
A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that some states have
2 enacted laws that establish a regulated process to allow their
3 mentally competent adult residents who have a terminal illness
4 with a confirmed prognosis of six or fewer months to live to
5 voluntarily request and receive a prescription medication for
6 self-administration so that they can die in a peaceful, humane
7 manner. These laws, with labels such as "medical aid in dying"
8 laws, "death with dignity" laws, or "end-of-life-options" laws,
9 are based on the concept that the terminally ill person should
10 have the ability to make reasoned end-of-life decisions and
11 choose to end life in a peaceful, humane, and dignified manner
12 or determine how much pain and suffering to endure.

13 The legislature also finds that Oregon's death with dignity
14 act has been in effect since 1997. Similar laws are also in
15 effect in California, Colorado, Vermont, and Washington. This
16 act is modeled on the Oregon statute and includes safeguards to
17 protect patients. These safeguards include confirmation by two



1 providers of the patient's diagnosis, prognosis, mental
 2 competence, and voluntariness of the request; multiple requests
 3 by the patient: an oral request followed by a signed written
 4 request that is witnessed by two people, one of whom must be
 5 unrelated to the patient, and a subsequent oral restatement of
 6 the request; and two waiting periods between the requests and
 7 the writing of the prescription. At all times the patient
 8 retains the right to rescind the request and is under no
 9 obligation to fill the prescription or ingest the medication.

10 The legislature concludes that terminally ill residents of
 11 the State should be able to determine their own medical
 12 treatment at the end of their lives.

13 The purpose of this Act is to enact a medical aid in dying
 14 act.

15 SECTION 2. The Hawaii Revised Statutes is amended by
 16 adding a new chapter to be appropriately designated and to read
 17 as follows:

18 **"CHAPTER**

19 **MEDICAL AID IN DYING ACT**

20 § -1 **Definitions.** The following terms shall mean as
 21 follows:



1 "Adult" means an individual who is eighteen years of age or
2 older.

3 "Attending provider" means a physician licensed pursuant to
4 chapter 453 or an advanced practice registered nurse licensed
5 pursuant to chapter 457 who has primary responsibility for the
6 care of the patient and treatment of the patient's terminal
7 disease.

8 "Capable" means that in the opinion of a court or in the
9 opinion of the patient's attending provider or consulting
10 provider, psychiatrist, or psychologist, a patient has the
11 ability to make and communicate health care decisions to health
12 care providers.

13 "Consulting provider" means a physician licensed pursuant
14 to chapter 453 who is qualified by specialty or experience to
15 make a professional diagnosis and prognosis regarding the
16 patient's disease, but who has not previously assumed
17 responsibility for the care of the patient with the attending
18 provider.

19 "Counseling" means one or more consultations as necessary
20 between a state-licensed psychiatrist or psychologist and a
21 patient for the purpose of determining that the patient is



1 capable and not suffering from a psychiatric or psychological
2 disorder or depression causing impaired judgment.

3 "Department" means the department of health.

4 "Health care facility" shall have the same meaning as in
5 section 323D-2.

6 "Health care provider" means a person licensed, certified,
7 or otherwise authorized or permitted by the law of this State to
8 administer health care or dispense medication in the ordinary
9 course of business or practice of a profession, and includes a
10 health care facility.

11 "Informed decision" means a decision by a qualified patient
12 to request and obtain a prescription, which the qualified
13 patient may self-administer to end the qualified patient's life
14 in a humane and dignified manner, that is based on an
15 appreciation of the relevant facts and after being fully
16 informed by the attending provider of:

- 17 (1) The medical diagnosis;
18 (2) The prognosis;
19 (3) The potential risks associated with taking the
20 medication to be prescribed;



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

3 (5) The feasible alternatives, including but not limited
4 to comfort care, hospice care, and pain control.

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

9 "Patient" means a person who is under the care of a
10 physician.

11 "Physician" means a doctor of medicine or osteopathy
12 licensed to practice medicine pursuant to chapter 453 by the
13 Hawaii medical board.

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

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



1 § -2 **Written request for medication; initiated.** (a) An
2 adult who is capable, is a resident of the State, and has been
3 determined by the attending provider and consulting provider to
4 be suffering from a terminal disease, and who has voluntarily
5 expressed the adult's wish to die, may make a written request
6 for medication that the adult may self-administer for the
7 purpose of ending the adult's life in a humane and dignified
8 manner in accordance with this chapter.

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

11 § -3 **Form of the written request.** (a) A valid request
12 for medication under this chapter shall be in substantially the
13 form described in section -23, signed and dated by the
14 qualified patient and witnessed by at least two individuals who,
15 in the presence of the qualified patient, attest that to the
16 best of their knowledge and belief the qualified patient is of
17 sound mind, acting voluntarily, and is not being coerced to sign
18 the request.

19 (b) One of the witnesses shall be a person who is not:

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



1 (2) A person who at the time the request is signed would
2 be entitled to any portion of the estate of the
3 qualified patient upon death under any will, trust, or
4 other legal instrument, or by operation of law; or

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

8 (c) The qualified patient's attending provider at the time
9 the request is signed shall not be a witness.

10 (d) If the qualified patient is a patient in a long-term
11 care facility at the time the written request is made, one of
12 the witnesses shall be an individual designated by the facility
13 who has qualifications specified by the department of health by
14 rule.

15 § -4 **Attending provider responsibilities.** (a) The
16 attending provider shall:

17 (1) Make the initial determination of whether a patient
18 has a terminal disease, is capable, and has made the
19 request voluntarily;

20 (2) Request that the patient demonstrate residency
21 pursuant to section -13;



- 1 (3) To ensure that the patient is making an informed
2 decision, inform the patient of:
- 3 (A) The medical diagnosis;
- 4 (B) The prognosis;
- 5 (C) The potential risks associated with taking the
6 medication to be prescribed;
- 7 (D) The probable result of taking the medication to
8 be prescribed; and
- 9 (E) The feasible alternatives, including but not
10 limited to comfort care, hospice care, and pain
11 control;
- 12 (4) Refer the patient to a consulting provider for medical
13 confirmation of the diagnosis, and for a determination
14 that the patient is capable and acting voluntarily;
- 15 (5) Refer the patient for counseling if appropriate;
- 16 (6) Recommend that the patient notify next of kin;
- 17 (7) Counsel the patient about the importance of having
18 another person present when the qualified patient
19 self-administers the medication prescribed pursuant to
20 this chapter and of not self-administering the
21 medication in a public place;



- 1 (8) Inform the patient that a qualified patient has an
2 opportunity to rescind the request at any time and in
3 any manner, and offer the qualified patient an
4 opportunity to rescind at the time of the qualified
5 patient's second oral request made pursuant to section
6 -9;
- 7 (9) Verify, immediately prior to writing the prescription
8 for medication under this chapter, that the qualified
9 patient is making an informed decision;
- 10 (10) Fulfill the medical record documentation requirements
11 of section -12;
- 12 (11) Ensure that all appropriate steps are carried out in
13 accordance with this chapter prior to writing a
14 prescription for medication to enable a qualified
15 patient to end the qualified patient's life in a
16 humane and dignified manner; and
- 17 (12) Either:
- 18 (A) Dispense medications directly, including
19 ancillary medications intended to facilitate the
20 desired effect to minimize the patient's
21 discomfort; provided that the attending provider



1 is authorized to dispense controlled substances
2 pursuant to chapter 329, has a current Drug
3 Enforcement Administration certificate, and
4 complies with any applicable administrative rule;
5 or

6 (B) With the qualified patient's written consent:

7 (i) Contact a pharmacist of the qualified
8 patient's choice and inform the pharmacist
9 of the prescription; and

10 (ii) Transmit the written prescription
11 personally, by mail, or electronically to
12 the pharmacist, who will dispense the
13 medications to either the qualified patient,
14 the attending provider, or an expressly
15 identified agent of the qualified patient.

16 (b) Notwithstanding any other provision of law, an
17 attending provider may sign the qualified patient's death
18 certificate. The death certificate shall list the terminal
19 disease as the immediate cause of death.

20 § -5 **Consulting provider confirmation.** Before a patient
21 is qualified under this chapter, a consulting provider shall



1 examine the patient and the patient's relevant medical records
2 and confirm, in writing, the attending provider's diagnosis that
3 the patient is suffering from a terminal disease, and verify
4 that the patient is capable, is acting voluntarily, and has made
5 an informed decision.

6 § -6 **Counseling referral.** If, in the opinion of either
7 the attending provider or the consulting provider, a patient may
8 be suffering from a psychiatric or psychological disorder or
9 depression causing impaired judgment, the provider shall refer
10 the patient for counseling. No medication to end a patient's
11 life in a humane and dignified manner shall be prescribed until
12 the person performing the counseling determines that the patient
13 is not suffering from a psychiatric or psychological disorder or
14 depression causing impaired judgment.

15 § -7 **Informed decision.** No qualified patient shall
16 receive a prescription for medication to end the qualified
17 patient's life in a humane and dignified manner unless the
18 qualified patient has made an informed decision. Immediately
19 prior to writing a prescription for medication under this
20 chapter, the attending provider shall verify that the qualified
21 patient is making an informed decision.



1 § **-8 Family notification.** The attending provider shall
2 recommend that the qualified patient notify the next of kin of
3 the qualified patient's request for medication pursuant to this
4 chapter. A qualified patient who declines or is unable to
5 notify next of kin shall not have the qualified patient's
6 request denied for that reason.

7 § **-9 Written and oral requests.** To receive a
8 prescription for medication that a qualified patient may self-
9 administer to end the qualified patient's life in a humane and
10 dignified manner, a qualified patient shall have made an oral
11 request and a written request, and reiterate the oral request to
12 the qualified patient's attending provider not less than fifteen
13 days after making the initial oral request. At the time the
14 qualified patient makes the second oral request, the attending
15 provider shall offer the qualified patient an opportunity to
16 rescind the request.

17 § **-10 Right to rescind request.** A qualified patient may
18 rescind the request at any time and in any manner without regard
19 to the qualified patient's mental state. No prescription for
20 medication under this chapter may be made available pursuant to
21 section -4(a)(12) without the attending provider having



1 offered the qualified patient an opportunity to rescind the
2 request made pursuant to section -9.

3 **§ -11 Waiting periods.** Not less than fifteen days shall
4 elapse between the qualified patient's initial oral request and
5 the taking of steps to make available a prescription for
6 medication pursuant to section -4(a)(12). Not less than
7 forty-eight hours shall elapse between the qualified patient's
8 written request and the taking of steps to make available a
9 prescription for medication pursuant to section -4(a)(12).

10 **§ -12 Medical record; documentation requirements.** The
11 following shall be documented or filed in a qualified patient's
12 medical record:

- 13 (1) All oral requests by the qualified patient for
14 medication to end the qualified patient's life in a
15 humane and dignified manner;
- 16 (2) All written requests by the qualified patient for
17 medication to end the qualified patient's life in a
18 humane and dignified manner;
- 19 (3) The attending provider's diagnosis and prognosis and
20 determination that the qualified patient is capable,
21 acting voluntarily, and has made an informed decision;



- 1 (4) The consulting provider's diagnosis and prognosis and
2 verification that the qualified patient is capable,
3 acting voluntarily, and has made an informed decision;
- 4 (5) A report of the outcome and determinations made during
5 counseling, if performed;
- 6 (6) The attending provider's offer to the qualified
7 patient to rescind the patient's request at the time
8 of the qualified patient's second oral request made
9 pursuant to section -9; and
- 10 (7) A note by the attending provider indicating that all
11 requirements under this chapter have been met and
12 indicating the steps taken to carry out the request,
13 including a notation of the medication prescribed.

14 § -13 **Residency requirement.** Only requests made by
15 residents of this State under this chapter shall be granted.
16 Factors demonstrating state residency include but are not
17 limited to:

- 18 (1) Possession of a Hawaii driver's license or civil
19 identification card;
- 20 (2) Registration to vote in Hawaii;



1 (3) Evidence that the person owns or leases property in
2 Hawaii; or

3 (4) Filing of a Hawaii tax return for the most recent tax
4 year.

5 § -14 **Reporting requirements.** (a) The department shall
6 annually review a sample of records maintained pursuant to this
7 chapter.

8 (b) The department shall require any health care provider,
9 upon dispensing medication pursuant to this chapter, to file a
10 copy of the dispensing record with the department.

11 (c) The department shall adopt rules to facilitate the
12 collection of information regarding compliance with this
13 chapter. Except as otherwise required by law, the information
14 collected shall not be a public record and shall not be made
15 available for inspection by the public. The department shall
16 retain and exercise reasonable care in maintaining the
17 information collected; provided that the information shall not
18 be subject to any disposal or destruction of records
19 requirements.



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

4 § -15 **Disposal of unused medication.** A person who has
5 custody or control of any unused medication dispensed under this
6 chapter after the death of a qualified patient shall personally
7 deliver the unused medication for disposal by delivering it to
8 the nearest qualified facility that properly disposes of
9 controlled substances, or if none is available, shall dispose of
10 it by lawful means.

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



1 **§ -17 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 shall not be conditioned upon or affected by the making or
5 rescinding of a request, by a person, for medication to end the
6 person's life in a humane and dignified manner. A qualified
7 patient's act of ingesting medication to end the qualified
8 patient's life in a humane and dignified manner shall have no
9 effect upon a life, health, or accident insurance or annuity
10 policy.

11 **§ -18 Construction of chapter.** Nothing in this chapter
12 shall be construed to authorize a physician or any other person
13 to end a patient's life by lethal injection, mercy killing, or
14 active euthanasia. Actions taken in accordance with this
15 chapter shall not, for any purpose, constitute suicide, assisted
16 suicide, mercy killing, murder, manslaughter, negligent
17 homicide, or any other criminal conduct under the law.

18 **§ -19 Immunities; basis for prohibiting health care**
19 **provider from participation; notification; permissible**
20 **sanctions.** (a) Except as provided in section -20:



- 1 (1) No person shall be subject to civil or criminal
2 liability or professional disciplinary action for
3 participating or acting in good faith compliance with
4 this chapter, including being present when a qualified
5 patient takes the prescribed medication to end the
6 qualified patient's life in a humane and dignified
7 manner;
- 8 (2) No professional organization or association or health
9 care provider may subject a person to censure,
10 discipline, suspension, loss of license, loss of
11 privileges, loss of membership, or other penalty for
12 participating or refusing to participate in good faith
13 compliance with this chapter;
- 14 (3) No request by a qualified patient for or provision by
15 an attending provider of medication in good faith
16 compliance with this chapter shall constitute neglect,
17 harm, self-neglect, or abuse for any purpose of law or
18 provide the sole basis for the appointment of a
19 guardian or conservator;
- 20 (4) No health care provider shall be under any duty,
21 whether by contract, by statute, or by any other legal



1 requirement, to participate in the provision to a
2 qualified patient of medication to end the qualified
3 patient's life in a humane and dignified manner. If a
4 health care provider is unable or unwilling to carry
5 out a patient's request under this chapter, and the
6 patient transfers the patient's care to a new health
7 care provider, the prior health care provider shall
8 transfer, upon request, a copy of the patient's
9 relevant medical records to the new health care
10 provider; and

11 (5) No health care facility shall be subject to civil or
12 criminal liability for acting in good faith compliance
13 with this chapter including but not limited to the
14 designation of a witness for a qualified patient who
15 makes a written request when residing in a long-term
16 care facility pursuant to section -3(d).

17 (b) Notwithstanding any other provision of law, a health
18 care provider may prohibit another health care provider from
19 participating in actions covered by this chapter on the premises
20 of the prohibiting provider if the prohibiting provider has
21 notified the health care provider of the prohibiting provider's



1 policy regarding participation in actions covered by this
2 chapter. Nothing in this subsection shall prevent a health care
3 provider from providing health care services to a patient that
4 do not constitute participation in actions covered by this
5 chapter.

6 (c) Subsection (a) notwithstanding, a health care provider
7 may subject another health care provider to the following
8 sanctions, if the sanctioning health care provider has notified
9 the sanctioned health care provider prior to participation in
10 actions covered by this chapter that it prohibits participation
11 in actions covered by this chapter:

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



1 (2) Termination of lease or other property contract or
2 other nonmonetary remedies provided by lease contract,
3 not including loss or restriction of medical staff
4 privileges or exclusion from a provider panel, if the
5 sanctioned health care provider participates in
6 actions covered by this chapter while on the premises
7 of the sanctioning health care provider or on property
8 that is owned by or under the direct control of the
9 sanctioning health care provider; or

10 (3) Termination of contract or other nonmonetary remedies
11 provided by contract if the sanctioned health care
12 provider participates in actions covered by this
13 chapter while acting in the course and scope of the
14 sanctioned health care provider's capacity as an
15 employee or independent contractor of the sanctioning
16 health care provider; provided that nothing in this
17 paragraph shall be construed to prevent:

18 (A) A health care provider from participating in
19 actions covered by this chapter while acting
20 outside the course and scope of the health care



1 provider's capacity as an employee or independent
2 contractor; or

3 (B) A patient from contracting with the patient's
4 attending provider and consulting provider to act
5 outside the course and scope of the provider's
6 capacity as an employee or independent contractor
7 of the sanctioning health care provider.

8 (d) A health care provider that imposes sanctions pursuant
9 to subsection (c) shall follow all due process and other
10 procedures the sanctioning health care provider may have that
11 are related to the imposition of sanctions on another health
12 care provider.

13 (e) For the purposes of this section:

14 "Notify" means a separate statement in writing to the
15 health care provider specifically informing the health care
16 provider prior to the health care provider's participation in
17 actions covered by this chapter of the sanctioning health care
18 provider's policy regarding participation in actions covered by
19 this chapter.

20 "Participate in actions covered by this chapter" means to
21 perform the duties of an attending provider pursuant to section



- 1 -4, the consulting provider function pursuant to section
2 -5, or the counseling referral function pursuant to section
3 -6. The term does not include:
- 4 (1) Making an initial determination that a patient has a
5 terminal disease and informing the patient of the
6 medical prognosis;
- 7 (2) Providing information about this chapter to a patient
8 upon the request of the patient;
- 9 (3) Providing a patient, upon the request of the patient,
10 with a referral to another physician; or
- 11 (4) A patient contracting with the patient's attending
12 provider and consulting provider to act outside of the
13 course and scope of the provider's capacity as an
14 employee or independent contractor of the sanctioning
15 health care provider.
- 16 (f) Action taken pursuant to sections -4 to -6
17 shall not be the sole basis for disciplinary action under
18 section 453-8 or section 457-12.
- 19 (g) This chapter shall not be construed to allow a lower
20 standard of care for patients in the community where the patient
21 is treated or in a similar community.



1 § -20 **Prohibited acts; penalties.** (a) A person who
2 without the authorization of a qualified patient intentionally
3 alters or forges a request for medication or conceals or
4 destroys a rescission of that request to cause the patient's
5 death shall be guilty of a class A felony.

6 (b) A person who coerces or exerts undue influence on a
7 qualified patient to request medication for the purpose of
8 ending the patient's life, or to destroy a rescission of the
9 request, shall be guilty of a class A felony.

10 (c) A person who, without authorization of a qualified
11 patient, intentionally alters, forges, conceals, or destroys an
12 instrument, the reinstatement or revocation of an instrument, or
13 any other evidence or document reflecting a qualified patient's
14 desires and interests, with the intent and effect of causing a
15 withholding or withdrawal of life-sustaining procedures or of
16 artificially administered nutrition and hydration that hastens
17 the death of the qualified patient, shall be guilty of a class A
18 felony.

19 (d) Except as provided in subsection (c), it shall be a
20 misdemeanor for a person without authorization of a qualified
21 patient to intentionally alter, forge, conceal, or destroy an



1 instrument, the reinstatement or revocation of an instrument, or
2 any other evidence or document reflecting the principal's
3 desires and interests with the intent or effect of affecting a
4 health care decision.

5 (e) Nothing in this section shall limit any liability for
6 civil damages resulting from any negligent conduct or
7 intentional misconduct by any person.

8 (f) The penalties in this chapter are cumulative and do
9 not preclude criminal penalties pursuant to other applicable
10 state law.

11 § -21 **Claims by governmental entity for costs incurred.**

12 Any government entity that incurs costs resulting from a person
13 terminating the person's life pursuant to this chapter in a
14 public place shall have a claim against the estate of the person
15 to recover costs and reasonable attorneys' fees related to
16 enforcing the claim.

17 § -22 **Severability.** Any provision of this chapter that
18 is held invalid as to any person or circumstance shall not
19 affect the application of any other provision of this chapter
20 that can be given full effect without the invalid section or
21 application.



1 § -23 **Form of the request.** A request for a medication
2 as authorized by this chapter shall be in substantially the
3 following form:

4 "REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED
5 MANNER

6 I, _____, am an adult of sound mind.

7 I am suffering from _____, which my attending
8 provider has determined is a terminal disease and that has been
9 medically confirmed by a consulting provider.

10 I have been fully informed of my diagnosis, prognosis, the
11 nature of medication to be prescribed and potential associated
12 risks, the expected result, and the feasible alternatives,
13 including comfort care, hospice care, and pain control.

14 I request that my attending provider prescribe medication
15 that I may self-administer to end my life in a humane and
16 dignified manner.

17 INITIAL ONE:

18 _____ I have informed my family of my decision and
19 taken their opinions into consideration.

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



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

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

4 I understand the full import of this request and I expect
5 to die when I take the medication to be prescribed. I further
6 understand that although most deaths occur within three hours,
7 my death may take longer and my attending provider has counseled
8 me about this possibility.

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

11 Signed: _____

12 Dated: _____

13 DECLARATION OF WITNESSES

14 We declare that the person signing this request:

15 (a) Is personally known to us or has provided proof of
16 identity;

17 (b) Signed this request in our presence;

18 (c) Appears to be of sound mind and not under duress or to
19 have been induced by fraud, or subjected to undue
20 influence when signing the request; and



1 (d) Is not a patient for whom either of us is the
2 attending provider.

3 _____ Witness 1 Date _____

4 _____ Witness 2 Date _____

5 NOTE: One witness shall not be a relative (by blood,
6 marriage, or adoption) of the person signing this request, shall
7 not be entitled to any portion of the person's estate upon death
8 and shall not own, operate, or be employed at a health care
9 facility where the person is a patient or resident. If the
10 patient is an inpatient at a long-term care facility, one of the
11 witnesses shall be an individual designated by the facility who
12 has qualifications specified by the Department of Health by
13 rule."

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

16 "(c) This chapter shall not authorize mercy killing,
17 assisted suicide, euthanasia, or the provision, withholding, or
18 withdrawal of health care, to the extent prohibited by other
19 statutes of this State[-]; provided that this subsection shall
20 not apply to actions taken under chapter _____."



1 SECTION 4. Section 327H-2, Hawaii Revised Statutes, is
2 amended by amending subsection (b) to read as follows:

3 "(b) Nothing in this section shall be construed to:

4 (1) Expand the authorized scope of practice of any
5 licensed physician;

6 (2) Limit any reporting or disciplinary provisions
7 applicable to licensed physicians and surgeons who
8 violate prescribing practices; and

9 (3) Prohibit the discipline or prosecution of a licensed
10 physician for:

11 (A) Failing to maintain complete, accurate, and
12 current records that document the physical
13 examination and medical history of a patient, the
14 basis for the clinical diagnosis of a patient,
15 and the treatment plan for a patient;

16 (B) Writing false or fictitious prescriptions for
17 controlled substances scheduled in the Federal
18 Comprehensive Drug Abuse Prevention and Control
19 Act of 1970, 21 United States Code 801 et seq. or
20 in chapter 329;



- 1 (C) Prescribing, administering, or dispensing
2 pharmaceuticals in violation of the provisions of
3 the Federal Comprehensive Drug Abuse Prevention
4 and Control Act of 1970, 21 United States Code
5 801 et seq. or of chapter 329;
- 6 (D) Diverting medications prescribed for a patient to
7 the licensed physician's own personal use; and
- 8 (E) Causing, or assisting in causing, the suicide,
9 euthanasia, or mercy killing of any individual;
10 provided that it is not "causing, or assisting in
11 causing, the suicide, euthanasia, or mercy
12 killing of any individual" to prescribe,
13 dispense, or administer medical treatment for the
14 purpose of treating severe acute pain or severe
15 chronic pain, even if the medical treatment may
16 increase the risk of death, so long as the
17 medical treatment is not also furnished for the
18 purpose of causing, or the purpose of assisting
19 in causing, death for any reason[-]; provided
20 that this subparagraph shall not apply to actions
21 taken under chapter ."



1 SECTION 5. Section 707-701.5, Hawaii Revised Statutes, is
2 amended by amending subsection (1) to read as follows:

3 "(1) Except as provided in section 707-701, a person
4 commits the offense of murder in the second degree if the person
5 intentionally or knowingly causes the death of another
6 person[-]; provided that this section shall not apply to actions
7 taken under chapter _____."

8 SECTION 6. Section 707-702, Hawaii Revised Statutes, is
9 amended by amending subsection (1) to read as follows:

10 "(1) A person commits the offense of manslaughter if:

11 (a) The person recklessly causes the death of another
12 person; or

13 (b) The person intentionally causes another person to
14 commit suicide[-];

15 provided that this section shall not apply to actions taken
16 under chapter _____."

17 SECTION 7. The department of health shall submit a report
18 that includes but is not limited to:

19 (1) An annual statistical report of the information
20 collected pursuant to section -14(d), Hawaii
21 Revised Statutes;



1 (2) An annual analysis of the implementation of the
2 medical aid in dying act under chapter , Hawaii
3 Revised Statutes, including any implementation
4 problems; and

5 (3) Any proposed legislation,
6 to the legislature no later than twenty days prior to the
7 convening of each regular session.

8 SECTION 8. This Act does not affect rights and duties that
9 matured, penalties that were incurred, and proceedings that were
10 begun before its effective date.

11 SECTION 9. If any provision of this Act, or the
12 application thereof to any person or circumstance, is held
13 invalid, the invalidity does not affect other provisions or
14 applications of the Act that can be given effect without the
15 invalid provision or application, and to this end the provisions
16 of this Act are severable.

17 SECTION 10. Statutory material to be repealed is bracketed
18 and stricken. New statutory material is underscored.

19 SECTION 11. This Act shall take effect upon its approval.
20



Report Title:

Health; Medical Aid in Dying

Description:

Establishes a medical aid in dying act that establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease may obtain a prescription for medication to be self-administered to end the patient's life. (SD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

