AN ACT concerning health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Short title; references to Act.

(a) Short Title. This Act may be cited as the End-of-Life Options for Terminally Ill Patients Act.

(b) References to Act. This Act may be referred to as Deb's Law.

Section 5. Findings and intent.

(a) The General Assembly finds that:

(1) Medical aid in dying is part of general medical care and complements other end-of-life options, such as comfort care, pain control, palliative care, and hospice care, for individuals to have an end-of-life experience aligned with their beliefs and values.

(2) The availability of medical aid in dying provides an additional end-of-life care option for terminally ill individuals who seek to retain their autonomy and some level of control over the progression of the disease as they near the end of life or to ease unnecessary pain and suffering.

(3) Illinoisans facing a terminal diagnosis have been at the forefront of statewide efforts to provide the full

range of end-of-life care options available in 10 states and the District of Columbia, to qualified mentally capable terminal adults residing in Illinois through the addition of medical aid-in-dying care as an end-of-life option in their home state. Advocates include:

(A) Deb Robertson, a lifelong Illinois resident who has been living with a rare form of her terminal illness, who wants to live but knows that she is going to die, and who has been actively engaged in advocacy to change Illinois law because she doesn't want to move to another state in order to access the end-of-life medical care that would bring her comfort and reduce her fear related to the pain of dying.

(B) Andrew Flack, who could not move back to Illinois to be with his family after his terminal diagnosis and instead had to live hundreds of miles away from his family, in a state that offered medical aid-in-dying care, in order to have a painless death surrounded by his loved ones.

(C) Miguel Carrasquillo, who despite enduring excruciatingly painful treatments to cure his cancer, which spread to his liver, stomach, testicles, and other organs, continued to advocate for a change in the law until his death, so other Illinoisans with a terminal diagnosis would not be forced to suffer at the end of their lives and die in pain as he did but

would instead have the option of medical aid-in-dying care.

(4) Illinoisans throughout the State, across demographics, including religion, political affiliation, race, gender, disability, and age, also support the inclusion of medical aid-in-dying care in the options available for end-of-life care. Supporters and advocates recognize that mentally capable adult individuals have a fundamental right to determine their own medical treatment options in accordance with their own values, beliefs, or personal preferences, and having the option of medical aid in dying is an expression of this fundamental right. This includes advocates, like Lowell Sachnoff, who, alongside his wife Fay Clayton, was a tireless advocate for the expansion of end-of-life options for terminally ill adults over the course of a decade, up to and including the day he died.

(b) It is the intent of the General Assembly to uphold both the highest standard of medical care and the full range of options for each individual, particularly at the end of life.

Section 10. Definitions. As used in this Act:

"Adult" means an individual 18 years of age or older.

"Advanced practice registered nurse" means an advanced practice registered nurse licensed under the Nurse Practice Act who is certified as a psychiatric mental health

practitioner.

"Aid in dying" means an end-of-life care option that allows a qualified patient to obtain a prescription for medication pursuant to this Act.

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

"Clinical psychologist" means a psychologist licensed under the Clinical Psychologist Licensing Act.

"Clinical social worker" means a person licensed under the Clinical Social Work and Social Work Practice Act.

"Coercion or undue influence" means the willful attempt, whether by deception, intimidation, or any other means to:

(1) cause a patient to request, obtain, or self-administer medication pursuant to this Act with intent to cause the death of the patient; or

(2) prevent a qualified patient, in a manner that conflicts with the Health Care Right of Conscience Act, from obtaining or self-administering medication pursuant to this Act.

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

"Department" means the Department of Public Health.

"Health care entity" means a hospital or hospital affiliate, nursing home, hospice or any other facility

licensed under any of the following Acts: the Ambulatory Surgical Treatment Center Act; the Home Health, Home Services, and Home Nursing Agency Licensing Act; the Hospice Program Licensing Act; the Hospital Licensing Act; the Nursing Home Care Act; or the University of Illinois Hospital Act. "Health care entity" does not include a physician.

"Health care professional" means a physician, pharmacist, or licensed mental health professional.

"Informed decision" means a decision by a patient with mental capacity and a terminal disease to request and obtain a prescription for medication pursuant to this Act, that the qualified patient may self-administer to bring about a peaceful death, after being fully informed by the attending physician and consulting physician of:

(1) the patient's diagnosis and prognosis;

(2) the potential risks and benefits associated with taking the medication to be prescribed;

(3) the probable result of taking the medication to be prescribed;

(4) the feasible end-of-life care and treatment options for the patient's terminal disease, including, but not limited to, comfort care, palliative care, hospice care, and pain control, and the risks and benefits of each;

(5) the patient's right to withdraw a request pursuant this Act, or consent for any other treatment, at any time;

and

(6) the patient's right to choose not to obtain the drug or to choose to obtain the drug but not to ingest it.

"Licensed mental health care professional" means a psychiatrist, clinical psychologist, clinical social worker, or advanced practice registered nurse.

"Mental capacity" means that, in the opinion of the attending physician or the consulting physician or, if the opinion of a licensed mental health care professional is required under Section 45, the licensed mental health care professional, the patient requesting medication pursuant to this Act has the ability to make and communicate an informed decision.

"Oral request" means an affirmative statement that demonstrates a contemporaneous affirmatively stated desire by the patient seeking aid in dying.

"Pharmacist" means an individual licensed to engage in the practice of pharmacy under the Pharmacy Practice Act.

"Physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.

"Psychiatrist" means a physician who has successfully completed a residency program in psychiatry accredited by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

"Qualified patient" means an adult Illinois resident with the mental capacity to make medical decisions who has

satisfied the requirements of this Act in order to obtain a prescription for medication to bring about a peaceful death. No person will be considered a "qualified patient" under this Act solely because of advanced age, disability, or a mental health condition, including depression.

"Self-administer" means an affirmative, conscious, voluntary action, performed by a qualified patient, to ingest medication prescribed pursuant to this Act to bring about the patient's peaceful death. "Self-administer" does not include administration by parenteral injection or infusion.

"Terminal disease" means an incurable and irreversible disease that will, within reasonable medical judgment, result in death within 6 months. The existence of a terminal disease, as determined after in-person examination by the patient's physician and concurrence by another physician, shall be documented in writing in the patient's medical record. A diagnosis of a major depressive disorder, as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, alone does not qualify as a terminal disease.

Section 15. Informed consent.

(a) Nothing in this Act may be construed to limit the amount of information provided to a patient to ensure the patient can make a fully informed health care decision.

(b) An attending physician must provide sufficient

information to a patient regarding all appropriate end-of-life care options, including comfort care, hospice care, palliative care, and pain control, as well as the foreseeable risks and benefits of each, so that the patient can make a voluntary and affirmative decision regarding the patient's end-of-life care.

(c) If a patient makes a request for the patient's medical records to be transmitted to an alternative physician, the patient's medical records shall be transmitted without undue delay.

Section 20. Standard of care. Nothing contained in this Act shall be interpreted to lower the applicable standard of care for the health care professionals participating under this Act.

Section 25. Qualification.

(a) A qualified patient with a terminal disease may request a prescription for medication under this Act in the following manner:

(1) The qualified patient may orally request a prescription for medication under this Act from the patient's attending physician.

(2) The oral request from the qualified patient shall be documented by the attending physician.

(3) The qualified patient shall provide a written request in accordance with this Act to the patient's

attending physician after making the initial oral request.

(4) The qualified patient shall repeat the oral request to the patient's attending physician no less than 5 days after making the initial oral request.

(b) The attending and consulting physicians of a qualified patient shall have met all the requirements of Sections 35 and 40.

(c) Notwithstanding subsection (a), if the individual's attending physician has medically determined that the individual will, within reasonable medical judgment, die within 5 days after making the initial oral request under this Section, the individual may satisfy the requirements of this Section by providing a written request and reiterating the oral request to the attending physician at any time after making the initial oral request.

(d) At the time the patient makes the second oral request, the attending physician shall offer the patient an opportunity to rescind the request.

(e) Oral and written requests for aid in dying may be made only by the patient and shall not be made by the patient's surrogate decision-maker, health care proxy, health care agent, attorney-in-fact for health care, guardian, nor via advance health care directive.

(f) If a requesting patient decides to transfer care to an alternative physician, the records custodian shall, upon written request, transmit, without undue delay, the patient's

medical records, including written documentation of the dates of the patient's requests concerning aid in dying.

(g) A transfer of care or medical records does not toll or restart any waiting period.

Section 30. Form of written request.

(a) A written request for medication under this Act shall be in substantially the form under subsection (e), signed and dated by the requesting patient, and witnessed in the presence of the patient by at least 2 witnesses who attest that to the best of their knowledge and belief the patient has mental capacity, is acting voluntarily, and is not being coerced or unduly influenced to sign the request.

(b) One of the witnesses required under this Section must be a person who is not:

(1) a relative of the patient by blood, marriage, civil union, registered domestic partnership, or adoption;

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

(3) an owner, operator, or employee of a health care entity where the qualified patient is receiving medical treatment or is a resident.

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

(d) If a person uses an interpreter, the interpreter shall not be a witness.

(e) The written request for medication under this Act shall be substantially as follows:

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

I, ... (NAME OF PATIENT), am an adult of sound mind, and a resident of Illinois. I have been diagnosed with ..... (NAME OF CONDITION) and given a terminal disease prognosis of 6 months or less to live by my attending physician.

I affirm that my terminal disease diagnosis was given or confirmed during at least one in-person visit to a health care professional.

I have been fully informed of the feasible alternatives and concurrent or additional treatment opportunities for my terminal disease, including, but not limited to, comfort care, palliative care, hospice care, or pain control, as well as the potential risks and benefits of each. I have been offered, have received, or have been offered and received resources or referrals to pursue these alternatives and concurrent or additional treatment opportunities for my terminal disease.

I have been fully informed of the nature of the medication to be prescribed, including the risks and benefits, and I understand that the likely outcome of self-administering the

medication is death.

I understand that I can rescind this request at any time, that I am under no obligation to fill the prescription once written, and that I have no duty to self-administer the medication if I obtain it.

I request that my attending physician furnish a prescription for medication that will end my life if I choose to self-administer it, and I authorize my attending physician to transmit the prescription to a pharmacist to dispense the medication at a time of my choosing.

I make this request voluntarily, free from coercion or undue influence.

Dated: .....

Signed .....

(patient)

Dated: .....

Signed .....

(witness #1)

Dated: .....

Signed .....

(witness #2)"

(f) The interpreter attachment for a written request for medication under this Act shall be substantially as follows:

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

Interpreter Attachment

I, ... (NAME OF INTERPRETER), am fluent in English and ..... (LANGUAGE OF PATIENT, INCLUDING SIGN LANGUAGE).

On ..... (DATE) at approximately ..... (TIME), I read the "Request for Medication to End My Life in a Peaceful Manner" form to ..... (NAME OF PATIENT) in ..... (LANGUAGE OF PATIENT, INCLUDING SIGN LANGUAGE).

..... (NAME OF PATIENT) affirmed to me that they understand the content of this form, that they desire to sign this form under their own power and volition, and that they requested to sign the form after consultations with an attending physician.

Under penalty of perjury, I declare that I am fluent in English and ..... (LANGUAGE OF PATIENT, INCLUDING SIGN LANGUAGE) and that the contents of this form, to the best of my knowledge, are true and correct. Executed at ..... (NAME OF CITY, COUNTY, AND STATE) on ..... (DATE).

Interpreter's signature: .....

Interpreter's printed name: .....

Interpreter's address: .....".

Section 35. Attending physician responsibilities.

(a) Following the request of a patient for aid in dying, the attending physician shall conduct an evaluation of the patient and:

(1) determine whether the patient has a terminal disease or has been diagnosed as having a terminal disease;

(2) determine whether a patient has mental capacity;

(3) confirm that the patient's request does not arise from coercion or undue influence;

(4) inform the patient of:

(A) the diagnosis;

(B) the prognosis;

(C) the potential risks, benefits, and probable result of self-administering the prescribed medication to bring about a peaceful death;

(D) the potential benefits and risks of feasible alternatives, including, but not limited to, concurrent or additional treatment options for the patient's terminal disease, comfort care, palliative care, hospice care, and pain control; and

(E) the patient's right to rescind the request for medication pursuant to this Act at any time;

(5) inform the patient that there is no obligation to fill the prescription nor an obligation to self-administer the medication, if it is obtained;

(6) provide the patient with a referral for comfort

care, palliative care, hospice care, pain control, or other end-of-life treatment options as requested by the patient and as clinically indicated;

(7) refer the patient to a consulting physician for medical confirmation that the patient requesting medication pursuant to this Act:

(A) has a terminal disease with a prognosis of 6 months or less to live; and

(B) has mental capacity.

(8) include the consulting physician's written determination in the patient's medical record;

(9) refer the patient to a licensed mental health professional in accordance with Section 45 if the attending physician observes signs that the individual may not be capable of making an informed decision;

(10) include the licensed mental health professional's written determination in the patient's medical record, if such determination was requested;

(11) inform the patient of the benefits of notifying the next of kin of the patient's decision to request medication pursuant to this Act;

(12) fulfill the medical record documentation requirements;

(13) ensure that all steps are carried out in accordance with this Act before providing a prescription to a qualified patient for medication pursuant to this Act

including:

(A) confirming that the patient has made an informed decision to obtain a prescription for medication;

(B) offering the patient an opportunity to rescind the request for medication; and

(C) providing information to the patient on:

(i) the recommended procedure for self-administering the medication to be prescribed;

(ii) the safekeeping and proper disposal of unused medication in accordance with State and federal law;

(iii) the importance of having another person present when the patient self-administers the medication to be prescribed; and

(iv) not taking the aid-in-dying medication in a public place;

(14) deliver, in accordance with State and federal law, the prescription personally, by mail, or through an authorized electronic transmission to a licensed pharmacist who will dispense the medication, including any ancillary medications, to the qualified patient, or to a person expressly designated by the qualified patient in person or with a signature required on delivery, by mail service, or by messenger service;

(15) if authorized by the Drug Enforcement Administration, dispense the prescribed medication, including any ancillary medications, to the qualified patient or a person designated by the qualified patient; and

(16) include, in the qualified patient's medical record, the patient's diagnosis and prognosis, determination of mental capacity, the date of each oral request, a copy of the written request, a notation that the requirements under this Section have been completed, and an identification of the medication and ancillary medications prescribed to the qualified patient pursuant to this Act.

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

Section 40. Consulting physician responsibilities. A consulting physician shall:

(1) conduct an evaluation of the patient and review the patient's relevant medical records, including the evaluation pursuant to Section 45, if such evaluation was necessary;

(2) confirm in writing to the attending physician that the patient:

(A) has requested a prescription for aid-in-dying medication;

(B) has a documented terminal disease;

(C) has mental capacity or has provided documentation that the consulting health care professional has referred the individual for further evaluation in accordance with Section 45; and

(D) is acting voluntarily, free from coercion or undue influence.

Section 45. Referral for determination that the requesting patient has mental capacity.

(a) If either the attending physician or the consulting physician has doubts whether the individual has mental capacity and if either one is unable to confirm that the individual is capable of making an informed decision, the attending physician or consulting physician shall refer the patient to a licensed mental health professional for determination regarding mental capability.

(b) The licensed mental health professional shall additionally determine whether the patient is suffering from a psychiatric or psychological disorder causing impaired judgment.

(c) The licensed mental health professional who evaluates the patient under this Section shall submit to the requesting attending or consulting physician a written determination of whether the patient has mental capacity.

(d) If the licensed mental health professional determines

that the patient does not have mental capacity, or is suffering from a psychiatric or psychological disorder causing impaired judgment, the patient shall not be deemed a qualified patient and the attending physician shall not prescribe medication to the patient under this Act.

Section 50. Residency requirement.

(a) Only requests made by Illinois residents may be granted under this Act.

(b) A patient is able to establish residency through any one or more of the following means:

(1) possession of a driver's license or other identification issued by the Secretary of State or State of Illinois;

(2) registration to vote in Illinois;

(3) evidence that the person owns, rents, or leases property in Illinois;

(4) the location of any dwelling occupied by the person;

(5) the place where any motor vehicle owned by the person is registered;

(6) the residence address, not a post office box, shown on an income tax return filed for the year preceding the year in which the person initially makes an oral request under this Act;

(7) the residence address, not a post office box, at

which the person's mail is received;

(8) the residence address, not a post office box, shown on any unexpired resident hunting or fishing or other licenses held by the person;

(9) the receipt of any public benefit conditioned upon residency; or

(10) any other objective facts tending to indicate a person's place of residence is in Illinois.

Section 55. Safe disposal of unused medications. A person who has custody or control of medication prescribed pursuant to this Act after the qualified patient's death shall dispose of the medication by delivering it to the nearest qualified facility that properly disposes of controlled substances or, if none is available, by lawful means in accordance with applicable State and federal guidelines.

Section 60. Health care professional protections; no duty to provide aid in dying.

(a) A health care professional shall not be under any duty, by law or contract, to participate in the provision of aid-in-dying care to a patient as set forth in this Act.

(b) A health care professional shall not be subject to civil or criminal liability for participating or refusing to participate in the provision of aid-in-dying care to a patient in good faith compliance with this Act.

(c) Except as set forth in Section 65, a health care entity or licensing board shall not subject a health care professional to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in accordance with this Act.

(d) A health care professional may choose not to engage in aid-in-dying care.

(e) Only willing health care professionals shall provide aid-in-dying care in accordance with this Act. If a health care professional is unable or unwilling to carry out a patient's request under this Act, and the patient transfers the patient's care to a new health care professional, the prior health care professional shall transmit, upon request, a copy of the patient's relevant medical records to the new health care professional without undue delay.

(f) A health care professional shall not engage in false, misleading, or deceptive practices relating to a willingness to qualify a patient or provide aid-in-dying care. Intentionally misleading a patient constitutes coercion or undue influence.

(g) The provisions of the Health Care Right of Conscience Act apply to this Act and are incorporated by reference.

Section 65. Health care entity protections and permissible prohibitions and duties.

(a) A health care entity shall not be under any duty, by law or contract, to participate in the provision of aid-in-dying care to a patient as set forth in this Act.

(b) A health care entity shall not be subject to civil or criminal liability for participating or refusing to participate in the provision of aid-in-dying care to a patient in good faith compliance with this Act.

(c) A health care entity may prohibit health care professionals, staff, employees, or independent contractors, from practicing aid-in-dying care while performing duties for the entity. A prohibiting entity must provide advance notice in writing to health care professionals and staff at the time of hiring, contracting with, or privileging and on a yearly basis thereafter. Such policies prohibiting aid-in-dying care may include provisions for the health care entity to take disciplinary action, including, but not limited to, termination for those employees, independent contractors, and staff who violate the health care entity's policies, consistent with existing disciplinary policies.

(d) If a patient wishes to transfer care to another health care entity, the prohibiting entity shall coordinate a timely transfer of care, including transmitting, without undue delay, the patient's medical records.

(e) No health care entity shall prohibit a health care professional from:

(1) providing information to a patient regarding the

patient's health status, including, but not limited to, diagnosis, prognosis, recommended treatment and treatment alternatives, and the risks and benefits of each;

(2) providing information regarding health care services available pursuant to this Act, information about relevant community resources, and how to access those resources for obtaining care of the patient's choice;

(3) practicing aid-in-dying care outside the scope of the health care professional's employment or contract with the prohibiting entity and off the premises of the prohibiting entity; provided, however, that in such event the health care professional shall explicitly tell the patient that such health care professional is providing such services independently and not as a representative of their associated health care entity; or

(4) being present, if outside the scope of the health care professional's employment or contractual duties, when a qualified patient self-administers medication prescribed pursuant to this Act or at the time of death, if requested by the qualified patient or their representative.

(f) A health care entity shall not engage in false, misleading, or deceptive practices relating to its policy around end-of-life care services, including whether it has a policy that prohibits affiliated health care professionals from practicing aid-in-dying care; or intentionally denying a patient access to medication pursuant to this Act by

intentionally failing to transfer a patient and the patient's medical records to another health care professional in a timely manner. Intentionally misleading a patient or deploying misinformation to obstruct access to services pursuant to this Act constitutes coercion or undue influence.

(g) The provisions of the Health Care Right of Conscience Act apply to this Act and are incorporated by reference.

(h) If any part of this Section is found to be in conflict with federal requirements which are a prescribed condition to receipt of federal funds, the conflicting part of this Section is inoperative solely to the extent of the conflict with respect to the entity directly affected, and such finding or determination shall not affect the operation of the remainder of the Section or this Act.

Section 70. Immunities for actions in good faith; prohibition against reprisals.

(a) Except as set forth in Section 65, a health care professional or health care entity shall not be subject to civil or criminal liability, licensing sanctions, or other professional disciplinary action for actions taken in good faith compliance with this Act.

(b) If a health care professional or health care entity is unable or unwilling to carry out an individual's request for aid in dying, the professional or entity shall, at a minimum:

(1) inform the individual of the professional's or

entity's inability or unwillingness;

(2) refer the individual either to a health care professional who is able and willing to evaluate and qualify the individual or to another individual or entity to assist the requesting individual in seeking aid in dying, in accordance with the Health Care Right of Conscience Act; and

(3) note, in the medical record, the individual's date of request and health care professional's notice to the individual of the health care professional's unwillingness or inability to carry out the individual's request.

(c) Except as set forth in Section 65, a health care entity or licensing board shall not subject a health care professional to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for engaging in good faith compliance with this Act.

(d) Except as set forth in Section 65, a health care professional, health care entity, or licensing board shall not subject a health care professional to discharge, demotion, censure, discipline, suspension, loss of license, loss of privileges, loss of membership, discrimination, or any other penalty for providing aid-in-dying care in accordance with the standard of care and in good faith under this Act when:

(1) engaged in the outside practice of medicine and off of the objecting health care entity's premises; or

(2) providing scientific and accurate information

about aid-in-dying care to a patient when discussing end-of-life care options.

(e) A physician is not subject to civil or criminal liability or professional discipline if, at the request of the qualified patient, the physician is present outside the scope of the physician's employment contract and off the entity's premises, when the qualified patient self-administers medication pursuant to this Act, or at the time of death.

(f) A physician who is present at self-administration may, without civil or criminal liability, assist the qualified patient by preparing the medication prescribed pursuant to this Act.

(g) A request by a patient for aid in dying does not alone constitute grounds for neglect or elder abuse for any purpose of law, nor shall it be the sole basis for appointment of a guardian.

(h) This Section does not limit civil liability for intentional misconduct.

Section 75. Reporting requirements.

(a) Within 45 days after the effective date of this Act, the Department shall create and post to its website an Attending Physician Checklist Form and Attending Physician Follow-Up Form to facilitate collection of the information described in this Section. Failure to create or post the Attending Physician Checklist Form, the Attending Physician

Follow-Up Form, or both shall not suspend the effective date of this Act.

(b) Within 30 calendar days of providing a prescription for medication pursuant to this Act, the attending physician shall submit to the Department an Attending Physician Checklist Form with the following information:

(1) the qualifying patient's name and date of birth;

(2) the qualifying patient's terminal diagnosis and prognosis;

(3) notice that the requirements under this Act were completed; and

(4) notice that medication has been prescribed pursuant to this Act.

(c) Within 60 calendar days of notification of a qualified patient's death from self-administration of medication prescribed pursuant to this Act, the attending physician shall submit to the Department, an Attending Physician Follow-Up Form with the following information:

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

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

(3) a notation of whether the qualified patient was enrolled in hospice services at the time of the qualified patient's death.

(d) The information collected shall be confidential and shall be collected in a manner that protects the privacy of the patient, the patient's family, and any health care

professional involved with the patient under the provisions of this Act. The information shall be privileged and strictly confidential, and shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.

(e) One year after the effective date of this Act, and each year thereafter, the Department shall create and post on its website a public statistical report of nonidentifying information. The report shall be limited to:

(1) the number of prescriptions for medication written pursuant to this Act;

(2) the number of physicians who wrote prescriptions for medication pursuant to this Act;

(3) the number of qualified patients who died following self-administration of medication prescribed and dispensed pursuant to this Act; and

(4) the number of people who died due to using an aid-in-dying drug, with demographic percentages organized by the following characteristics as aggregated and de-identified data sets:

(A) age at death;

(B) education level;

(C) race;

(D) gender;

(E) type of insurance, including whether the patient had insurance;

(F) underlying illness; and

(G) enrollment in hospice.

(f) Except as otherwise required by law, the information collected by the Department is not a public record, is not available for public inspection, and is not available through the Freedom of Information Act.

(g) Willful failure or refusal to timely submit records required under this Act may result in disciplinary action.

Section 80. Effect on construction of wills, contracts, and statutes.

(a) No provision in a contract, will, or other agreement, whether written or oral, that would determine whether a patient may make or rescind a request pursuant to this Act is valid.

(b) No obligation owing under any contract that is in effect on the effective date of this Act shall be conditioned or affected by a patient's act of making or rescinding a request pursuant to this Act.

(c) It is unlawful for an insurer to deny or alter health care benefits otherwise available to a patient with a terminal disease based on the availability of aid-in-dying care or otherwise attempt to coerce a patient with a terminal disease to make a request for aid-in-dying medication.

(d) Nothing in this Act prevents an insurer from exercising any right to void a policy based on a material

misrepresentation, as provided under Section 154 of the Illinois Insurance Code, in an application for insurance.

Section 85. Insurance or annuity policies.

(a) The sale, procurement, or issuance of a life, health, or accident insurance policy, annuity policy, or the rate charged for a policy shall not be conditioned upon or affected by a patient's act of making or rescinding a request for medication pursuant to this Act.

(b) A qualified patient's act of self-administering medication pursuant to this Act does not invalidate any part of a life, health, or accident insurance, or annuity policy.

(c) An insurance plan, including medical assistance under Article V of the Illinois Public Aid Code, shall not deny or alter benefits to a patient with a terminal disease who is a covered beneficiary of a health insurance plan, based on the availability of aid-in-dying care, their request for medication pursuant to this Act, or the absence of a request for medication pursuant to this Act. Failure to meet this requirement shall constitute a violation of the Illinois Insurance Code.

(d) The Department of Insurance shall enforce the provisions of this Act with respect to any life, health, or accident insurance policy or annuity policy pursuant to the enforcement powers granted to it by law. A violation of this Act by any person or entity under the jurisdiction of the

Department of Insurance shall be deemed a violation of the relevant provisions of the Illinois Insurance Code under which the person or entity is authorized to transact business in this State.

(e) For the purposes of this Act, "life, health, or accident insurance policy or annuity policy" means any insurance under Class 1(a), 1(b), or 2(a) of the Illinois Insurance Code, a health care plan under the Health Maintenance Organization Act, a limited health care plan under the Limited Health Service Organization Act, a dental service plan under the Dental Service Plans Act, or a voluntary health services plan under the Voluntary Health Services Plan Act.

Section 90. Death certificate.

(a) Unless otherwise prohibited by law, the attending physician may sign the death certificate of a qualified patient who obtained and self-administered a prescription for medication pursuant to this Act.

(b) When a death has occurred in accordance with this Act, the death shall be attributed to the underlying terminal disease.

(1) Death following self-administering medication under this Act does not alone constitute grounds for postmortem inquiry.

(2) Death in accordance with this Act shall not be designated a suicide or homicide.

(c) A qualified patient's act of self-administering medication prescribed pursuant to this Act shall not be indicated on the death certificate.

Section 95. Liabilities and penalties.

(a) Nothing in this Act limits civil or criminal liability arising from:

(1) Intentionally or knowingly altering or forging a patient's request for medication pursuant to this Act or concealing or destroying a rescission of a request for medication pursuant to this Act.

(2) Intentionally or knowingly coercing or exerting undue influence on a patient with a terminal disease to request medication pursuant to this Act or to request or use or not use medication pursuant to this Act.

(3) Intentional misconduct by a health care professional or health care entity.

(b) The penalties specified in this Act do not preclude criminal penalties applicable under other laws for conduct inconsistent with this Act.

(c) As used in this Section, "intentionally" and "knowingly" have the meanings provided in Sections 4-4 and 4-5 of the Criminal Code of 2012.

Section 100. Construction.

(a) Nothing in this Act authorizes a physician or any

other person, including the qualified patient, to end the qualified patient's life by lethal injection, lethal infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or any other criminal act.

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

Section 105. Rulemaking Authority. The Department of Public Health and the Department of Veterans Affairs may adopt rules for the implementation and administration of this Act.

Section 110. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 200. The Freedom of Information Act is amended by changing Section 7.5 as follows:

(5 ILCS 140/7.5)

Sec. 7.5. Statutory exemptions. To the extent provided for by the statutes referenced below, the following shall be exempt from inspection and copying:

(a) All information determined to be confidential under Section 4002 of the Technology Advancement and

Development Act.

(b) Library circulation and order records identifying library users with specific materials under the Library Records Confidentiality Act.

(c) Applications, related documents, and medical records received by the Experimental Organ Transplantation Procedures Board and any and all documents or other records prepared by the Experimental Organ Transplantation Procedures Board or its staff relating to applications it has received.

(d) Information and records held by the Department of Public Health and its authorized representatives relating to known or suspected cases of sexually transmitted infection or any information the disclosure of which is restricted under the Illinois Sexually Transmitted Infection Control Act.

(e) Information the disclosure of which is exempted under Section 30 of the Radon Industry Licensing Act.

(f) Firm performance evaluations under Section 55 of the Architectural, Engineering, and Land Surveying Qualifications Based Selection Act.

(g) Information the disclosure of which is restricted and exempted under Section 50 of the Illinois Prepaid Tuition Act.

(h) Information the disclosure of which is exempted under the State Officials and Employees Ethics Act, and

records of any lawfully created State or local inspector general's office that would be exempt if created or obtained by an Executive Inspector General's office under that Act.

(i) Information contained in a local emergency energy plan submitted to a municipality in accordance with a local emergency energy plan ordinance that is adopted under Section 11-21.5-5 of the Illinois Municipal Code.

(j) Information and data concerning the distribution of surcharge moneys collected and remitted by carriers under the Emergency Telephone System Act.

(k) Law enforcement officer identification information or driver identification information compiled by a law enforcement agency or the Department of Transportation under Section 11-212 of the Illinois Vehicle Code.

(l) Records and information provided to a residential health care facility resident sexual assault and death review team or the Executive Council under the Abuse Prevention Review Team Act.

(m) Information provided to the predatory lending database created pursuant to Article 3 of the Residential Real Property Disclosure Act, except to the extent authorized under that Article.

(n) Defense budgets and petitions for certification of compensation and expenses for court appointed trial counsel as provided under Sections 10 and 15 of the

Capital Crimes Litigation Act (repealed). This subsection (n) shall apply until the conclusion of the trial of the case, even if the prosecution chooses not to pursue the death penalty prior to trial or sentencing.

(o) Information that is prohibited from being disclosed under Section 4 of the Illinois Health and Hazardous Substances Registry Act.

(p) Security portions of system safety program plans, investigation reports, surveys, schedules, lists, data, or information compiled, collected, or prepared by or for the Department of Transportation under Sections 2705-300 and 2705-616 of the Department of Transportation Law of the Civil Administrative Code of Illinois, the Regional Transportation Authority under Section 2.11 of the Regional Transportation Authority Act, or the St. Clair County Transit District under the Bi-State Transit Safety Act (repealed).

(q) Information prohibited from being disclosed by the Personnel Record Review Act.

(r) Information prohibited from being disclosed by the Illinois School Student Records Act.

(s) Information the disclosure of which is restricted under Section 5-108 of the Public Utilities Act.

(t) (Blank).

(u) Records and information provided to an independent team of experts under the Developmental Disability and

Mental Health Safety Act (also known as Brian's Law).

(v) Names and information of people who have applied for or received Firearm Owner's Identification Cards under the Firearm Owners Identification Card Act or applied for or received a concealed carry license under the Firearm Concealed Carry Act, unless otherwise authorized by the Firearm Concealed Carry Act; and databases under the Firearm Concealed Carry Act, records of the Concealed Carry Licensing Review Board under the Firearm Concealed Carry Act, and law enforcement agency objections under the Firearm Concealed Carry Act.

(v-5) Records of the Firearm Owner's Identification Card Review Board that are exempted from disclosure under Section 10 of the Firearm Owners Identification Card Act.

(w) Personally identifiable information which is exempted from disclosure under subsection (g) of Section 19.1 of the Toll Highway Act.

(x) Information which is exempted from disclosure under Section 5-1014.3 of the Counties Code or Section 8-11-21 of the Illinois Municipal Code.

(y) Confidential information under the Adult Protective Services Act and its predecessor enabling statute, the Elder Abuse and Neglect Act, including information about the identity and administrative finding against any caregiver of a verified and substantiated decision of abuse, neglect, or financial exploitation of

an eligible adult maintained in the Registry established under Section 7.5 of the Adult Protective Services Act.

(z) Records and information provided to a fatality review team or the Illinois Fatality Review Team Advisory Council under Section 15 of the Adult Protective Services Act.

(aa) Information which is exempted from disclosure under Section 2.37 of the Wildlife Code.

(bb) Information which is or was prohibited from disclosure by the Juvenile Court Act of 1987.

(cc) Recordings made under the Law Enforcement Officer-Worn Body Camera Act, except to the extent authorized under that Act.

(dd) Information that is prohibited from being disclosed under Section 45 of the Condominium and Common Interest Community Ombudsperson Act.

(ee) Information that is exempted from disclosure under Section 30.1 of the Pharmacy Practice Act.

(ff) Information that is exempted from disclosure under the Revised Uniform Unclaimed Property Act.

(gg) Information that is prohibited from being disclosed under Section 7-603.5 of the Illinois Vehicle Code.

(hh) Records that are exempt from disclosure under Section 1A-16.7 of the Election Code.

(ii) Information which is exempted from disclosure

under Section 2505-800 of the Department of Revenue Law of the Civil Administrative Code of Illinois.

(jj) Information and reports that are required to be submitted to the Department of Labor by registering day and temporary labor service agencies but are exempt from disclosure under subsection (a-1) of Section 45 of the Day and Temporary Labor Services Act.

(kk) Information prohibited from disclosure under the Seizure and Forfeiture Reporting Act.

(ll) Information the disclosure of which is restricted and exempted under Section 5-30.8 of the Illinois Public Aid Code.

(mm) Records that are exempt from disclosure under Section 4.2 of the Crime Victims Compensation Act.

(nn) Information that is exempt from disclosure under Section 70 of the Higher Education Student Assistance Act.

(oo) Communications, notes, records, and reports arising out of a peer support counseling session prohibited from disclosure under the First Responders Suicide Prevention Act.

(pp) Names and all identifying information relating to an employee of an emergency services provider or law enforcement agency under the First Responders Suicide Prevention Act.

(qq) Information and records held by the Department of Public Health and its authorized representatives collected

under the Reproductive Health Act.

(rr) Information that is exempt from disclosure under the Cannabis Regulation and Tax Act.

(ss) Data reported by an employer to the Department of Human Rights pursuant to Section 2-108 of the Illinois Human Rights Act.

(tt) Recordings made under the Children's Advocacy Center Act, except to the extent authorized under that Act.

(uu) Information that is exempt from disclosure under Section 50 of the Sexual Assault Evidence Submission Act.

(vv) Information that is exempt from disclosure under subsections (f) and (j) of Section 5-36 of the Illinois Public Aid Code.

(ww) Information that is exempt from disclosure under Section 16.8 of the State Treasurer Act.

(xx) Information that is exempt from disclosure or information that shall not be made public under the Illinois Insurance Code.

(yy) Information prohibited from being disclosed under the Illinois Educational Labor Relations Act.

(zz) Information prohibited from being disclosed under the Illinois Public Labor Relations Act.

(aaa) Information prohibited from being disclosed under Section 1-167 of the Illinois Pension Code.

(bbb) Information that is prohibited from disclosure

by the Illinois Police Training Act and the Illinois State Police Act.

(ccc) Records exempt from disclosure under Section 2605-304 of the Illinois State Police Law of the Civil Administrative Code of Illinois.

(ddd) Information prohibited from being disclosed under Section 35 of the Address Confidentiality for Victims of Domestic Violence, Sexual Assault, Human Trafficking, or Stalking Act.

(eee) Information prohibited from being disclosed under subsection (b) of Section 75 of the Domestic Violence Fatality Review Act.

(fff) Images from cameras under the Expressway Camera Act. This subsection (fff) is inoperative on and after July 1, 2025.

(ggg) Information prohibited from disclosure under paragraph (3) of subsection (a) of Section 14 of the Nurse Agency Licensing Act.

(hhh) Information submitted to the Illinois State Police in an affidavit or application for an assault weapon endorsement, assault weapon attachment endorsement, .50 caliber rifle endorsement, or .50 caliber cartridge endorsement under the Firearm Owners Identification Card Act.

(iii) Data exempt from disclosure under Section 50 of the School Safety Drill Act.

(jjj) Information exempt from disclosure under Section 30 of the Insurance Data Security Law.

(kkk) Confidential business information prohibited from disclosure under Section 45 of the Paint Stewardship Act.

(lll) Data exempt from disclosure under Section 2-3.196 of the School Code.

(mmm) Information prohibited from being disclosed under subsection (e) of Section 1-129 of the Illinois Power Agency Act.

(nnn) Materials received by the Department of Commerce and Economic Opportunity that are confidential under the Music and Musicians Tax Credit and Jobs Act.

(ooo) Data or information provided pursuant to Section 20 of the Statewide Recycling Needs and Assessment Act.

(ppp) Information that is exempt from disclosure under Section 28-11 of the Lawful Health Care Activity Act.

(qqq) Information that is exempt from disclosure under Section 7-101 of the Illinois Human Rights Act.

(rrr) Information prohibited from being disclosed under Section 4-2 of the Uniform Money Transmission Modernization Act.

(sss) Information exempt from disclosure under Section 40 of the Student-Athlete Endorsement Rights Act.

(ttt) Audio recordings made under Section 30 of the Illinois State Police Act, except to the extent authorized

under that Section.

(uuu) Information exempt from disclosure under Section 70 of the End-of-Life Options for Terminally Ill Patients Act.

(Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22; 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff. 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22; 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff. 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372, eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23; 103-580, eff. 12-8-23; 103-592, eff. 6-7-24; 103-605, eff. 7-1-24; 103-636, eff. 7-1-24; 103-724, eff. 1-1-25; 103-786, eff. 8-7-24; 103-859, eff. 8-9-24; 103-991, eff. 8-9-24; 103-1049, eff. 8-9-24; 103-1081, eff. 3-21-25.)

Section 999. Effective date. This Act takes effect 9 months after becoming law.