmacy, ¹the
33 State Board of Social Work Examiners,¹ and the State Board of
34 Psychological Examiners may take such anticipatory administrative
35 action in advance thereof as shall be necessary for the
36 implementation of this act.

37

38

39

40

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