



# 129th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2019

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Legislative Document

No. 1313

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H.P. 948

House of Representatives, March 19, 2019

### An Act To Enact the Maine Death with Dignity Act

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Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT  
Clerk

Presented by Representative HYMANSON of York.  
Cosponsored by Senator WOODSOME of York and  
Representatives: BAILEY of Saco, DENNO of Cumberland, MEYER of Eliot, STEARNS of  
Guilford, Senators: GRATWICK of Penobscot, MOORE of Washington.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA c. 418** is enacted to read:

3 **CHAPTER 418**

4 **PATIENT-DIRECTED CARE**

5 **§2140. Patient-directed care at the end of life**

6 **1. Short title.** This chapter may be known and cited as "the Maine Death with  
7 Dignity Act."

8 **2. Definitions.** As used in this chapter, unless the context otherwise indicates, the  
9 following terms have the following meanings.

10 A. "Adult" means a person who is 18 years of age or older.

11 B. "Attending physician" means the physician who has primary responsibility for the  
12 care of a patient and the treatment of that patient's terminal disease.

13 C. "Competent" means that, in the opinion of a court or in the opinion of the patient's  
14 attending physician or consulting physician, psychiatrist or psychologist, a patient has  
15 the ability to make and communicate an informed decision to health care providers,  
16 including communication through persons familiar with the patient's manner of  
17 communicating if those persons are available.

18 D. "Consulting physician" means a physician who is qualified by specialty or  
19 experience to make a professional diagnosis and prognosis regarding a patient's  
20 disease.

21 E. "Counseling" means one or more consultations between a state-licensed  
22 psychiatrist, state-licensed psychologist, state-licensed clinical social worker or state-  
23 licensed clinical professional counselor and a patient for the purpose of determining  
24 that the patient is competent and not suffering from a psychiatric or psychological  
25 disorder or depression causing impaired judgment.

26 F. "Health care provider" means:

27 (1) A person licensed, certified or otherwise authorized or permitted by law to  
28 administer health care services or dispense medication in the ordinary course of  
29 business or practice of a profession; or

30 (2) A health care facility.

31 G. "Informed decision" means a decision by a qualified patient to request and obtain  
32 a prescription for medication that the qualified patient may self-administer to end the  
33 qualified patient's life in a humane and dignified manner that is based on an  
34 appreciation of the relevant facts and that is made after being fully informed by the  
35 attending physician of:

36 (1) The qualified patient's medical diagnosis;

37 (2) The qualified patient's prognosis;

- 1                   (3) The potential risks associated with taking the medication to be prescribed;  
2                   (4) The probable result of taking the medication to be prescribed; and  
3                   (5) The feasible alternatives to taking the medication to be prescribed, including  
4                   palliative care and comfort care, hospice care, pain control and disease-directed  
5                   treatment options.

6                   H. "Medically confirmed" means the medical opinion of an attending physician has  
7                   been confirmed by a consulting physician who has examined the patient and the  
8                   patient's relevant medical records.

9                   I. "Patient" means an adult who is under the care of a physician.

10                  J. "Physician" means a doctor of medicine or osteopathy licensed to practice  
11                  medicine in this State.

12                  K. "Qualified patient" means a competent adult who is a resident of this State and  
13                  who has satisfied the requirements of this Act in order to obtain a prescription for  
14                  medication that the qualified patient may self-administer to end the qualified patient's  
15                  life in a humane and dignified manner.

16                  L. "Self-administer" means, for a qualified patient, to voluntarily ingest medication  
17                  to end the qualified patient's life in a humane and dignified manner.

18                  M. "Terminal disease" means an incurable and irreversible disease that has been  
19                  medically confirmed and will, within reasonable medical judgment, produce death  
20                  within 6 months.

21                  **3. Right to information.** A patient has a right to information regarding all treatment  
22                  options reasonably available for the care of the patient, including, but not limited to,  
23                  information in response to specific questions about the foreseeable risks and benefits of  
24                  medication, without a physician's withholding requested information regardless of the  
25                  purpose of the questions or the nature of the information.

26                  **4. Written request for medication.** An adult who is competent, is a resident of this  
27                  State, has been determined by an attending physician and a consulting physician to be  
28                  suffering from a terminal disease and has voluntarily expressed the wish to die may make  
29                  a written request for medication that the adult may self-administer in accordance with this  
30                  Act. An adult does not qualify under this Act solely because of age or disability.

31                  **5. Form of written request.** A valid request for medication under this Act must be  
32                  substantially in the form described in subsection 24, signed and dated by the patient and  
33                  witnessed by at least 2 individuals who, in the presence of the patient, attest that to the  
34                  best of their knowledge and belief the patient is competent, is acting voluntarily and is not  
35                  being coerced to sign the request.

36                  A. The language of a written request for medication under this Act must be the  
37                  language in which any conversations or consultations or interpreted conversations or  
38                  consultations between a patient and the patient's attending physician or consulting  
39                  physician are held.

1 B. Notwithstanding paragraph A, the language of a written request for medication  
2 under this Act may be English when the conversations or consultations or interpreted  
3 conversations or consultations between a patient and the patient's attending physician  
4 or consulting physician were conducted in a language other than English if the form  
5 described in subsection 24 contains the attachment described in subsection 25.

6 C. At least one of the 2 or more witnesses required under this subsection and any  
7 interpreter required under this subsection must be a person who is not:

8 (1) A relative of the patient by blood, marriage or adoption;

9 (2) A person who at the time the request is signed would be entitled to any  
10 portion of the estate of the qualified patient upon death, under any will or by  
11 operation of any law; or

12 (3) An owner, operator or employee of a health care facility where the qualified  
13 patient is receiving medical treatment or is a resident.

14 D. The patient's attending physician at the time the written request is signed may not  
15 be a witness.

16 E. If the patient is a patient in a long-term care facility at the time the patient makes  
17 the written request, one of the witnesses must be an individual designated by the  
18 facility who has the qualifications specified by the department by rule.

19 **6. Attending physician responsibilities.** The attending physician shall:

20 A. Make the initial determination of whether a patient has a terminal disease, is  
21 competent and has made the written request under subsection 4 voluntarily;

22 B. Request that the patient demonstrate state residency as required by subsection 15;

23 C. To ensure that the patient is making an informed decision, inform the patient of:

24 (1) The patient's medical diagnosis;

25 (2) The patient's prognosis;

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

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

28 (5) The feasible alternatives to taking the medication to be prescribed, including  
29 palliative care and comfort care, hospice care, pain control and disease-directed  
30 treatment options;

31 D. Refer the patient to a consulting physician for medical confirmation of the  
32 diagnosis and for a determination that the patient is competent and acting voluntarily;

33 E. Confirm that the patient's request does not arise from coercion or undue influence  
34 by another individual by discussing with the patient, outside the presence of any other  
35 individual, except for an interpreter, whether the patient is feeling coerced or unduly  
36 influenced;

37 F. Refer the patient for counseling, if appropriate, as described in subsection 8;

38 G. Recommend that the patient notify the patient's next of kin;

1 H. Counsel the patient about the importance of having another person present when  
2 the patient takes the medication prescribed under this Act, and counsel the patient  
3 about not taking the medication prescribed under this Act in a public place;

4 I. Inform the patient that the patient has an opportunity to rescind the request at any  
5 time and in any manner and offer the patient an opportunity to rescind the request at  
6 the end of the 15-day waiting period pursuant to subsection 11;

7 J. Verify, immediately before writing the prescription for medication under this Act,  
8 that the patient is making an informed decision;

9 K. Fulfill the medical record documentation requirements of subsection 14;

10 L. Ensure that all appropriate steps are carried out in accordance with this Act before  
11 writing a prescription for medication to enable a qualified patient to end the qualified  
12 patient's life in a humane and dignified manner; and

13 M. Dispense medications directly, including ancillary medications intended to  
14 minimize the patient's discomfort, if the attending physician is authorized under state  
15 law or rule to dispense medications and has a current drug enforcement  
16 administration certificate or with the patient's written consent:

17 (1) Contact a pharmacist and inform the pharmacist of the prescription; and

18 (2) Deliver the written prescription personally, by mail or electronically to the  
19 pharmacist, who may dispense the medications in person to the patient, the  
20 attending physician or an expressly identified agent of the patient.

21 **7. Consulting physician confirmation.** Before a patient is determined to be a  
22 qualified patient under this Act, a consulting physician shall examine the patient and the  
23 patient's relevant medical records and confirm, in writing, the attending physician's  
24 diagnosis that the patient is suffering from a terminal disease and verify that the patient is  
25 competent, is acting voluntarily and has made an informed decision.

26 **8. Consulting referral.** If, in the opinion of the attending physician or the  
27 consulting physician, a patient may be suffering from a psychiatric or psychological  
28 disorder or depression causing impaired judgment, the physician shall refer the patient for  
29 counseling. Medication to end a patient's life in a humane and dignified manner may not  
30 be prescribed until the person performing the counseling determines that the patient is not  
31 suffering from a psychiatric or psychological disorder or depression causing impaired  
32 judgment.

33 **9. Informed decision.** A qualified patient may not receive a prescription for  
34 medication under this Act unless the qualified patient has made an informed decision.  
35 Immediately before writing a prescription for medication under this Act, the attending  
36 physician shall verify that the qualified patient is making an informed decision.

37 **10. Notification of next of kin.** A patient who declines or is unable to notify the  
38 patient's next of kin may not have the patient's request for medication denied for that  
39 reason.

1           **11. Written and oral requests.** To receive a prescription for medication that the  
2 qualified patient may self-administer under this Act, a qualified patient must make an oral  
3 request and a written request and reiterate the oral request to the qualified patient's  
4 attending physician at least 15 days after making the initial oral request. At the time the  
5 qualified patient makes the qualified patient's 2nd oral request, the attending physician  
6 shall offer the qualified patient an opportunity to rescind the request.

7           **12. Right to rescind request.** A patient may rescind the patient's request at any time  
8 and in any manner without regard to the patient's mental state. A prescription for  
9 medication may not be written under this Act without the attending physician's offering  
10 the qualified patient an opportunity to rescind the request.

11           **13. Waiting periods.** At least 15 days must elapse between the patient's initial oral  
12 request and the date the patient signs the written request under subsection 11. At least 48  
13 hours must elapse between the date the patient signs the written request and the writing of  
14 a prescription under this Act.

15           **14. Medical record documentation requirements.** The following must be  
16 documented or filed in a patient's medical record:

17           A. All oral requests by the patient for medication to end that patient's life in a  
18 humane and dignified manner;

19           B. All written requests by the patient for medication to end that patient's life in a  
20 humane and dignified manner;

21           C. The attending physician's diagnosis and prognosis and the attending physician's  
22 determination that the patient is competent, is acting voluntarily and has made an  
23 informed decision;

24           D. The consulting physician's diagnosis and prognosis and the consulting physician's  
25 verification that the patient is competent, is acting voluntarily and has made an  
26 informed decision;

27           E. A report of the outcome and determinations made during counseling, if counseling  
28 is provided as described in subsection 8;

29           F. The attending physician's offer to the patient to rescind the patient's request at the  
30 time of the patient's 2nd oral request under subsection 11; and

31           G. A note by the attending physician indicating that all requirements under this Act  
32 have been met, including the requirements of subsection 6, and indicating the steps  
33 taken to carry out the patient's request, including a notation of the medication  
34 prescribed.

35           **15. Residency requirement.** For purposes of this Act, only requests made by  
36 residents of this State may be granted. The residence of a person is that place where the  
37 person has established a fixed and principal home to which the person, whenever  
38 temporarily absent, intends to return. The following factors may be offered in  
39 determining a person's residence under this Act and need not all be present in order to  
40 determine a person's residence:

- 1           A. Possession of a valid driver's license issued by the Department of the Secretary of
- 2           State, Bureau of Motor Vehicles;
- 3           B. Registration to vote in this State;
- 4           C. Evidence that the person owns or leases property in this State;
- 5           D. The location of any dwelling currently occupied by the person;
- 6           E. The place where any motor vehicle owned by the person is registered;
- 7           F. The residence address, not a post office box, shown on a current income tax
- 8           return;
- 9           G. The residence address, not a post office box, at which the person's mail is
- 10           received;
- 11           H. The residence address, not a post office box, shown on any current resident
- 12           hunting or fishing licenses held by the person;
- 13           I. The residence address, not a post office box, shown on any driver's license held by
- 14           the person;
- 15           J. The receipt of any public benefit conditioned upon residency, defined substantially
- 16           as provided in this subsection; or
- 17           K. Any other objective facts tending to indicate a person's place of residence.

18           **16. Disposal of unused medications.** A person who has custody of or control over

19           any unused medications prescribed pursuant to this Act after the death of the qualified

20           patient shall personally deliver the unused medications to the nearest facility qualified to

21           dispose of controlled substances or, if such delivery is impracticable, personally dispose

22           of the unused medications by any lawful means, in accordance with any guidelines

23           adopted by the department.

24           **17. Reporting of information; adoption of rules; information collected not a**

25           **public record; annual statistical report.** The department shall:

- 26           A. Annually review all records maintained under this Act;
- 27           B. Require any health care provider upon writing a prescription or dispensing
- 28           medication under this Act to file a copy of the prescription or dispensing record, and
- 29           other documentation required under subsection 14 associated with writing the
- 30           prescription or dispensing the medication, with the department.

31                   (1) Documentation required to be filed under this paragraph must be mailed or

32                   otherwise transmitted as allowed by rules of the department no later than 30

33                   calendar days after the writing of the prescription or the dispensing of medication

34                   under this Act, except that all documents required to be filed with the department

35                   by the prescribing physician after the death of the qualified patient must be

36                   submitted no later than 30 calendar days after the date of the death of the

37                   qualified patient.

1                   (2) In the event that a person required under this Act to report information to the  
2                   department provides an inadequate or incomplete report, the department shall  
3                   contact the person to request an adequate or complete report;

4                   C. Within 6 months of the effective date of this Act, adopt rules, which are routine  
5                   technical rules pursuant to Title 5, chapter 375, subchapter 2-A, to facilitate the  
6                   collection of information regarding compliance with this Act. Except as otherwise  
7                   provided by law, the information collected is confidential, is not a public record and  
8                   may not be made available for inspection by the public; and

9                   D. Generate and make available to the public an annual statistical report of  
10                  information collected under paragraph C and submit a copy of the report to the joint  
11                  standing committee of the Legislature having jurisdiction over health matters  
12                  annually by March 1st.

13                  **18. Effect on construction of wills, contracts and other agreements.** Any  
14                  provision in a contract, will or other agreement, whether written or oral, to the extent the  
15                  provision would affect whether a person may make or rescind a request for medication to  
16                  end the person's life in a humane and dignified manner, is not valid. Any obligation  
17                  owing under any currently existing contract may not be conditioned upon or affected by  
18                  the making or rescinding of a request by a person for medication to end the person's life  
19                  in a humane and dignified manner.

20                  **19. Insurance or annuity policies.** The sale, procurement or issuance of any life,  
21                  health or accident insurance or annuity policy or the rate charged for any life, health or  
22                  accident insurance or annuity policy may not be conditioned upon or affected by the  
23                  making or rescinding of a request by a person for medication that the person may self-  
24                  administer to end the person's life in a humane and dignified manner. A qualified patient's  
25                  act of ingesting medication to end the qualified patient's life in a humane and dignified  
26                  manner does not have an effect upon a life, health or accident insurance or annuity policy.  
27                  A qualified patient whose life is insured under a life insurance policy issued under the  
28                  provisions of Title 24-A, chapter 29 and the beneficiaries of the policy may not be denied  
29                  benefits on the basis of self-administration of medication by the qualified patient in  
30                  accordance with this Act. The sale, procurement or issuance of any medical professional  
31                  liability insurance policy issued under the provisions of Title 24-A and the rate charged  
32                  by the insurer for the policy may not be conditioned upon or affected by the participation  
33                  by the health care provider in the provision of medication to a qualified patient in  
34                  accordance with this Act.

35                  **20. Authority of Act; references to acts committed under Act; applicable**  
36                  **standard of care.** This Act does not authorize a physician or any other person to end a  
37                  patient's life by lethal injection, mercy killing or active euthanasia. Actions taken in  
38                  accordance with this Act do not, for any purpose, constitute suicide, assisted suicide,  
39                  mercy killing or homicide under the law. State reports may not refer to acts committed  
40                  under this Act as "suicide" or "assisted suicide." Consistent with the provisions of this  
41                  Act, state reports must refer to acts committed under this Act as obtaining and self-  
42                  administering life-ending medication. A patient's death certificate, pursuant to section  
43                  2842, must list the underlying terminal disease as the cause of death. Nothing contained  
44                  in this Act may be interpreted to lower the applicable standard of care for the attending



1 physician, the consulting physician, a psychiatrist or a psychologist or other health care  
2 provider providing services under this Act.

3 **21. Basis for prohibiting persons or entities from participation; notification;**  
4 **penalties; permissible actions.** The following provisions govern the basis for  
5 prohibiting persons or entities from participating in activities under this Act, notification,  
6 penalties and permissible actions.

7 A. Subject to compliance with paragraph B and notwithstanding any other law, a  
8 health care provider may prohibit its employees, independent contractors or other  
9 persons or entities, including other health care providers, from participating in  
10 activities under this Act while on premises owned or under the management or direct  
11 control of that prohibiting health care provider or while acting within the course and  
12 scope of any employment by, or contract with, the prohibiting health care provider.

13 B. A health care provider that elects to prohibit its employees, independent  
14 contractors or other persons or entities, including other health care providers, from  
15 participating in activities under this Act, as described in paragraph A, shall first give  
16 notice of the policy prohibiting participation under this Act to those employees,  
17 independent contractors or other persons or entities, including other health care  
18 providers. A health care provider that fails to provide notice to those employees,  
19 independent contractors or other persons or entities, including other health care  
20 providers, in compliance with this paragraph may not enforce such a policy against  
21 those employees, independent contractors or other persons or entities, including other  
22 health care providers.

23 C. Subject to compliance with paragraph B, the prohibiting health care provider may  
24 take action, including, but not limited to, the following, as applicable, against an  
25 employee, independent contractor or other person or entity, including another health  
26 care provider, that violates this policy:

27 (1) Loss of privileges, loss of membership or other action authorized by the  
28 bylaws or rules and regulations of the medical staff;

29 (2) Suspension, loss of employment or other action authorized by the policies  
30 and practices of the prohibiting health care provider;

31 (3) Termination of any lease or other contract between the prohibiting health  
32 care provider and the employee, independent contractor or other person or entity,  
33 including another health care provider, that violates the policy; or

34 (4) Imposition of any other nonmonetary remedy provided for in any lease or  
35 contract between the prohibiting health care provider and the employee,  
36 independent contractor or other person or entity, including another health care  
37 provider, in violation of the policy.

38 D. Nothing in this section may be construed to prevent, or to allow a prohibiting  
39 health care provider to prohibit, an employee, independent contractor or other person  
40 or entity, including another health care provider, from any of the following:

41 (1) Participating, or entering into an agreement to participate, in activities under  
42 this Act while on premises that are not owned or under the management or direct

1 control of the prohibiting health care provider or while acting outside the course  
2 and scope of the participant's duties as an employee of, or an independent  
3 contractor for, the prohibiting health care provider; or

4 (2) Participating, or entering into an agreement to participate, in activities under  
5 this Act as an attending physician or consulting physician while on premises that  
6 are not owned or under the management or direct control of the prohibiting health  
7 care provider.

8 E. In taking actions pursuant to paragraph C, a health care provider shall comply  
9 with all procedures required by law, its own policies or procedures and any contract  
10 with the employee, independent contractor or other person or entity, including  
11 another health care provider, in violation of the policy, as applicable.

12 F. Any action taken by a prohibiting health care provider pursuant to this subsection  
13 is not reportable to the appropriate licensing board under Title 32, including, but not  
14 limited to, the Board of Licensure in Medicine and the Maine Board of Pharmacy.  
15 The fact that a health care provider participates in activities under this Act may not be  
16 the sole basis for a complaint or report by another health care provider to the  
17 appropriate licensing board under Title 32, including, but not limited to, the Board of  
18 Licensure in Medicine and the Maine Board of Pharmacy.

19 G. As used in this subsection, unless the context otherwise indicates, the following  
20 terms have the following meanings.

21 (1) "Notice" means a separate statement in writing advising of the prohibiting  
22 health care provider's policy with respect to participating in activities under this  
23 Act.

24 (2) "Participating, or entering into an agreement to participate, in activities under  
25 this Act" means doing or entering into an agreement to do any one or more of the  
26 following:

27 (a) Performing the duties of an attending physician as specified in this Act;

28 (b) Performing the duties of a consulting physician as specified in this Act;

29 (c) Performing the duties of a state-licensed psychiatrist, state-licensed  
30 psychologist, state-licensed clinical social worker or state-licensed clinical  
31 professional counselor, in the circumstance that a referral to one is made  
32 pursuant to subsection 8;

33 (d) Delivering the prescription for, dispensing or delivering the dispensed  
34 medication pursuant to this Act; or

35 (e) Being present when the qualified patient takes the medication prescribed  
36 pursuant to this Act.

37 "Participating, or entering into an agreement to participate, in activities under this  
38 Act" does not include doing, or entering into an agreement to do, any of the  
39 following: diagnosing whether a patient has a terminal disease, informing the  
40 patient of the medical prognosis or determining whether a patient has the capacity  
41 to make decisions; providing information to a patient about this Act; or providing

1 a patient, upon the patient's request, with a referral to another health care provider  
2 for the purposes of participating in the activities authorized by this Act.

3 **22. Willful alteration or forgery; coercion or undue influence; penalties; civil**  
4 **damages; other penalties not precluded.** The following provisions govern criminal and  
5 other penalties for certain violations of this Act.

6 A. A person who, without authorization of the patient, willfully alters or forges a  
7 request for medication or conceals or destroys a rescission of that request with the  
8 intent or effect of causing a patient's death commits a Class A crime.

9 B. A person who coerces or exerts undue influence on a patient to request  
10 medication to end the patient's life or to destroy a rescission of a request commits a  
11 Class A crime.

12 C. This Act does not limit liability for civil damages resulting from negligent  
13 conduct or intentional misconduct by a person.

14 D. The penalties in this Act do not preclude criminal penalties applicable under other  
15 law for conduct that is inconsistent with this Act.

16 **23. Claims by governmental entity for costs incurred.** Any governmental entity  
17 that incurs costs resulting from a person ending the person's life under this Act in a public  
18 place has a claim against the estate of the person to recover the costs and reasonable  
19 attorney's fees related to enforcing the claim.

20 **24. Form of the request.** A request for medication as authorized by this Act must  
21 be in substantially the following form:

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

24 I, ....., am an adult of sound mind. I am suffering from  
25 ....., which my attending physician has determined is a terminal  
26 disease and which has been medically confirmed by a consulting physician.

27 I have been fully informed of my diagnosis and prognosis, the nature of medication to  
28 be prescribed and potential associated risks, the expected result and feasible  
29 alternatives, including palliative care and comfort care, hospice care, pain control and  
30 disease-directed treatment options.

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

34 INITIAL ONE:

35 ..... I have informed my family of my decision and taken their opinions into  
36 consideration.

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

38 ..... I have no family to inform of my decision.

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

1 I understand the full import of this request, and I expect to die when I take the  
2 medication to be prescribed. I further understand that, although most deaths occur  
3 within 3 hours, my death may take longer and my physician has counseled me about  
4 this possibility.

5 I make this request voluntarily and without reservation, and I accept full moral  
6 responsibility for my actions.

7 Signed: .....

8 Dated: .....

9 DECLARATION OF WITNESSES

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

12 Initials of Witness 1:

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

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

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

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

18 Printed Name of Witness 1: .....

19 Signature of Witness 1/Date: .....

20 Initials of Witness 2:

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

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

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

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

26 Printed Name of Witness 2: .....

27 Signature of Witness 2/Date: .....

28 NOTE: One witness must be a person who is not a relative by blood, marriage or  
29 adoption of the person signing this request, is not entitled to any portion of the  
30 person's estate upon death and does not own or operate or is not employed at a health  
31 care facility where the person is a patient or resident. The person's attending  
32 physician at the time the request is signed may not be a witness. If the person is an  
33 inpatient at a long-term care facility, one of the witnesses must be an individual  
34 designated by the facility.

35 **25. Form of interpreter attachment.** The form of an attachment for purposes of  
36 providing interpretive services as described in subsection 5, paragraph B must be in  
37 substantially the following form:

1 I, ....., am fluent in English and (language of patient).

2 On (date) at approximately (time) I read the "REQUEST FOR MEDICATION TO  
3 END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" to (name of patient)  
4 in (language of patient).

5 Mr./Ms. (name of patient) affirmed to me that he/she understands the content of this  
6 form, that he/she desires to sign this form under his/her own power and volition and  
7 that he/she requested to sign the form after consultations with an attending physician  
8 and a consulting physician.

9 Under penalty of perjury, I declare that I am fluent in English and (language of  
10 patient) and that the contents of this form, to the best of my knowledge, are true and  
11 correct.

12 Executed at (name of city, county and state) on (date).

13 Interpreter's signature: .....

14 Interpreter's printed name: .....

15 Interpreter's address: .....

16 **SUMMARY**

17 This bill enacts the Maine Death with Dignity Act authorizing a person who is 18  
18 years of age or older, who meets certain qualifications and who has been determined by  
19 the person's attending physician to be suffering from a terminal disease, as defined in the  
20 Act, to make a request for medication prescribed for the purpose of ending the person's  
21 life. The bill establishes the procedures for making these requests, including 2 waiting  
22 periods and one written and 2 oral requests and requires a 2nd opinion by a consulting  
23 physician. The bill requires specified information to be documented in the person's  
24 medical record, including all oral and written requests for a medication to hasten death.

25 The bill requires the attending and consulting physicians to assess the patient for  
26 depression or other mental health condition that impairs judgment. If the attending or  
27 consulting physician, in the physician's professional opinion, believes such a condition  
28 exists, the patient must be evaluated and treated by a state-licensed psychiatrist,  
29 psychologist, clinical social worker or clinical professional counselor. Medication to end  
30 a patient's life in a humane and dignified manner may not be prescribed until the person  
31 performing the counseling determines that the patient is not suffering from a psychiatric  
32 or psychological disorder or depression causing impaired judgment.

33 The bill prohibits a provision in a contract, will or other agreement from being  
34 conditioned upon, or affected by, a person's making or rescinding a request for  
35 medication under the Act. The bill prohibits the sale, procurement or issuance of any life,  
36 health or accident insurance or annuity policy or the rate charged for any life, health or  
37 accident insurance or annuity policy from being conditioned upon or affected by the  
38 making or rescinding of such a request.

39 The bill authorizes a health care provider to prohibit its employees, independent  
40 contractors or other persons or entities, including other health care providers, from

1 participating in activities under the Act while on premises owned by or under the  
2 management or direct control of that prohibiting health care provider or while acting  
3 within the course and scope of any employment by, or contract with, the prohibiting  
4 health care provider.

5 The bill makes it a Class A crime to knowingly alter or forge a request for medication  
6 to end a person's life without that person's authorization or to conceal or destroy a  
7 withdrawal or rescission of a request for medication, if it is done with the intent or effect  
8 of causing the person's death. The bill makes it a Class A crime to knowingly coerce or  
9 exert undue influence on a person to request medication for the purpose of ending that  
10 person's life or to destroy a withdrawal or rescission of a request. The bill provides that  
11 the Act does not authorize ending a patient's life by lethal injection, mercy killing or  
12 active euthanasia and provides that action taken in accordance with the Act does not  
13 constitute, among other things, suicide or homicide.

14 The bill requires health care providers to submit specified information to the  
15 Department of Health and Human Services upon their writing a prescription for or  
16 dispensing medication under the Act and after the death of the qualified patient. The bill  
17 requires the department to generate and make available to the public an annual statistical  
18 report of information collected regarding compliance with the Act. The bill requires a  
19 copy of the report to be submitted to the joint standing committee of the Legislature  
20 having jurisdiction over health matters annually by March 1st.