



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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S.B. 249

132nd General Assembly
(As Introduced)

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BILL SUMMARY

- Authorizes an adult who has a terminal condition and the capacity to make medical decisions to request a prescription for an aid-in-dying medication.
- Requires an individual to make three requests (two oral, one written) for such a prescription and meet specified criteria.
- Permits an individual to withdraw or rescind the request at any time.
- Specifies that a requesting individual's attending physician is the only person authorized to issue a prescription for the aid-in-dying medication, but requires the involvement of a consulting physician who must examine the individual, confirm the diagnosis, and determine the individual's capacity to make medical decisions.
- Requires that a psychiatrist or licensed psychologist examine the requesting individual before the prescription is issued if the attending or consulting physician makes a referral for a mental health specialist assessment.
- Requires certain recordkeeping and requires the attending physician to verify that the individual is making an informed decision immediately before issuing the prescription.
- Prohibits contracts, wills, insurance policies, and annuities from containing certain provisions that could adversely affect an individual's decision to request an aid-in-dying medication.
- Grants immunity to a person who is present when an aid-in-dying medication is administered or who assists or refuses to assist such an individual in accordance with the bill.

- Authorizes a health care provider to prohibit its employees, contractors, or others from participating in certain activities allowed by the bill while on premises owned, managed, or controlled by the provider or while acting within the employment or contractual relationship.
- Specifies criminal sanctions for a person who knowingly commits fraudulent activities associated with a request for an aid-in-dying medication.
- Specifies that any action taken under the bill is not assisted suicide and that the bill's provisions are not to be construed to authorize a physician or any other person to end an individual's life by lethal injection, mercy killing, or active euthanasia.
- Designates the bill as the "End of Life Option Act."

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CONTENT AND OPERATION

Prescriptions for an aid-in-dying medication

The bill authorizes an adult with the capacity to make medical decisions (*see* "**Definitions**," below) and who has a terminal condition to request to receive a prescription for an aid-in-dying medication.¹ Under the bill, an "aid-in-dying" medication is a drug prescribed by a physician for a qualified individual that the individual may choose to self-administer to bring about the individual's death due to a terminal condition.² A "terminal condition" is an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which—to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a qualified individual's attending physician and a consulting physician—both of the following apply: (1) there can be no recovery and (2) death is likely to occur within a relatively short time if life-sustaining treatment is not administered.³ The bill specifies that it is to be known as the "End of Life Option Act."⁴

Who may request

An individual described above may request to receive a prescription for an aid-in-dying medication if all of the following are the case:⁵

--The requesting individual's attending physician (*see* "**Definitions**," below) has diagnosed the individual with a terminal condition;

--The requesting individual has voluntarily expressed the wish to receive such a prescription;

--The requesting individual is an Ohio resident and able to prove residency by presenting any of the following to the individual's attending physician: a valid driver's license or state identification card or evidence that the individual is a registered voter, that the individual owns or leases property in Ohio, or that the individual filed a tax return in Ohio for the most recent tax year;

¹ R.C. 3792.02(A).

² R.C. 3792.01(B).

³ R.C. 3792.01(P).

⁴ Section 3.

⁵ R.C. 3792.02(A).



--The requesting individual has documented the request in accordance with procedures specified in the bill (*see* "**Request procedures**," below); and

--The requesting individual has the physical and mental ability to self-administer the aid-in-dying medication.

The bill also specifies that a request for an aid-in-dying medication prescription must be made solely and directly by the requesting individual and may not be made on the individual's behalf through a guardian, an attorney-in-fact under a durable power of attorney for health care, or any other person authorized to make health care decisions on the individual's behalf.⁶

Request procedures

The bill requires that a requesting individual submit a total of three requests for the prescription, two oral and one written. The oral requests must be submitted a minimum of 15 days apart. The written request must be submitted at least 15 days after the initial oral request is submitted. All requests must be submitted directly to the attending physician.⁷

Under the bill, a written request is not valid unless it meets all of the following conditions:⁸

--The request is in the form the bill specifies (*see* "**Forms**," below);

--The request is signed and dated in the presence of two adults who are unrelated to each other. Only one of the two witnesses may be related to the requesting individual by blood, marriage, or adoption, or be a beneficiary to a portion of the requesting individual's estate or own, operate, or be employed at a health care facility where the requesting individual is receiving medical treatment or resides.

--The request is witnessed by two additional adults who attest that, to the best of their knowledge and belief, the requesting individual is (1) personally known to them or has provided proof of identity, (2) one who voluntarily signed this request in their presence, and (3) one whom they believe to be of sound mind and not under duress, fraud, or undue influence. These adults may not be one of the adults described above, or the attending or consulting physician or a psychiatrist or licensed psychologist who

⁶ R.C. 3792.02(B).

⁷ R.C. 3792.03(A).

⁸ R.C. 3792.03(B).



conducted a mental health specialist assessment on the individual requesting the prescription.

Additionally, the bill prohibits the attending physician, consulting physician, or mental health specialist from being related to that individual by blood, marriage, or adoption, and from being a beneficiary of the individual's estate.⁹

Authority to withdraw or rescind request

The bill authorizes a requesting individual, at any time, to withdraw or rescind a request for an aid-in-dying medication or to decide not to ingest an aid-in-dying medication.¹⁰

Attending physician responsibilities

The bill specifies that a requesting individual's attending physician is the only person authorized to issue a prescription for an aid-in-dying medication to the individual; that authority may not be delegated. If such a prescription is requested, the attending physician must offer the requesting individual an opportunity to withdraw or rescind the request.¹¹

The attending physician must wait at least 48 hours after a written request for an aid-in-dying medication prescription has been signed before issuing the prescription. The attending physician also must do all of the following:¹²

--Determine whether the requesting individual has the capacity to make medical decisions. If the attending physician determines that the individual may have a mental disorder, the physician must refer the individual for a mental health specialist assessment.¹³

--Determine whether the requesting individual has a terminal disease;

--Determine whether the requesting individual has voluntarily made the request for an aid-in-dying medication in accordance with procedures specified in the bill;

⁹ R.C. 3792.03(D).

¹⁰ R.C. 3792.04.

¹¹ R.C. 3792.05(A).

¹² R.C. 3792.05(B).

¹³ R.C. 3792.05(C).



--Confirm that the individual is making an informed decision (*see* "**Definitions**," below) by discussing with the individual all of the following:

- The individual's medical diagnosis and prognosis;
- The potential risks associated with ingesting the requested aid-in-dying medication;
- The probable result of ingesting the aid-in-dying medication;
- The possibility that the individual may choose to obtain the aid-in-dying medication but not ingest it; and
- The feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

--Refer the individual to a consulting physician for medical confirmation of the diagnosis and prognosis, as well as for a determination that the individual has the capacity to make medical decisions and has complied with the bill's provisions;

--Confirm that the individual's request does not arise from coercion or undue influence by another person;

--Counsel the individual about the importance of all of the following:

- Having another person present when the individual ingests the aid-in-dying medication;
- Not ingesting the aid-in-dying medication in a public place;
- Notifying the individual's next of kin (if reasonably available) of the individual's request for an aid-in-dying medication;
- Participating in a hospice care program; and
- Maintaining the aid-in-dying medication in a safe and secure location until the time the individual ingests it.

--Inform the individual that the individual may withdraw or rescind the request before the prescription is issued;

--Verify, immediately before issuing the prescription, that the individual is making an informed decision;



--Confirm that all requirements are met and all appropriate steps are carried out in accordance with the bill before issuing a prescription for an aid-in-dying medication;

--Fulfill the bill's record documentation requirements; and

--Complete the attending physician checklist and compliance form, insert it and the consulting physician compliance form in the qualified individual's medical record, and submit both forms to the Department of Health (*see* "**Forms**," below).

If all of the conditions above are satisfied, the bill specifies that a qualified individual may receive one or more aid-in-dying medications from a pharmacist who dispenses the medications pursuant to written prescriptions from the attending physician. The physician may include a separate prescription for a medication intended to minimize the individual's discomfort.¹⁴

Consulting physician responsibilities

The bill requires the involvement of a consulting physician (*see* "**Definitions**," below) in each request for an aid-in-dying medication. A consulting physician is required to do all of the following before a qualified individual receives a prescription for an aid-in-dying medication from the attending physician:¹⁵

--Examine the individual and the individual's relevant medical records;

--Confirm in writing the attending physician's diagnosis and prognosis;

--Determine that the individual has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision;

--Refer the individual for a mental health specialist assessment if there is an indication that the individual has a mental disorder;

--Fulfill the record documentation requirements in the bill; and

--Submit the consulting physician compliance form to the attending physician.

¹⁴ R.C. 3792.06.

¹⁵ R.C. 3792.07.

Mental health specialist assessments

The bill requires that a psychiatrist or licensed psychologist do all of the following if an attending physician or consulting physician refers a qualified individual to a psychiatrist or licensed psychologist for a mental health specialist assessment:¹⁶

- Examine the qualified individual and the individual's relevant medical records;
- Determine that the qualified individual has the mental capacity to make medical decisions, is able to act voluntarily, and is able to make an informed decision;
- Determine that the individual is not suffering from impaired judgment due to a mental disorder; and
- Fulfill the bill's record documentation requirements.

Medical record documentation

The bill requires that all of the following be documented in a qualified individual's medical record:¹⁷

- All oral and written requests for aid-in-dying medications;
- The attending physician's diagnosis and prognosis, as well as the determination that the qualified individual has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision, or that the attending physician has determined that the individual is not a qualified individual;
- The consulting physician's diagnosis and prognosis, as well as verification that the qualified individual has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision, or that the consulting physician has determined that the individual is not a qualified individual;
- A report of the outcome and determinations made during a mental health specialist's assessment, if performed;
- The attending physician's offer to the qualified individual to withdraw or rescind the individual's request at the time of the individual's second oral request; and
- A note by the attending physician indicating that he or she has completed the attending physician's procedures required by the bill and that steps have been taken to

¹⁶ R.C. 3792.08.

¹⁷ R.C. 3792.09.

carry out the qualified individual's request, including a notation of the aid-in-dying medication prescribed.

Final verification of informed decision

The bill requires an attending physician, immediately before issuing a prescription for an aid-in-dying medication, to verify that the qualified individual is making an informed decision (*see* "**Definitions**," below). The bill specifies that a qualified individual is not to receive a prescription for an aid-in-dying medication if the attending physician determines that an informed decision is not being made.¹⁸

Delivery of unused medication after death

The bill requires a person who has custody or control of an unused aid-in-dying medication, after the death of a qualified individual, to personally deliver the unused medication to a location identified by the Pharmacy Board.¹⁹ The Board must adopt rules in accordance with the Administrative Procedure Act²⁰ to identify such locations.²¹

Department of Health duties

Submission of documentation by physicians

Not later than 30 days after issuing a prescription for an aid-in-dying medication, the bill requires that the attending physician submit to the Ohio Department of Health (ODH) a copy of the qualifying individual's written request, the attending physician's checklist and compliance form, and the consulting physician compliance form (*see* "**Forms**," below).²² Not later than 30 days after a qualified individual's death from ingesting an aid-in-dying medication or from any other cause, the attending physician must submit to ODH the attending physician follow-up form.²³

Information collection and review

ODH must collect and review the submitted information. The information must be collected in a manner that protects the privacy of the qualified individual, that

¹⁸ R.C. 3792.11.

¹⁹ R.C. 3792.25.

²⁰ R.C. Chapter 119.

²¹ R.C. 4729.97.

²² R.C. 3792.10(A).

²³ R.C. 3792.10(B).

individual's family, and any medical provider or pharmacist involved with the qualified individual under the aid-in-dying medication law. The bill specifies that the information is confidential and not a public record. Also, the information is not subject to discovery or admission as evidence in a judicial proceeding.²⁴

Annual reports

The bill requires that ODH, not later than December 31 of each year beginning in 2018, prepare and post on its website a report summarizing information collected from the attending physician follow-up forms submitted to it during the prior 12 months (*see "Forms,"* below). The report must include all of the following information:²⁵

--The number of people for whom a prescription for an aid-in-dying medication was issued;

--The number of individuals who died for whom a prescription for an aid-in-dying medication was issued, as well as the cause of death of those individuals;

--The total number of prescriptions for aid-in-dying medications issued, the number of individuals who died as a result of ingesting an aid-in-dying medication, and the number of individuals who died and were enrolled in a hospice care program at the time of death;

--The number of known deaths in Ohio from the use of aid-in-dying medications per 10,000 deaths;

--The number of physicians who issued prescriptions for aid-in-dying medications;

--Of the people who died from using an aid-in-dying medication, demographic percentages organized by age at death; education level; race; sex; type of insurance, including whether or not they had insurance; and underlying illness.

Contracts, wills, and other agreements

The bill specifies that any provision in a contract, will, or other agreement that is executed on or after 30 days following the bill's effective date, to the extent the provision would affect whether a person may make, withdraw, or rescind a request for an aid-in-dying medication, is invalid. It also specifies that an obligation owing under any contract executed on or after 30 days following the bill's effective date is not to be

²⁴ R.C. 3792.24(A).

²⁵ R.C. 3792.24(B).

conditioned on or affected by a qualified individual making, withdrawing, or rescinding a request for an aid-in-dying medication.²⁶

Insurance and annuity policies

The bill prohibits all of the following regarding insurance:²⁷

--The sale, procurement, or issuance of a life insurance, health insurance, or annuity policy, contract, or plan that is delivered, issued for delivery, or renewed in Ohio, as well as the rate charged for such a policy, contract, or plan, from being conditioned upon or affected by an individual making or rescinding a request for an aid-in-dying medication;

--A life insurance, health insurance, or annuity policy, contract, or plan that is delivered, issued for delivery, or renewed in Ohio from excluding coverage for an insured solely on the basis of that individual's self-administration of an aid-in-dying medication in accordance with the bill;

--A qualified individual's act of self-administering an aid-in-dying medication from having an effect upon an insurance policy other than that of a natural death from the underlying disease;

--A health plan issuer from providing any information in communications made by the plan issuer to an insured about the availability of coverage for an aid-in-dying medication absent a request for such information by the insured or the insured's attending physician, at the request of the insured; and

--A health plan issuer from including a denial of coverage for treatment of the individual's terminal condition and information about the availability of coverage for an aid-in-dying medication in a single communication to the insured.

Immunity from liability, discipline, or sanction

Under the bill, a person is not subject to any of the following because the person was present when the qualified individual self-administers an aid-in-dying medication, assists a qualified individual by preparing an aid-in-dying medication, participates in good faith compliance with the bill, refuses to participate in activities authorized by the bill, refuses to inform an individual regarding the individual's rights under the bill, or refuses to refer an individual to a physician who participates in activities authorized by

²⁶ R.C. 3792.13.

²⁷ R.C. 3792.14.

the bill: criminal prosecution; civil liability; professional disciplinary action by a state regulatory board; employment, credentialing, or medical staff action, sanction, or penalty; or discipline by a professional association.²⁸

The bill specifies that this immunity may not be construed to limit the application of, or provide immunity from, the bill's provisions on physician disciplinary action and prohibitions concerning an aid-in-dying medication that have criminal sanctions (*see* "**Physician discipline**" and "**Criminal sanctions**," below).²⁹

Physician discipline

The bill prohibits a physician from being subject to disciplinary action by the State Medical Board solely for any of the following:³⁰

--Making an initial determination pursuant to the standard of care that an individual has a terminal disease and informing the individual of the medical prognosis;

--Providing information about the aid-in-dying medication law to an individual on the individual's request; or

--Providing an individual, on request, with a referral to another physician.

Authority to prohibit employee participation in aid-in-dying activities

On-premises or in-contract work

The bill authorizes a health care provider to prohibit its employees, independent contractors, or other persons or entities (including other health care providers) from participating in activities allowed by the bill while on premises owned, managed, or controlled by the prohibiting provider or while acting within the course or scope of any employment by, or contract with, the prohibiting provider.³¹ A provider that elects to prohibit a person from participating in such activities must first give notice of the prohibition. A provider that fails to provide notice cannot enforce its policy against the

²⁸ R.C. 3792.15.

²⁹ R.C. 3792.15(B).

³⁰ R.C. 3792.20.

³¹ R.C. 3792.19(B).

person.³² If a provider determines that a person violated the prohibition, the provider may take action against that person, including imposing the following sanctions:³³

--Revocation of privileges or membership or other action authorized by the medical staff bylaws, rules, or regulations;

--Suspension, loss of employment, or other action authorized by the provider's policies and practices;

--Termination of any lease or other contract between the prohibiting provider and the person that violated the policy; or

--Imposition of any other nonmonetary remedy provided for in any lease or contract between the prohibiting provider and the person in violation of the policy.

Off-premises or out-of-contract work

Although the bill authorizes a health care provider to impose a prohibition on activities associated with aid-in-dying medication, the bill specifies that such authority cannot be construed to prevent, or allow a health care provider to prohibit, any other health care provider, employee, independent contractor, or other person from doing either of the following:³⁴

--Participating, or entering into an agreement to participate, in activities allowed by the bill as an attending physician or consulting physician while on premises that are not owned, managed, or controlled by the prohibiting provider; or

--Participating, or entering into an agreement to participate, in activities allowed by the bill while on premises that are not owned, managed, or controlled by the prohibiting provider or while acting outside the course and scope of the participant's duties as an employee of, or an independent contractor for, the prohibiting provider.

In addition, the bill prohibits a prohibiting provider from sanctioning a physician for contracting with a qualified individual to engage in activities authorized by the bill if the physician is acting outside the course and scope of the physician's capacity as an employee or independent contractor of the prohibiting provider.³⁵

³² R.C. 3792.19(C).

³³ R.C. 3792.19(D).

³⁴ R.C. 3792.19(E).

³⁵ R.C. 3792.21.

Criminal sanctions for fraudulent activities

The bill prohibits a person from knowingly doing either of the following with the purpose or effect of causing an individual's death:

--Altering or forging a request for an aid-in-dying medication to end an individual's life without the individual's authorization; or

--Concealing or destroying a withdrawal or rescission of a request for an aid-in-dying medication.

The bill also prohibits any person from knowingly doing any of the following:

--Coercing or exerting undue influence on an individual to request or ingest an aid-in-dying medication for the purpose of ending the individual's life;

--Coercing or exerting undue influence on an individual to destroy a withdrawal or rescission of an individual's request for an aid-in-dying medication; or

--Administering an aid-in-dying medication to an individual without the individual's knowledge or consent.

Violation of any of these prohibitions is a third degree felony. A person acts "knowingly" if the person acts with the culpable mental state specified in existing criminal law.³⁶

Guardian or conservator appointments

The bill specifies that a request by a qualified individual to an attending physician to provide an aid-in-dying medication in good faith compliance with the bill is not to be the sole basis for the appointment of a guardian or conservator.³⁷

Claims of neglect or elder abuse

The bill specifies that an act taken in compliance with the bill does not constitute or provide the basis for a claim of neglect or elder abuse.³⁸

³⁶ R.C. 2901.22(B).

³⁷ R.C. 3792.16.

³⁸ R.C. 3792.17.

Actions that support a decision to take an aid-in-dying medication

The bill prohibits a person from being required to take any action in support of an individual's decision to ingest an aid-in-dying medication.³⁹

Claims by a government entity for costs incurred

The bill specifies that a government entity that incurs costs resulting from a qualified individual who terminates his or her life pursuant to the bill's provisions in a public place has a claim against the estate of the qualified individual to recover those costs and reasonable attorney fees related to enforcing the claim.⁴⁰

Distinction from assisted suicide/mercy killing/euthanasia

State policy against assisted suicide

Existing law specifies that assisted suicide is against the public policy of Ohio. A court may issue an injunction related to assisting suicide if it finds there is reason to believe that the person enjoined is preparing to assist a suicide, is in the course of assisting a suicide, or has assisted a suicide.⁴¹ The bill specifies that the state policy against assisted suicide does not affect or limit the authority of a person to perform any action in good faith compliance with the bill's provisions on aid-in-dying medication.⁴²

Criminal prohibition on assisting suicide

Current law prohibits a person from knowingly (1) causing another to commit or attempt to commit suicide by providing the physical means by which the other person commits or attempts to commit suicide or (2) participating in a physical act by which the other person commits or attempts to commit suicide.⁴³ Violation of either prohibition is a third degree felony.⁴⁴ The bill specifies that any action taken in good faith compliance with the bill's provisions on aid-in-dying medication is not a violation of the prohibitions.⁴⁵

³⁹ R.C. 3792.18.

⁴⁰ R.C. 3792.26.

⁴¹ R.C. 3795.02, not in the bill.

⁴² R.C. 3792.03(G).

⁴³ R.C. 3795.04(A).

⁴⁴ R.C. 3795.04(B).

⁴⁵ R.C. 3795.04(C).



Lethal injection, mercy killing, or active euthanasia

The bill specifies that nothing in the law governing aid-in-dying medication prescriptions may be construed to authorize a physician or any other person to end an individual's life by lethal injection, mercy killing, or active euthanasia. It also specifies that actions taken in accordance with this law do not, for any purpose, constitute suicide, assisted suicide, euthanasia, homicide, or elder abuse.⁴⁶

Definitions

The bill defines the following terms:⁴⁷

"Attending physician" means the physician to whom a qualified individual, or the family of a qualified individual, has assigned primary responsibility for the treatment or care of the individual, or, if the responsibility has not been assigned, the physician who has accepted that responsibility.

"Capacity to make medical decisions" means that, in the opinion of the individual's attending physician, consulting physician, psychiatrist, or psychologist, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks and alternatives, and the ability to make and communicate an informed decision to health care providers.

"Consulting physician" means a physician who is independent from the attending physician and who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual's terminal condition.

"Informed decision" means a decision by an individual with a terminal condition to request and obtain a prescription for a medication that the individual may self-administer to end the individual's life, that is based on an understanding and acknowledgement of the relevant facts, and that is made after being fully informed by the attending physician of all of the following:

- The individual's medical diagnosis and prognosis;
- The potential risks associated with taking the medication to be prescribed;
- The probable result of taking that medication;

⁴⁶ R.C. 3792.23.

⁴⁷ R.C. 3792.01.

--The possibility that the individual may choose not to obtain the medication or may obtain the medication but decide not to ingest it; and

--The feasible alternatives or additional treatment opportunities, including comfort care, hospice care, palliative care, and pain control.

"Life-sustaining treatment" is defined consistent with current law governing living wills⁴⁸ to mean any medical procedure, treatment, intervention, or other measure that, when administered to a qualified patient or other patient, will serve principally to prolong the process of dying.

"Medically confirmed" means that the medical diagnosis and prognosis of the attending physician has been confirmed by a consulting physician who has examined the individual and the individual's relevant medical records.

"Mental health specialist assessment" means one or more consultations between an individual and a psychiatrist or licensed psychologist for the purpose of determining that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

"Qualified individual" means an adult who has the capacity to make medical decisions, is an Ohio resident, and has satisfied the bill's requirements to obtain a prescription for an aid-in-dying medication to end the adult's life. An individual is not considered a "qualified individual" solely because of age or disability.

"Self-administer" means a qualified individual's affirmative, conscious, and physical act of administering and ingesting an aid-in-dying medication to bring about the individual's death.

Forms

The bill specifies that the following forms referred to in the bill are to be substantially as follows.⁴⁹

⁴⁸ R.C. 2133.01(Q).

⁴⁹ R.C. 3792.12 and 3792.27 through 3792.29.



**REQUEST FOR AN AID-IN-DYING MEDICATION TO END MY LIFE
IN A HUMANE AND DIGNIFIED MANNER**

I,, am an adult of sound mind and a resident of the State of Ohio. I am suffering from, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I request that my attending physician prescribe an aid-in-dying medication that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

INITIAL ONE:

.....I have informed one or more members of my family of my decision and have taken their opinions into consideration.

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

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

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

I understand the full import of this request and I expect to die if I take the aid-in-dying medication to be prescribed. My attending physician has counseled me about the possibility that my death may not be immediate on my consumption of the medication.

I make this request voluntarily, without reservation, and without being coerced.

Signed:.....

Dated:.....

DECLARATION OF WITNESSES

We declare that the person signing this request:

--Is personally known to us or has provided proof of identity;



--Voluntarily signed this request in our presence;

--Is an individual whom we believe to be of sound mind and not under duress, fraud, or undue influence; and

--Is not an individual for whom either of us is the attending physician, consulting physician, or psychiatrist or licensed psychologist who conducted a mental health specialist assessment on the person.

.....(Signature of Witness 1 and date)

.....(Signature of Witness 2 and date)

NOTE: Only one of the two witnesses may be a relative (by blood, marriage, or adoption) of a person signing this request or be entitled to a portion of the person's estate on death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident.

I,, (name of interpreter), am fluent in English and(insert target language).

On (insert date) at approximately (insert time), I read the "Request for an Aid-in-Dying Medication to End My Life" to (insert name of individual/patient) in (target language).

Mr./Ms., (insert name of patient/qualified individual) affirmed to me that he/she understood the content of this form and affirmed his/her desire to sign this form under his/her power and volition and that the request to sign the form followed consultations with an attending and consulting physician.

I declare that I am fluent in English and (target language) and further declare under penalty of perjury that the foregoing is true and correct.

Executed at (insert city, county, and state) on (date)

X.....Interpreter signature

X.....Interpreter printed name

X.....Interpreter address



ATTENDING PHYSICIAN CHECKLIST & COMPLIANCE FORM

(A) PATIENT INFORMATION

.....
PATIENT'S NAME (LAST, FIRST, M.I.)

.....
DATE OF BIRTH

.....
PATIENT RESIDENTIAL ADDRESS (STREET, CITY, ZIP CODE)

(B) ATTENDING PHYSICIAN INFORMATION

.....
PHYSICIAN'S NAME (LAST, FIRST, M.I.)

(...)-.....
TELEPHONE NUMBER

.....
MAILING ADDRESS (STREET, CITY, ZIP CODE)

.....
PHYSICIAN'S CERTIFICATE NUMBER

(C) CONSULTING PHYSICIAN INFORMATION

.....
PHYSICIAN'S NAME (LAST, FIRST, M.I.)

(...)-.....
TELEPHONE NUMBER

.....
MAILING ADDRESS (STREET, CITY, ZIP CODE)

.....
PHYSICIAN'S CERTIFICATE NUMBER



(D) ELIGIBILITY DETERMINATION

.....
(1) TERMINAL DISEASE

(2) CHECK BOXES FOR COMPLIANCE:

- 1. Determination that the patient has a terminal condition.
- 2. Determination that patient is a resident of Ohio.
- 3. Determination that patient has the capacity to make medical decisions.
- 4. Determination that patient is acting voluntarily.
- 5. Determination of capacity by psychiatrist or licensed psychologist, if necessary.
- 6. Determination that patient has made his/her decision after being fully informed of:
 - a. His or her medical diagnosis; and
 - b. His or her prognosis; and
 - c. The potential risks associated with ingesting the requested aid-in-dying medication;
 - d. The probable result of ingesting the aid-in-dying medication;
 - e. The possibility that he or she may choose to obtain the aid-in-dying medication but not take it.

(E) ADDITIONAL COMPLIANCE REQUIREMENTS

- 1. Counseled patient about the importance of all of the following:
 - a. Maintaining the aid-in-dying medication in a safe and secure location until the time the qualified individual will ingest it;
 - b. Having another person present when he or she ingests the aid-in-dying medication;
 - c. Not ingesting the aid-in-dying medication in a public place;



d. Notifying the next of kin of his or her request for an aid-in-dying medication. (An individual who declines or is unable to notify next of kin shall not have his or her request denied for that reason); and

e. Participating in a hospice program or palliative care program.

2. Informed patient of right to rescind request (1st time).

3. Discussed the feasible alternatives, including comfort care, hospice care, palliative care, and pain control.

4. Met with patient one-on-one, except in the presence of an interpreter, to confirm the request is not coming from coercion.

5. First oral request for aid-in-dying medication: .././....

Attending physician initials:

6. Second oral request for aid-in-dying medication: .././....

Attending physician initials:

7. Written request submitted: .././....

Attending physician initials:

8. Offered patient right to rescind (2nd time).

(F) PATIENT'S MENTAL STATUS

Check one of the following (required):

I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

I have referred the patient to the psychiatrist or licensed psychologist listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

If a referral was made to a psychiatrist or licensed psychologist, that person has determined that the patient is not suffering from impaired judgment due to a mental disorder.



Psychiatrist or licensed psychologist's information, if applicable:

.....
NAME

.....
TITLE & LICENSE NUMBER

.....
ADDRESS (STREET, CITY, ZIP CODE)

(G) MEDICATION PRESCRIBED

.....
PHARMACIST NAME

(...)-.....
TELEPHONE NUMBER

1. Aid-in-dying medication prescribed:

[] a. Name:

[] b. Dosage:

2. Antiemetic medication prescribed:

[] a. Name:

[] b. Dosage:

3. Method prescription was delivered:

[] a. In person

[] b. By mail

[] c. Electronically

4. Date medication was prescribed: .././....



.....
PHYSICIAN'S SIGNATURE

.....
DATE

.....
NAME (PLEASE PRINT)



CONSULTING PHYSICIAN COMPLIANCE FORM

(A) PATIENT INFORMATION

.....
PATIENT'S NAME (LAST, FIRST, M.I.)

.....
DATE OF BIRTH

(B) ATTENDING PHYSICIAN

.....
PHYSICIAN'S NAME (LAST, FIRST, M.I.)

(...)-.....
TELEPHONE NUMBER

(C) CONSULTING PHYSICIAN'S REPORT

.....
(1) TERMINAL CONDITION

.....
DATE OF EXAMINATION(S)

(2) Check boxes for compliance. (Both the attending and consulting physicians must make these determinations.)

- 1. Determination that the patient has a terminal condition.
- 2. Determination that patient has the mental capacity to make medical decisions.
- 3. Determination that patient is acting voluntarily.
- 4. Determination that patient has made his/her decision after being fully informed of:
 - a. His or her medical diagnosis; and
 - b. His or her prognosis; and



- c. The potential risks associated with taking the medication to be prescribed; and
- d. The potential result of taking the medication to be prescribed; and
- e. The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care, and pain control.

(D) PATIENT'S MENTAL STATUS

Check one of the following (required):

- I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- I have referred the patient to the psychiatrist or licensed psychologist listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- If a referral was made to a psychiatrist or licensed psychologist, that person has determined that the patient is not suffering from impaired judgment due to a mental disorder.

Psychiatrist or licensed psychologist's information, if applicable:

.....
NAME

(...)-.....
TELEPHONE NUMBER

.....
DATE

(E) CONSULTANT'S INFORMATION

.....
PHYSICIAN'S SIGNATURE

.....
DATE



.....
NAME (PLEASE PRINT)

.....
MAILING ADDRESS

.....
CITY, STATE, AND ZIP CODE

(...)-.....
TELEPHONE NUMBER

NOTE: "Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or licensed psychologist, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.



ATTENDING PHYSICIAN FOLLOW-UP FORM

The End of Life Option Act requires physicians who write a prescription for an aid-in-dying medication to complete this follow-up form within 30 calendar days of a patient's death, whether from ingestion of the aid-in-dying medication obtained under the Act or from any other cause.

For the Ohio Department of Health to accept this form, it must be signed by the attending physician, whether or not he or she was present at the patient's time of death.

This form should be mailed or sent electronically to the Ohio Department of Health. All information is kept strictly confidential.

Date: .././....

Patient name:

Attending physician name:

Did the patient die from ingesting the aid-in-dying medication, from their underlying illness, or from another cause such as terminal sedation or ceasing to eat or drink?

[] Aid-in-dying medication (lethal dose) – Please sign below and go to next page.

Attending physician signature:

[] Underlying illness – There is no need to complete the rest of the form. Please sign below.

Attending physician signature:

[] Other – There is no need to complete the rest of the form. Please specify the circumstances surrounding the patient's death and sign.

Please specify:

.....

.....

Attending physician signature:

PART A and PART B should only be completed if the patient died from ingesting the lethal dose of the aid-in-dying medication.



Please read carefully the following to determine which situation applies. Check the box that indicates the scenario and complete the remainder of the form accordingly.

The attending physician was present at the *time of death*.

The attending physician must complete this form in its entirety and sign Part A and Part B.

The attending physician was not present at the *time of death*, but another licensed health care provider was present.

The licensed health care provider must complete and sign Part A of this form. The attending physician must complete and sign Part B of the form.

Neither the attending physician nor another licensed health care provider was present at the *time of death*.

Part A may be left blank. The attending physician must complete and sign Part B of the form.

PART A: To be completed and signed by the attending physician or another licensed health care provider present at death:

1. Was the attending physician at the patient's bedside when the patient took the aid-in-dying medication?

Yes

No

If no: Was another physician or trained health care provider present when the patient ingested the aid-in-dying medication?

Yes, another physician

Yes, a trained health-care provider/volunteer

No

Unknown

2. Was the attending physician at the patient's bedside at the time of death?

Yes



No

If no: Was another physician or a licensed health care provider present at the patient's time of death?

Yes, another physician or licensed health care provider

No

Unknown

3. On what day did the patient consume the lethal dose of the aid-in-dying medication?

.././.... (month/day/year) Unknown

4. On what day did the patient die after consuming the lethal dose of the aid-in-dying medication?

.././.... (month/day/year) Unknown

5. Where did the patient ingest the lethal dose of the aid-in-dying medication?

Private home

Assisted-living residence

Nursing home

Hospital in-patient unit

In-patient hospice facility

Other (specify)

Unknown

6. What was the time between the ingestion of the lethal dose of aid-in-dying medication and unconsciousness?

Minutes and/or Hours Unknown

7. What was the time between lethal medication ingestion and death?

Minutes and/or Hours Unknown



8. Were there any complications that occurred after the patient took the lethal dose of the aid-in-dying medication?

Yes - vomiting, emesis

Yes - regained consciousness

No Complications

Other - Please describe:

Unknown

9. Was the Emergency Medical System activated for any reason after ingesting the lethal dose of the aid-in-dying medication?

Yes - Please describe:

No

Unknown

10. At the time of ingesting the lethal dose of the aid-in-dying medication, was the patient receiving hospice care?

Yes

No, refused care

No, other (specify)

.....
Signature of attending physician present at time of death

.....
Name of Licensed Health Care Provider present at time of death if not attending physician

.....
Signature of Licensed Health Care Provider

PART B: To be completed and signed by the attending physician

11. On what date was the prescription written for the aid-in-dying medication? .././....



12. When the patient initially requested a prescription for the aid-in-dying medication, was the patient receiving hospice care?

- Yes
- No, refused care
- No, other (specify)

13. What type of health care coverage did the patient have for their underlying illness? (Check all that apply.)

- Medicare
- Medicaid
- V.A.
- Private Insurance
- No insurance
- Had insurance, don't know type

14. Possible concerns that may have contributed to the patient's decision to request a prescription for aid-in-dying medication. Please check "yes," "no," or "Don't know," depending on whether or not you believe that concern contributed to their request (Please check as many boxes as you think may apply).

A concern about

His or her terminal condition representing a steady loss of autonomy

- Yes
- No
- Don't know

The decreasing ability to participate in activities that made life enjoyable

- Yes
- No
- Don't know



The loss of control of bodily functions

Yes

No

Don't know

Persistent and uncontrollable pain and suffering

Yes

No

Don't know

A loss of Dignity

Yes

No

Don't know

Other concerns (specify)

Signature of attending physician:



HISTORY

ACTION

DATE

Introduced

01-24-18

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