

1.1 moves to amend H.F. No. 1930 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1
1.4 END-OF-LIFE OPTION ACT

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

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

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

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

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

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

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

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

1.20 Subd. 6. **Informed decision.** "Informed decision" means a decision by a qualified
1.21 individual to request and obtain a prescription for medical aid in dying medication pursuant

2.1 to this chapter, after being fully informed by the attending provider and consulting provider
2.2 as required under section 145E.15.

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

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

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

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

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

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

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

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

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

2.26 Provider does not include a health care facility.

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

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

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

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

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

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

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

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

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

3.16 (1) be 18 years of age or older;

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

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

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

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

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

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

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

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

4.8 (1) use of written materials;

4.9 (2) use of technology-assisted communication;

4.10 (3) use of an interpreter; or

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

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

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

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

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

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

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

4.22 Subd. 4. **Written request.** In order to be valid, a written request for medical aid in dying
 4.23 medication must be in substantially the form below, must be signed and dated by the
 4.24 individual seeking medical aid in dying medication, and must be witnessed by at least one
 4.25 individual meeting the requirements of subdivision 3 who, in the presence of the individual
 4.26 seeking medical aid in dying medication, attests that to the best of the witness's knowledge
 4.27 and belief the individual seeking medical aid in dying medication is mentally capable, acting
 4.28 voluntarily, and is not being coerced nor unduly influenced to sign the request.

4.29 Request for Medication to End My Life in a Peaceful Manner

4.30 I,, am an adult of sound mind. I have been diagnosed
 4.31 with and given a prognosis of six months or less to

5.1 live. I have been fully informed of the feasible alternative, concurrent, or additional treatment
 5.2 opportunities for my terminal disease, including but not limited to comfort care, palliative
 5.3 care, hospice care, or pain control, and of the potential risks and benefits of each. I have
 5.4 been offered and received resources or referrals to pursue these alternative, concurrent, or
 5.5 additional treatment opportunities for my terminal disease.

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

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

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

5.16

5.17 Requestor Signature Date

5.18 Witness:

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

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

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

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

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

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

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

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

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

6.2

6.3 Signature of Witness

6.4

6.5 Address

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

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

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

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

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

6.20 (4) inform the individual of:

6.21 (i) the individual's diagnosis;

6.22 (ii) the individual's prognosis;

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

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

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

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

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

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

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

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

7.12 (10) educate the individual on:

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

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

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

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

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

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

7.29 (b) Upon the attending provider's completion of the steps in paragraph (a), the consulting
7.30 provider's completion of the steps in subdivision 2, and if applicable, the licensed mental
7.31 health professional's completion of the steps in subdivision 3, the attending provider is

8.1 authorized to prescribe medical aid in dying medication and any ancillary medications for
8.2 the qualified individual. The attending provider must:

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

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

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

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

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

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

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

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

8.25 (4) inform the individual of:

8.26 (i) the individual's diagnosis and prognosis;

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

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

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

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

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

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

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

9.8 (iii) the individual is mentally capable or provide documentation that the consulting
9.9 provider has referred the individual for further evaluation in accordance with subdivision
9.10 3; and

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

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

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

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

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

9.25 **Subd. 4. Pharmacist responsibilities.** A pharmacist who receives a prescription for
9.26 medical aid in dying medication may dispense the medication and any ancillary medications
9.27 to the attending provider, to the qualified individual, or to an individual expressly designated
9.28 in person by the qualified individual. If dispensed, the medical aid in dying medication and
9.29 any ancillary medications must be dispensed in person or, with a signature required on
9.30 delivery, by mail service, common carrier, or messenger service.

9.31 **Subd. 5. No duty to provide medical aid in dying.** (a) A provider must provide sufficient
9.32 information to an individual with a terminal disease regarding available options, the

10.1 alternatives, and the foreseeable risks and benefits of each so that the individual is able to
10.2 make informed decisions regarding the individual's end-of-life health care.

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

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

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

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

10.16 (b) If a pharmacist is unable or unwilling to fill a prescription for medical aid in dying
10.17 medication, the pharmacist must, upon request, transfer the individual's care and medical
10.18 records to a new pharmacist consistent with federal and Minnesota law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.11 (c) For purposes of this subdivision, "summary data" has the meaning given in section
14.12 13.02, subdivision 19.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16.11 (1) imprisonment for not more than 20 years or to payment of a fine of not more than
16.12 \$40,000, or both; or

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

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

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

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

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

16.29 **EFFECTIVE DATE.** Subdivisions 1 to 3 and 4, paragraph (b), are effective August 1,
16.30 2024, and apply to crimes committed on or after that date. Subdivisions 4, paragraph (a),
16.31 and 5 are effective August 1, 2024.

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

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

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

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

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

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

17.13 **ARTICLE 2**

17.14 **OTHER PROVISIONS**

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

17.16 **61A.031 SUICIDE PROVISIONS.**

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

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

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

18.3 Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections
18.4 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),
18.5 and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;
18.6 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;
18.7 144.992; 145E.35; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all
18.8 rules, orders, stipulation agreements, settlements, compliance agreements, licenses,
18.9 registrations, certificates, and permits adopted or issued by the department or under any
18.10 other law now in force or later enacted for the preservation of public health may, in addition
18.11 to provisions in other statutes, be enforced under this section.

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

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

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

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

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

18.27 Delete the title and insert:

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