

**SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION**

S.F. No. 3215

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DATE 04/02/2025 D-PG Introduction and first reading OFFICIAL STATUS
Referred to Health and Human Services

1.1 A bill for an act
1.2 relating to health; establishing an end-of-life option for terminally ill adults with
1.3 a prognosis of six months or less; providing criminal penalties; classifying certain
1.4 data; requiring reports; providing immunity for certain acts; authorizing
1.5 enforcement; amending Minnesota Statutes 2024, sections 61A.031; 144.99,
1.6 subdivision 1; 609.215, subdivision 3; proposing coding for new law as Minnesota
1.7 Statutes, chapter 145E.

1.8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.9 **ARTICLE 1**
1.10 **END-OF-LIFE OPTION ACT**

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

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

1.13 EFFECTIVE DATE. This section is effective August 1, 2025.

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

1.15 Subdivision 1. Application. For purposes of this chapter, the following terms have the
1.16 meanings given.

1.17 Subd. 2. Attending provider. "Attending provider" means the provider who has primary
1.18 responsibility for the medical care of the individual and treatment of the individual's terminal
1.19 disease.

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

2.1 Subd. 4. **Health care facility.** "Health care facility" means a hospital, nursing home,
2.2 hospice facility, assisted living facility, medical clinic, or any other facility governed by
2.3 chapter 144 or 144A. Health care facility does not include an individual provider.

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

2.6 Subd. 6. **Informed decision.** "Informed decision" means a decision by a qualified
2.7 individual to request and obtain a prescription for medical aid in dying medication pursuant
2.8 to this chapter, after being fully informed by the attending provider and consulting provider
2.9 as required under section 145E.15.

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

2.12 Subd. 8. **Licensed mental health consultant.** "Licensed mental health consultant" means
2.13 an individual who:

2.14 (1) is licensed by the profession's licensing board as a:

2.15 (i) psychiatrist;

2.16 (ii) psychologist;

2.17 (iii) licensed independent clinical social worker; or

2.18 (iv) registered nurse who is certified as:

2.19 (A) a clinical nurse specialist in child or adolescent, family, or adult psychiatric and
2.20 mental health nursing by a national nurse certification organization; or

2.21 (B) a nurse practitioner in adult or family psychiatric and mental health nursing by a
2.22 national nurse certification organization; and

2.23 (2) is competent, according to the laws governing the practice of their profession, to
2.24 determine the mental capability of individuals with a terminal disease.

2.25 Subd. 9. **Medical aid in dying.** "Medical aid in dying" means the process in which a
2.26 provider evaluates an individual's request, determines if the individual meets the criteria of
2.27 a qualified individual, provides the qualified individual with a prescription for medical aid
2.28 in dying medication, and, when permissible, dispenses the medication.

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

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

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

3.6 Subd. 13. **Provider.** (a) "Provider" means:

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

3.9 (2) an advanced practice registered nurse licensed by the Minnesota Board of Nursing
3.10 and certified by a national nurse certification organization acceptable to the board to practice
3.11 as a clinical nurse specialist or nurse practitioner pursuant to sections 148.171 to 148.285;
3.12 or

3.13 (3) a physician assistant licensed by the Minnesota Board of Medical Practice pursuant
3.14 to chapter 147A.

3.15 (b) Provider does not include a health care facility.

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

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

3.22 Subd. 16. **Terminal disease.** "Terminal disease" means an incurable and irreversible
3.23 disease that will, within reasonable medical judgment, result in death within six months.

3.24 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

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

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

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

4.3 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

4.6 Subdivision 1. **Qualified individual.** (a) Any individual may request medical aid in
4.7 dying medication. In order to obtain a prescription for medical aid in dying medication, the
4.8 individual must:

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

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

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

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

4.13 (5) request a prescription for medical aid in dying medication in accordance with
4.14 subdivision 2 from an attending provider meeting the requirements in section 145E.15,
4.15 subdivision 1, and a consulting provider meeting the requirements in section 145E.15,
4.16 subdivision 2.

4.17 (b) No individual is a qualified individual solely because of advanced age or disability.

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

4.22 (b) Oral and written requests for medical aid in dying medication may be made only by
4.23 the individual who will self-administer the medication. A request for medical aid in dying
4.24 medication shall not be made by the individual's guardian, conservator, health care agent,
4.25 living will proxy, attorney-in-fact named in a power of attorney, or surrogate decision-maker,
4.26 or by an advance health care directive.

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

4.29 (1) use of written materials;

4.30 (2) use of technology-assisted communication;

4.31 (3) use of an interpreter; or

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

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

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

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

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

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

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

5.12 Subd. 4. **Written request.** In order to be valid, a written request for medical aid in dying
5.13 medication must be in substantially the form in this subdivision, must be signed and dated
5.14 by the individual seeking medical aid in dying medication, and must be witnessed by at
5.15 least one individual meeting the requirements in subdivision 3 who, in the presence of the
5.16 individual seeking medical aid in dying medication, attests that to the best of the witness's
5.17 knowledge and belief the individual seeking medical aid in dying medication is mentally
5.18 capable, acting voluntarily, and not being coerced or unduly influenced to sign the request.

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

5.20 I, (name), am an adult of sound mind. I have been
5.21 diagnosed with (terminal illness) and given a prognosis
5.22 of six months or less to live. I have been fully informed of the feasible alternative, concurrent,
5.23 or additional treatment opportunities for my terminal disease, including but not limited to
5.24 comfort care, palliative care, hospice care, or pain control, and of the potential risks and
5.25 benefits of each. I have been offered and received resources or referrals to pursue these
5.26 alternative, concurrent, or additional treatment opportunities for my terminal disease.

5.27 I have been fully informed of the nature, risks, and benefits of the medication to be
5.28 prescribed, including that the likely outcome of self-administering the medication is death.
5.29 I understand that I can rescind this request at any time and that I am under no obligation to
5.30 fill the prescription once written, or to self-administer the medication if I obtain it.

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

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

6.7

6.8 Requestor Signature

Date

6.9 Witness:

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

6.12 (ii) To the best of my knowledge and belief the person named above is mentally capable,
6.13 is acting voluntarily, and is not being coerced or unduly influenced to sign this request for
6.14 medical aid in dying medication.

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

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

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

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

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

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

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

6.24

6.25 Witness Signature

6.26

6.27 Address

6.28 **EFFECTIVE DATE.** This section is effective August 1, 2025.

7.1 Sec. 5. **[145E.15] RESPONSIBILITIES OF ATTENDING PROVIDER,**
7.2 **CONSULTING PROVIDER, LICENSED MENTAL HEALTH CONSULTANT, AND**
7.3 **PHARMACIST.**

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

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

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

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

7.15 (4) inform the individual of:

7.16 (i) the individual's diagnosis;

7.17 (ii) the individual's prognosis;

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

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

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

7.26 (5) inform the individual that there is no obligation to fill the prescription or
7.27 self-administer the medical aid in dying medication if the medication is obtained;

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

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

8.1 (8) refer the individual to a consulting provider to complete the requirements in
8.2 subdivision 2;

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

8.5 (10) educate the individual on:

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

8.8 (ii) proper safekeeping and disposal of the medical aid in dying medication in accordance
8.9 with federal and Minnesota law;

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

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

8.14 (11) document in the individual's medical record the individual's diagnosis and prognosis,
8.15 the attending provider's determination of mental capability or referral for confirmation of
8.16 mental capability by a licensed mental health consultant, the date of the oral request, a copy
8.17 of the written request, and a notation that the requirements under this subdivision have been
8.18 met; and

8.19 (12) include in the individual's medical record the consulting provider's written
8.20 confirmation that the requirements in subdivision 2 have been met and, if applicable, the
8.21 licensed mental health consultant's written determination.

8.22 (b) After the attending provider completes the steps in paragraph (a); the consulting
8.23 provider completes the steps in subdivision 2; and, if applicable, the licensed mental health
8.24 consultant completes the steps in subdivision 3, the attending provider may prescribe medical
8.25 aid in dying medication and any ancillary medications for the qualified individual. The
8.26 attending provider must:

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

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

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

9.4 Subd. 2. Consulting provider qualifications and responsibilities. (a) If the attending
9.5 provider is not a doctor of medicine or osteopathy licensed by the Minnesota Board of
9.6 Medical Practice pursuant to chapter 147, the consulting provider must be a doctor of
9.7 medicine or osteopathy licensed by the Minnesota Board of Medical Practice pursuant to
9.8 chapter 147.

9.9 (b) After receiving a referral from an attending provider of an individual requesting
9.10 medical aid in dying medication, a consulting provider must:

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

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

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

9.18 (4) inform the individual of:

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

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

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

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

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

9.27 (5) if determined by the consulting provider, submit written confirmation to the attending
9.28 provider that:

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

10.1 (ii) the individual is mentally capable or provide documentation that the consulting
10.2 provider has referred the individual for further evaluation in accordance with subdivision
10.3 3; and

10.4 (iii) the individual's request for medical aid in dying medication does not arise from
10.5 coercion or undue influence; and

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

10.7 Subd. 3. Referral for confirmation of mental capability. (a) If the attending provider
10.8 or the consulting provider is unable to confirm that the individual requesting medical aid
10.9 in dying medication is mentally capable, the attending provider or consulting provider who
10.10 cannot determine mental capability must refer the individual to a licensed mental health
10.11 consultant for a determination of mental capability.

10.12 (b) The licensed mental health consultant who evaluates the individual under this
10.13 subdivision must submit to the requesting provider a written determination of whether the
10.14 individual is mentally capable.

10.15 (c) If the licensed mental health consultant determines that the individual is not mentally
10.16 capable, the individual is not a qualified individual and the attending provider must not
10.17 prescribe medical aid in dying medication to the individual.

10.18 Subd. 4. Pharmacist responsibilities. A pharmacist who receives a prescription for
10.19 medical aid in dying medication may dispense the medication and any ancillary medications
10.20 to the attending provider, to the qualified individual, or to an individual expressly designated
10.21 in person by the qualified individual. When dispensed, the medical aid in dying medication
10.22 and any ancillary medications must be dispensed in person or, with a signature required on
10.23 delivery, by mail service, common carrier, or messenger service.

10.24 Subd. 5. No duty to provide medical aid in dying. (a) A provider must provide sufficient
10.25 information to an individual with a terminal disease regarding available options, the
10.26 alternatives, and the foreseeable risks and benefits of each so that the individual is able to
10.27 make informed decisions regarding the individual's end-of-life health care.

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

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

11.1 individual's medical records to a new provider within two business days after the provider
11.2 receives the individual's transfer request.

11.3 (d) Consistent with section 147.091, subdivision 1, paragraph (v); 147A.13, subdivision
11.4 1, clause (20); or 148.261, subdivision 1, clause (19), a provider must not engage in false,
11.5 misleading, or deceptive practices relating to the provider's willingness to qualify an
11.6 individual or to provide a prescription to a qualified individual for medical aid in dying
11.7 medication.

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

11.11 (b) Consistent with Minnesota Rules, part 6800.2250, a pharmacist must not engage in
11.12 false, misleading, or deceptive practices relating to the pharmacist's willingness to fill a
11.13 prescription for medical aid in dying medication.

11.14 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

11.16 After a qualified individual's death, any individual, facility, or staff member in possession,
11.17 custody, or control of medical aid in dying medications must ensure disposal of the
11.18 medication in accordance with federal and Minnesota law and guidelines.

11.19 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

11.22 Subdivision 1. **Facility policies.** (a) A health care facility may prohibit providers or
11.23 pharmacists from determining an individual's qualification for medical aid in dying or
11.24 prescribing or dispensing medical aid in dying medication while performing duties for the
11.25 facility. A prohibiting health care facility must give providers and pharmacists advance
11.26 written notice of this policy at the time of hiring, contracting with, or privileging the provider
11.27 or pharmacist.

11.28 (b) A health care facility that fails to provide advance written notice of the policy as
11.29 required under paragraph (a) waives the right to enforce any prohibitions authorized under
11.30 paragraph (a).

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

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

12.6 (2) providing information regarding health care services available under this chapter,
12.7 information about relevant community resources, and information about how to access those
12.8 resources to obtain the individual's care of choice.

12.9 Subd. 2. **Timely transfer.** If an individual requests to transfer care to another health
12.10 care facility, the facility currently providing care to the individual shall cooperate with a
12.11 timely transfer to the new facility, including transfer of the individual's medical records
12.12 within two business days after the facility receives the individual's transfer request, in a
12.13 manner consistent with applicable federal and Minnesota laws.

12.14 Subd. 3. **False, misleading, or deceptive practices prohibited.** In accordance with
12.15 section 144.651, a health care facility shall not engage in false, misleading, or deceptive
12.16 practices relating to the facility's policy with respect to medical aid in dying, including:

12.17 (1) whether the facility has a policy that prohibits affiliated providers or pharmacists
12.18 from determining an individual's qualification for medical aid in dying or from prescribing
12.19 or dispensing medical aid in dying medication to a qualified individual; or

12.20 (2) intentionally denying an individual access to medical aid in dying medication by
12.21 failing to transfer the individual to another provider or health care facility in a timely manner
12.22 or failing to transfer the individual's medical records to another provider or health care
12.23 facility within two business days after the facility receives the individual's transfer request.

12.24 Subd. 4. **Conflict.** If any provision of this section is found to conflict with federal
12.25 requirements necessary for a health care facility or the state to receive federal funds, the
12.26 conflicting provision of this section is inoperative solely to the extent of the conflict as it
12.27 applies to the directly affected facility, and the finding or determination shall not affect the
12.28 operation of the remainder of this chapter.

12.29 **EFFECTIVE DATE.** This section is effective August 1, 2025.

13.1 Sec. 8. [145E.30] IMMUNITY FOR ACTIONS IN GOOD FAITH; PROHIBITION
13.2 AGAINST REPRISALS.

13.3 (a) An individual, including a provider, pharmacist, licensed mental health consultant,
13.4 or hospice provider employee, shall not be subject to criminal liability or professional
13.5 disciplinary action, including censure, suspension, loss of license, loss of privileges, or any
13.6 other penalty for engaging in good faith compliance with this chapter.

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

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

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

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

13.16 (c) No individual shall be subject to civil or criminal liability or professional disciplinary
13.17 action if, at the request of the qualified individual, the individual is present outside the scope
13.18 of their employment contract and off the facility premises when the qualified individual
13.19 self-administers medical aid in dying medication or at the time of death. An individual who
13.20 is present may, without civil or criminal liability, assist the qualified individual by preparing
13.21 the medical aid in dying medication, including opening medication containers, measuring
13.22 the medication, or preparing an enteral dispenser containing the medication. The assisting
13.23 individual is not permitted to assist the qualified individual by administering a prepared
13.24 enteral dispenser to the qualified individual.

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

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

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

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

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

14.1 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

14.3 Subdivision 1. **Forms.** The commissioner of health must develop and maintain an
14.4 attending provider checklist form and attending provider follow-up form to facilitate
14.5 collection of the information required in this section. The commissioner must post the forms
14.6 on the Department of Health website. Failure by the commissioner to develop the attending
14.7 provider checklist form and attending provider follow-up form shall not delay the effective
14.8 date of this chapter and shall not relieve an attending provider of the responsibility to submit
14.9 the information in subdivision 2 or 3, as applicable, to the commissioner of health.

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

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

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

14.16 (3) confirmation that the requirements of section 145E.15 were met; and

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

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

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

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

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

14.28 Subd. 4. **Review of forms; annual report.** (a) Effective August 1, 2025, through July
14.29 31, 2029, the commissioner of health must annually review all of the forms submitted under
14.30 this section to ensure completeness, timeliness, and accuracy of submitted forms. Effective
14.31 August 1, 2029, the commissioner of health must annually review a sample of the forms

15.1 submitted under this section to ensure completeness, timeliness, and accuracy of submitted
15.2 forms.

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

15.5 (1) prescriptions for medical aid in dying medication provided;

15.6 (2) providers who provided prescriptions for medical aid in dying medication; and

15.7 (3) qualified individuals who died following self-administration of medical aid in dying
15.8 medication.

15.9 (c) For purposes of this subdivision, "summary data" has the meaning given in section
15.10 13.02, subdivision 19.

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

15.14 Subd. 6. **Enforcement.** The commissioner of health may enforce this section under the
15.15 powers and authority in sections 144.989 to 144.993.

15.16 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

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

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

15.24 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

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

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

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

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

16.9 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

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

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

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

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

16.19 (c) Death of a qualified individual after self-administration of medical aid in dying
16.20 medication does not constitute grounds for postmortem inquiry by a coroner or medical
16.21 examiner. A coroner or medical examiner notified of a qualified individual's death after
16.22 self-administration of medical aid in dying medication shall decline jurisdiction over the
16.23 death record and refer the death record to the attending provider according to paragraph (a).

16.24 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

16.27 Subdivision 1. **Offenses.** A person who commits any of the following acts is guilty of
16.28 a felony and may be sentenced as provided in subdivision 2:

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

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

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

17.5 (4) compels another individual to self-administer medical aid in dying medication through
17.6 the use of coercion, undue influence, harassment, duress, compulsion, or other enticement
17.7 and murder in the first or second degree was not committed as a result.

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

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

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

17.15 (1) imprisonment for not more than 20 years or to payment of a fine of not more than
17.16 \$40,000, or both; or

17.17 (2) imprisonment for not more than 25 years or to payment of a fine of not more than
17.18 \$50,000, or both, if the person committed the violation through the use of force.

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

17.22 Subd. 4. Civil liability; other criminal penalties. (a) Nothing in this section limits civil
17.23 liability or damages arising from negligent conduct or intentional misconduct related to the
17.24 provision of medical aid in dying, including failure to obtain informed consent by any
17.25 person, provider, or health care facility.

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

17.28 Subd. 5. Claims by governmental entity for costs incurred. A governmental entity
17.29 that incurs costs due to a qualified individual's self-administration in a public place of
17.30 medical aid in dying medication prescribed under section 145E.15 may file a claim against
17.31 the individual's estate to recover the costs and reasonable attorney fees related to enforcing
17.32 the claim.

18.1 **EFFECTIVE DATE.** Subdivisions 1 to 3 and 4, paragraph (b), are effective August 1,
 18.2 2025, and apply to crimes committed on or after that date. Subdivisions 4, paragraph (a),
 18.3 and 5 are effective August 1, 2025.

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

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

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

18.11 **EFFECTIVE DATE.** This section is effective August 1, 2025.

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

18.13 By August 1, 2025, the commissioner of health must develop and post on the Department
 18.14 of Health website the attending provider checklist form and attending provider follow-up
 18.15 form required under Minnesota Statutes, section 145E.35.

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

18.17 **ARTICLE 2**

18.18 **OTHER PROVISIONS**

18.19 Section 1. Minnesota Statutes 2024, section 61A.031, is amended to read:

18.20 **61A.031 SUICIDE PROVISIONS.**

18.21 (a) The mental competency of a person shall not be a factor in determining whether a
 18.22 person completed suicide within the terms of an individual or group life insurance policy
 18.23 regulating the payment of benefits in the event of the insured's suicide. This paragraph shall
 18.24 not be construed to alter present law but is intended to clarify present law.

18.25 (b) A life insurance policy or certificate issued or delivered in this state may exclude or
 18.26 restrict liability for any death benefit in the event the insured dies as a result of suicide
 18.27 within one year from the date of the issue of the policy or certificate. Any exclusion or
 18.28 restriction shall be clearly stated in the policy or certificate. Any life insurance policy or
 18.29 certificate which contains any exclusion or restriction under this paragraph shall also provide
 18.30 that in the event any death benefit is denied because the insured dies as a result of suicide
 18.31 within one year from the date of issue of the policy or certificate, the insurer shall refund

19.1 all premiums paid for coverage providing the denied death benefit on the insured. An
19.2 exclusion or restriction authorized under this paragraph shall not apply in the event the
19.3 insured dies due to self-administration of medical aid in dying medication obtained in
19.4 accordance with chapter 145E.

19.5 **EFFECTIVE DATE.** This section is effective August 1, 2025.

19.6 Sec. 2. Minnesota Statutes 2024, section 144.99, subdivision 1, is amended to read:

19.7 Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections
19.8 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),
19.9 and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;
19.10 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;
19.11 144.992; 145E.35; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all
19.12 rules, orders, stipulation agreements, settlements, compliance agreements, licenses,
19.13 registrations, certificates, and permits adopted or issued by the department or under any
19.14 other law now in force or later enacted for the preservation of public health may, in addition
19.15 to provisions in other statutes, be enforced under this section.

19.16 **EFFECTIVE DATE.** This section is effective August 1, 2025.

19.17 Sec. 3. Minnesota Statutes 2024, section 609.215, subdivision 3, is amended to read:

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

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

19.27 (c) A provider, as defined in section 145E.02, subdivision 13, or pharmacist who
19.28 prescribes or dispenses medical aid in dying medication in compliance with chapter 145E
19.29 does not violate this section.

19.30 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to crimes
19.31 committed on or after that date.

APPENDIX
Article locations for 25-04749

ARTICLE 1 END-OF-LIFE OPTION ACT..... Page.Ln 1.9
ARTICLE 2 OTHER PROVISIONS..... Page.Ln 18.17