

1 (1) A court; or
2 (2) The patient's attending physician or consulting
3 physician, psychiatrist, or psychologist,
4 a patient has the ability to make and communicate health care
5 decisions to health care providers, including communication
6 through persons familiar with the patient's manner of
7 communicating if those persons are available.

8 "Consulting physician" means a physician who is qualified
9 by specialty or experience to make a professional diagnosis and
10 prognosis regarding the patient's disease.

11 "Counseling" means one or more consultations as necessary
12 between a state licensed psychiatrist or psychologist and a
13 patient for the purpose of determining that the patient is
14 capable and not suffering from a psychiatric or psychological
15 disorder causing impaired judgment.

16 "Department" means the department of health.

17 "Health care facility" means:

18 (1) A hospital with an organized medical staff, with
19 permanent facilities that include inpatient beds, and
20 with medical services, including physician services
21 and continuous nursing services under the supervision
22 of registered nurses, to provide diagnosis and medical



1 or surgical treatment primarily for acutely ill
2 patients and accident victims, or to provide treatment
3 for the mentally ill or to provide treatment in
4 special inpatient care facilities. For purposes of
5 this definition, a "special inpatient care facility"
6 is a facility with permanent inpatient beds and other
7 facilities designed and used for special health care
8 purposes, including: rehabilitation centers, college
9 infirmaries, chiropractic facilities, facilities for
10 the treatment of alcoholism or drug abuse, or
11 inpatient care facilities, and any other establishment
12 falling within a classification established by the
13 department, after determination of the need for that
14 classification and the level and kind of health care
15 appropriate for that classification; or

- 16 (2) A long-term care facility with permanent facilities
17 that include inpatient beds, providing medical
18 services, including nursing services but excluding
19 surgical procedures except as may be permitted by the
20 rules of the department, to provide treatment for two
21 or more unrelated patients. The term "long-term care
22 facility" includes:



1 (A) A skilled nursing facility, whether an
2 institution or a distinct part of an institution,
3 that is primarily engaged in providing to
4 inpatients skilled nursing care and related
5 services for patients who require medical or
6 nursing care, or rehabilitation services for the
7 rehabilitation of injured, disabled, or sick
8 persons; or

9 (B) An intermediate care facility that provides, on a
10 regular basis, health-related care and services
11 to individuals who do not require the degree of
12 care and treatment that a hospital or skilled
13 nursing facility is designed to provide, but who,
14 because of their mental or physical condition,
15 require care and services above the level of room
16 and board that can be made available to them only
17 through institutional facilities.

18 The term shall not be construed to include home health agencies,
19 residential facilities, hospice programs, and homes.

20 "Health care provider" means a person licensed, certified,
21 or otherwise authorized or permitted by the law of this State to
22 administer health care or dispense medication in the ordinary



1 course of business or practice of a profession and includes a
2 health care facility.

3 "Informed decision" means a decision that is:

4 (1) Made by a qualified patient to request and obtain a
5 prescription to end the patient's life in a humane and
6 dignified manner;

7 (2) Based upon an appreciation of the relevant facts; and

8 (3) Made after being fully informed by the attending
9 physician of:

10 (A) The qualified patient's medical diagnosis;

11 (B) The qualified patient's prognosis;

12 (C) The potential risks associated with taking the
13 medication to be prescribed;

14 (D) The probable result of taking the medication to
15 be prescribed; and

16 (E) The feasible alternatives, including comfort
17 care, hospice care, and pain control.

18 "Medically confirmed" means the medical opinion of the
19 attending physician has been confirmed by a consulting physician
20 who has examined the patient and the patient's relevant medical
21 records.



1 "Patient" means a person who is under the care of a
2 physician.

3 "Physician" means a doctor of medicine or osteopathy
4 licensed to practice medicine by the Hawaii medical board
5 pursuant to chapter 453.

6 "Qualified patient" means a capable adult who is a resident
7 of Hawaii and has satisfied the requirements of this chapter in
8 order to obtain a prescription for medication to end the
9 patient's life in a humane and dignified manner.

10 "Terminal disease" means an incurable and irreversible
11 disease that has been medically confirmed and will, within
12 reasonable medical judgment, result in the patient's death
13 within six months.

14 § -2 **Severability.** Any section of this chapter that is
15 held invalid as to any person or circumstance shall not affect
16 the application of any other section of this chapter that can be
17 given full effect without the invalid section or application.

18 **PART II. WRITTEN REQUEST FOR MEDICATION**

19 § -21 **Who may initiate a written request for medication.**

20 (a) An adult who is capable, is a resident of Hawaii, and has
21 been determined by the attending physician or alternate
22 physician and consulting physician to be suffering from a



1 terminal disease, and who has voluntarily expressed that
2 person's wish to die, may make a written request for medication
3 for the purpose of ending that person's life in a humane and
4 dignified manner in accordance with this chapter.

5 (b) No person shall qualify under this chapter solely
6 because of age or disability.

7 § -22 **Form of the written request.** (a) A valid request
8 for medication under this chapter shall be in substantially the
9 form described in section -61, signed and dated by the
10 qualified patient and witnessed by at least two individuals who,
11 in the presence of the qualified patient, attest that to the
12 best of their knowledge and belief the qualified patient is
13 capable, acting voluntarily, and is not being coerced to sign
14 the request.

15 (b) One of the witnesses shall be a person who is not any
16 of the following:

- 17 (1) A relative of the qualified patient by blood,
18 marriage, or adoption;
- 19 (2) A person who, at the time the request is signed, would
20 be entitled to any portion of the estate of the
21 qualified patient upon death under any will or by
22 operation of law; or



- 1 (A) The patient's medical diagnosis;
- 2 (B) The patient's prognosis;
- 3 (C) The potential risks associated with taking the
- 4 medication to be prescribed;
- 5 (D) The probable result of taking the medication to
- 6 be prescribed; and
- 7 (E) The feasible alternatives, including comfort
- 8 care, hospice care, and pain control;
- 9 (4) Refer the patient to a consulting physician for
- 10 medical confirmation of the diagnosis and
- 11 determination that the patient is capable and acting
- 12 voluntarily;
- 13 (5) Refer the patient for counseling if appropriate
- 14 pursuant to section -33;
- 15 (6) Recommend that the patient notify next of kin;
- 16 (7) Counsel the patient about the importance of having
- 17 another person present when the patient takes the
- 18 medication prescribed pursuant to this chapter and of
- 19 not taking the medication in a public place;
- 20 (8) Inform the patient that the patient may rescind the
- 21 request at any time and in any manner, and shall offer
- 22 the patient an opportunity, pursuant to section



- 1 -36, to rescind at the end of the fifteen-day
- 2 waiting period;
- 3 (9) Verify, immediately prior to writing the prescription
- 4 for medication under this chapter, that the patient is
- 5 making an informed decision;
- 6 (10) Fulfill the medical record documentation requirements
- 7 of section -39;
- 8 (11) Ensure that all appropriate steps are carried out in
- 9 accordance with this chapter prior to writing a
- 10 prescription for medication to enable a qualified
- 11 patient to end the patient's life in a humane and
- 12 dignified manner; and
- 13 (12) (A) Dispense medications directly, including
- 14 ancillary medications intended to facilitate the
- 15 desired effect, to minimize the qualified
- 16 patient's discomfort; provided the attending
- 17 physician is registered as a dispensing physician
- 18 with the Hawaii medical board, has a current Drug
- 19 Enforcement Administration certificate, and
- 20 complies with any applicable administrative rule;
- 21 or
- 22 (B) With the patient's written consent:



1 (i) Contact a pharmacist and inform the
2 pharmacist of the prescription; and
3 (ii) Deliver the written prescription personally
4 or by mail to the pharmacist, who shall
5 dispense the medications either to the
6 qualified patient, the attending physician,
7 or an expressly identified agent of the
8 patient.

9 (b) Notwithstanding any other provision of law, the
10 attending physician may sign the qualified patient's death
11 certificate.

12 (c) If at any time an attending physician declines or is
13 unable to fulfill any of the responsibilities detailed in
14 subsection (a), particularly subsection (a)(12) regarding
15 dispensing medication to a patient, the attending physician
16 shall relinquish the responsibilities to an alternate physician
17 who is willing and able to fulfill the responsibilities detailed
18 in subsection (a). The alternate physician shall confirm with
19 the attending physician or the consulting physician that the
20 diagnosis has not changed and that the patient is capable, is
21 acting voluntarily, has made an informed decision, and remains a
22 qualified patient under this chapter. The alternate physician



1 may not dispense medication to the qualified patient under
2 subsection (a)(12) until at least fifteen days after the
3 alternate physician's initial consultation with the patient.

4 § -32 **Consulting physician confirmation.** Before a
5 patient is deemed qualified under this chapter, the consulting
6 physician shall examine the patient and the patient's relevant
7 medical records and confirm in writing the attending physician's
8 diagnosis that the patient is suffering from a terminal disease
9 and shall verify that the patient is capable, is acting
10 voluntarily, and has made an informed decision. If necessary,
11 the consulting physician shall also confirm with the alternate
12 physician, pursuant to section -31(c), that the diagnosis has
13 not changed and that the patient is capable, is acting
14 voluntarily, has made an informed decision, and remains a
15 qualified patient under this chapter.

16 § -33 **Counseling referral.** If, in the opinion of the
17 attending physician, the alternate physician, or the consulting
18 physician, a patient may be suffering from a psychiatric or
19 psychological disorder causing impaired judgment, any one of the
20 physicians shall refer the patient for counseling. No
21 medication to end a patient's life in a humane and dignified
22 manner shall be prescribed until the person performing the



1 counseling determines that the patient is not suffering from a
2 psychiatric or psychological disorder causing impaired judgment.

3 § **-34 Informed decision.** No person shall receive a
4 prescription for medication to end a patient's life in a humane
5 and dignified manner unless the patient has made an informed
6 decision. Immediately prior to writing a prescription for
7 medication under this chapter, the attending or alternate
8 physician shall verify that the qualified patient is making an
9 informed decision.

10 § **-35 Family notification.** The attending or alternate
11 physician shall recommend that the qualified patient notify the
12 next of kin of the qualified patient's request for medication
13 pursuant to this chapter. A qualified patient who declines or
14 is unable to notify next of kin shall not have the qualified
15 patient's request denied for that reason.

16 § **-36 Written and oral requests.** To receive a
17 prescription for medication to end a qualified patient's life in
18 a humane and dignified manner, a qualified patient shall make an
19 oral request and a written request and shall reiterate the oral
20 request to the qualified patient's attending or alternate
21 physician no less than fifteen days after making the initial
22 oral request. At the time the qualified patient makes a second



1 oral request, the attending or alternate physician shall offer
2 the qualified patient an opportunity to rescind the request.

3 § -37 **Right to rescind request.** A qualified patient may
4 rescind a request at any time and in any manner without regard
5 to the qualified patient's mental state. No prescription for
6 medication under this chapter may be written without the
7 attending or alternate physician offering the qualified patient
8 an opportunity to rescind the request.

9 § -38 **Waiting periods.** No less than fifteen days shall
10 elapse between the qualified patient's initial oral request and
11 the writing of a prescription under this chapter. No less than
12 forty-eight hours shall elapse between the patient's written
13 request and the writing of a prescription under this chapter.

14 § -39 **Medical record documentation requirements.** The
15 following shall be documented or filed in a qualified patient's
16 medical record:

17 (1) All oral requests by the qualified patient for
18 medication to end the qualified patient's life in a
19 humane and dignified manner;

20 (2) All written requests by a qualified patient for
21 medication to end the qualified patient's life in a
22 humane and dignified manner;



- 1 (3) The attending physician's diagnosis, prognosis, and
2 determination that the patient is capable, acting
3 voluntarily, and has made an informed decision and, if
4 necessary, the alternate physician's confirmation that
5 the diagnosis has not changed and that the patient is
6 capable, is acting voluntarily, has made an informed
7 decision, and remains a qualified patient under this
8 chapter;
- 9 (4) The consulting physician's diagnosis, prognosis, and
10 verification that the patient is capable, acting
11 voluntarily, and has made an informed decision;
- 12 (5) A report of the outcome and determinations made during
13 counseling, if performed;
- 14 (6) The attending or alternate physician's offer to the
15 qualified patient to rescind the qualified patient's
16 request at the time of the qualified patient's second
17 oral request pursuant to section -36;
- 18 (7) A note by the attending or alternate physician
19 indicating that all requirements under this chapter
20 have been met and indicating the steps taken to carry
21 out the request, including a notation of the
22 medication prescribed; and



1 (8) A completed form reporting the event to be completed
2 by a monitor who is required to be present at the
3 event pursuant to section -41.

4 § -40 **Residency requirement.** Only requests made by
5 Hawaii residents who have been domiciled or physically present
6 in the State for a continuous period of at least six months
7 prior to the time the initial oral request for medication to end
8 the patient's life is made under this chapter shall be granted.
9 Factors establishing Hawaii residency include:

- 10 (1) Possession of a Hawaii driver's license;
- 11 (2) Registration to vote in Hawaii;
- 12 (3) Evidence that the person owns or leases property in
13 Hawaii;
- 14 (4) Filing of a Hawaii tax return for the most recent tax
15 year; or
- 16 (5) Any other documentation that establishes legal
17 residency in the State.

18 § -41 **Monitor required; form.** (a) A qualified patient
19 shall designate a competent adult to act as a monitor and who
20 shall be present at the time of actual administration of the
21 medication to the qualified patient and shall witness the event.



1 The monitor shall have the power to act on behalf of the
2 qualified patient to:

3 (1) Stop the administration of the medication if it has
4 not yet been carried out; or

5 (2) Enlist medical assistance to attempt to reverse the
6 effect of the medication if the medication has already
7 been delivered,

8 if the monitor has reason to believe that the qualified patient
9 has had a change of mind and is not able to effectively express
10 or communicate the wish not to proceed taking the medication.

11 (b) The department of health shall develop a form for a
12 monitor to complete upon witnessing and participating in the
13 event described under this section.

14 § -42 Department requirements. (a) The department
15 shall annually review a sample of records maintained pursuant to
16 this chapter and shall require any health care provider upon
17 dispensing medication pursuant to this chapter to file a copy of
18 the dispensing record with the department.

19 (b) The department shall adopt rules pursuant to chapter
20 91 to facilitate the collection of information regarding
21 compliance with this chapter. Except as otherwise required by
22 law, the information collected shall not be a government record



1 under chapter 92F and may not be made available for inspection
2 by the public.

3 (c) The department shall generate and make available to
4 the public an annual statistical report of information collected
5 under subsection (b).

6 (d) Upon the filing of a death certificate under section
7 338-9 of any qualified patient under this chapter, the
8 department shall designate the cause of death as the underlying
9 terminal disease or diseases as diagnosed under section
10 -31(a)(1).

11 § -43 **Effect on construction of wills, contracts, and**
12 **other agreements.** (a) No provision in a contract, will, or
13 other agreement, whether written or oral, to the extent the
14 provision would affect whether a person may make or rescind a
15 request for medication to end the person's life in a humane and
16 dignified manner, shall be valid.

17 (b) No obligation owing under any currently existing
18 contract shall be conditioned or affected by the making or
19 rescinding of a request, by a person who is a qualified patient,
20 for medication to end the person's life in a humane and
21 dignified manner.



1 § **-44 Insurance or annuity policies.** The sale,
2 procurement, or issuance of any life, health, or accident
3 insurance or annuity policy or the rate charged for any policy
4 in this State shall not be conditioned upon or affected by the
5 making or rescinding of a request, by a person who is a
6 qualified patient, for medication to end the person's life in a
7 humane and dignified manner. A qualified patient's act of
8 ingesting medication to end the patient's life in a humane and
9 dignified manner shall not have an effect upon any life, health,
10 or accident insurance or annuity policy issued in this State,
11 nor be construed as a suicide for purposes of any life, health,
12 or accident insurance or annuity policy issued in this State for
13 purposes of section 431:10D-108(b)(5).

14 § **-45 Construction of chapter.** Nothing in this chapter
15 shall be construed to authorize a physician or any other person
16 to end a patient's life by lethal injection, mercy killing, or
17 active euthanasia. Actions taken in accordance with this
18 chapter shall not, for any purpose, constitute suicide, assisted
19 suicide, mercy killing, or homicide under the law.

20 **PART IV. IMMUNITIES AND LIABILITIES**

21 § **-51 Immunities; basis for prohibiting health care**
22 **provider or monitor from participation; notification;**



1 **permissible sanctions.** (a) Except as provided in section

2 -52:

3 (1) No person shall be subject to civil or criminal
4 liability or professional disciplinary action for
5 participating in actions taken in good faith
6 compliance with this chapter. This includes being
7 present when a qualified patient takes the prescribed
8 medication to end the qualified patient's life in a
9 humane and dignified manner;

10 (2) No professional organization or association, or health
11 care provider, may subject a person to censure,
12 discipline, suspension, loss of license, loss of
13 privileges, loss of membership, or other penalty for
14 participating or refusing to participate in good faith
15 compliance with this chapter;

16 (3) No request by a qualified patient for or provision by
17 an attending or alternate physician of medication in
18 good faith compliance with this chapter shall
19 constitute neglect for any purpose of law or provide
20 the sole basis for the appointment of a guardian or
21 conservator; and



1 (4) No health care provider shall be under any duty,
2 whether by contract, statute, or any other legal
3 requirement, to participate in the provision to a
4 qualified patient of medication to end the qualified
5 patient's life in a humane and dignified manner. If a
6 health care provider is unable or unwilling to carry
7 out a qualified patient's request under this chapter,
8 and the qualified patient transfers the qualified
9 patient's care to a new health care provider, the
10 prior health care provider shall transfer, upon
11 request, a copy of the qualified patient's relevant
12 medical records to the new health care provider.

13 (b) Except as provided in section -52:

14 (1) Notwithstanding any other provision of law, a health
15 care provider may prohibit another health care
16 provider from participating in this chapter on the
17 premises of the prohibiting provider if the
18 prohibiting provider has notified the health care
19 provider of the prohibiting provider's policy
20 regarding participating in this chapter. Nothing in
21 this paragraph shall prevent a health care provider
22 from providing health care services to a qualified



1 patient that does not constitute participation in this
2 chapter;

3 (2) Notwithstanding subsection (a), a health care provider
4 may subject another health care provider to the
5 sanctions stated in this paragraph if the sanctioning
6 health care provider has notified the sanctioned
7 provider prior to participation in this chapter that
8 it prohibits participation in this chapter:

9 (A) Loss of privileges, loss of membership, or other
10 sanction provided pursuant to the medical staff
11 bylaws, policies, and procedures of the
12 sanctioning health care provider if the
13 sanctioned provider is a member of the
14 sanctioning provider's medical staff and
15 participates in this chapter while on the health
16 care facility premises of the sanctioning health
17 care provider, but not including the private
18 medical office of a physician or other provider;

19 (B) Termination of lease or other property contract
20 or other nonmonetary remedies provided by lease
21 contract, not including loss or restriction of
22 medical staff privileges or exclusion from a



1 provider panel, if the sanctioned provider
2 participates in this chapter while on the
3 premises of the sanctioning health care provider
4 or on property that is owned by or under the
5 direct control of the sanctioning health care
6 provider; or

7 (C) Termination of contract or other nonmonetary
8 remedies provided by contract if the sanctioned
9 provider participates in this chapter while
10 acting in the course and scope of the sanctioned
11 provider's capacity as an employee or independent
12 contractor of the sanctioning health care
13 provider. Nothing in this subparagraph shall be
14 construed to prevent:

15 (i) A health care provider from participating in
16 this chapter while acting outside the course
17 and scope of the provider's capacity as an
18 employee or independent contractor; or

19 (ii) A qualified patient from contracting with
20 the qualified patient's attending or
21 alternate physician and consulting physician
22 to act outside the course and scope of the



1 provider's capacity as an employee or
2 independent contractor of the sanctioning
3 health care provider; and

4 (3) A health care provider that imposes sanctions pursuant
5 to paragraph (2) shall follow all due process and
6 other procedures the sanctioning health care provider
7 may have, including, at a minimum, reasonable notice
8 and an opportunity for a hearing, that are related to
9 the imposition of sanctions on another health care
10 provider.

11 For the purposes of this subsection:

12 "Notify" means to make a separate statement in writing to
13 the health care provider specifically informing the health care
14 provider prior to the provider's participation in this chapter
15 of the sanctioning health care provider's policy about
16 participation in activities covered by this chapter.

17 "Participate in this chapter":

18 (1) Means to perform the duties of an attending or
19 alternate physician pursuant to section -31, the
20 consulting physician function pursuant to section
21 -32, the counseling function pursuant to section



1 -33, or the monitoring function pursuant to section
2 -41;

3 (2) Shall not include:

4 (A) Making an initial determination that a patient
5 has a terminal disease and informing the patient
6 of the medical prognosis;

7 (B) Providing information about this chapter to a
8 patient upon the request of the patient;

9 (C) Providing a patient, upon the request of the
10 patient, with a referral to another physician; or

11 (D) A qualified patient contracting with the
12 patient's attending or alternate physician and
13 consulting physician to act outside of the course
14 and scope of the provider's capacity as an
15 employee or independent contractor of the
16 sanctioning health care provider.

17 (c) Suspension or termination of staff membership or
18 privileges under subsection (b) is not reportable or otherwise a
19 basis for action under section 453-7.5 or 453-8. Action taken
20 pursuant to section -31, -32, or -33 shall not be the
21 sole basis for a report or complaint of unprofessional or
22 dishonorable conduct under section 453-7.5 or 453-8.



1 (d) No provision of this chapter shall be construed to
2 allow a lower standard of care for patients in the community
3 where the patient is treated or a similar community.

4 (e) Actions taken pursuant to this chapter shall not be
5 grounds for revocation, limitation, suspension, or denial of
6 licenses under section 453-8, so long as the health care
7 provider has complied fully with this chapter.

8 § -52 **Liabilities.** (a) A person who, without
9 authorization of the qualified patient, wilfully alters or
10 forges a request for medication, or conceals or destroys a
11 rescission of that request, with the intent or effect of causing
12 the patient's death shall be guilty of a class A felony.

13 (b) Any person who coerces or exerts undue influence on a
14 patient to request medication for the purpose of ending the
15 patient's life, or to destroy a rescission of a request, shall
16 be guilty of a class A felony.

17 (c) Nothing in this chapter limits further liability for
18 civil damages resulting from other negligent conduct or
19 intentional misconduct by any person.

20 (d) The penalties in this chapter shall not preclude
21 criminal penalties applicable under any other law for conduct
22 that is inconsistent with this chapter.



1 § -53 **Claims by governmental entity for costs incurred.**

2 Any governmental entity that incurs costs resulting from a
3 person terminating the person's life pursuant to this chapter in
4 a public place shall have a claim against the estate of the
5 person to recover costs and reasonable attorney fees related to
6 enforcing the claim.

7 **PART V. FORM OF THE REQUEST**

8 § -61 **Form of the request.** A request for medication as
9 authorized by this chapter shall be in substantially the
10 following form:

11 **REQUEST FOR MEDICATION**

12 **TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER**

13 I, _____, am an adult of sound mind. I am suffering
14 from _____, which my attending or alternate physician
15 has determined is a terminal disease that has been medically
16 confirmed by a consulting physician. I have been fully informed
17 of my diagnosis, prognosis, the nature of medication to be
18 prescribed and potential associated risks, the expected result,
19 and the feasible alternatives, including comfort care, hospice
20 care, and pain control.



1 I request that my attending or alternate physician prescribe
2 medication that will end my life in a humane and dignified
3 manner.

4 INITIAL ONE:

5 _____ I have informed my family of my decision and taken their
6 opinions into consideration.

7 _____ I have decided not to inform my family of my decision.

8 _____ I have no family to inform of my decision.

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

11 I understand the full import of this request and I expect to die
12 when I take the medication to be prescribed. I further
13 understand that, although most deaths occur within three hours,
14 my death may take longer and my physician has counseled me about
15 this possibility.

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

18 Signed: _____

19 Dated: _____



1 SECTION 2. Chapter 461, Hawaii Revised Statutes, is
2 amended by adding a new section to be appropriately designated
3 and to read as follows:

4 "§461- Compliance with death with dignity law.

5 Notwithstanding any law to the contrary, nothing in this chapter
6 shall be deemed to prohibit a registered pharmacist from
7 dispensing medications to a qualified patient, the qualified
8 patient's attending or alternate physician, or an expressly
9 identified agent of the qualified patient for the purpose of
10 ending the qualified patient's life in a humane and dignified
11 manner, as provided in section -31(a)(12)(B)(ii)."

12 SECTION 3. Section 327E-13, Hawaii Revised Statutes, is
13 amended by amending subsection (c) to read as follows:

14 "(c) This chapter shall not authorize mercy killing,
15 assisted suicide, euthanasia, or the provision, withholding, or
16 withdrawal of health care, to the extent prohibited by other
17 statutes of this State[-]; provided that death with dignity
18 under chapter shall not be affected by this section."

19 SECTION 4. Section 431:10D-108, Hawaii Revised Statutes,
20 is amended by amending subsection (b) to read as follows:

21 "(b) No policy of life insurance shall be delivered or
22 issued for delivery in this State if it contains a provision



1 [which] that excludes or restricts liability for death caused in
2 a certain specified manner or occurring while the insured has a
3 specified status, except that the policy may contain provisions
4 excluding or restricting coverage as specified therein in event
5 of death under any one or more of the following circumstances:

- 6 (1) Death as a result directly or indirectly of war,
7 declared or undeclared, or of any act or hazard of
8 such war;
- 9 (2) Death as a result of aviation under conditions
10 specified in the policy;
- 11 (3) Death as a result of a specified hazardous occupation
12 or occupations;
- 13 (4) Death while the insured is a resident outside of the
14 United States and Canada; or
- 15 (5) Death within two years from the date of issue of the
16 policy as a result of suicide, while sane or
17 insane[-]; provided that death with dignity under
18 chapter _____ shall not be considered suicide for
19 purposes of this section."

20 SECTION 5. This Act does not affect rights and duties that
21 matured, penalties that were incurred, and proceedings that were
22 begun, before its effective date.



1 SECTION 6. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

3 SECTION 7. This Act shall take effect upon its approval.

4

INTRODUCED BY:

Frank Amador
Calvin H. Song

J. Phil. Karametra

JIT
Della A. Kulatti

Cynthia Thielen

Barbara Mammato

JAN 24 2009



Report Title:

Death With Dignity

Description:

Allows a terminally ill, competent adult to get lethal dose of medication to end life. Prohibits mercy killings, lethal injections, and active euthanasia. Requires informed consent. Allows alternate doctor to replace attending doctor if latter declines to prescribe. Requires monitor at time of taking dose.

