

1 AN ACT concerning health.

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

4 Section 1. Short title; references to Act.

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

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

9 Section 5. Findings and intent.

10 (a) The General Assembly finds that:

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

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

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

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

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

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

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

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

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

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

21 Section 10. Definitions. As used in this Act:

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

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

1 practitioner.

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

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

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

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

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

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

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

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

24 "Department" means the Department of Public Health.

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

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

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

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

15 (1) the patient's diagnosis and prognosis;

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

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

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

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

1 and

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

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

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

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

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

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

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

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

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

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

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

21 Section 15. Informed consent.

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

25 (b) An attending physician must provide sufficient

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

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

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

14 Section 25. Qualification.

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

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

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

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

1 attending physician after making the initial oral request.

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

5 (b) The attending and consulting physicians of a qualified
6 patient shall have met all the requirements of Sections 35 and
7 40.

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

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

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

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

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

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

5 Section 30. Form of written request.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 medication is death.

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

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

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

13 Dated:

14 Signed

15 (patient)

16 Dated:

17 Signed

18 (witness #1)

19 Dated:

20 Signed

21 (witness #2) "

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

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

1 Interpreter Attachment

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

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

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

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

21 Interpreter's signature:
22 Interpreter's printed name:
23 Interpreter's address:".

24 Section 35. Attending physician responsibilities.

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

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

7 (2) determine whether a patient has mental capacity;

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

10 (4) inform the patient of:

11 (A) the diagnosis;

12 (B) the prognosis;

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

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

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

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

26 (6) provide the patient with a referral for comfort

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

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

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

9 (B) has mental capacity.

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

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

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

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

22 (12) fulfill the medical record documentation
23 requirements;

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

1 including:

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

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

7 (C) providing information to the patient on:

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

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

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

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

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

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

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

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

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

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

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

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

- 1 (B) has a documented terminal disease;
- 2 (C) has mental capacity or has provided
3 documentation that the consulting health care
4 professional has referred the individual for further
5 evaluation in accordance with Section 45; and
- 6 (D) is acting voluntarily, free from coercion or
7 undue influence.

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

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

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

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

25 (d) If the licensed mental health professional determines

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

6 Section 50. Residency requirement.

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

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

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

14 (2) registration to vote in Illinois;

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

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

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

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

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

1 which the person's mail is received;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (1) providing information to a patient regarding the

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

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

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

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

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

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

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

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

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

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

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

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

1 entity's inability or unwillingness;

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

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

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

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

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

26 (2) providing scientific and accurate information

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

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

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

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

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

19 Section 75. Reporting requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (A) age at death;

22 (B) education level;

23 (C) race;

24 (D) gender;

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

1 (F) underlying illness; and

2 (G) enrollment in hospice.

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

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

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

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

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

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

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

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

3 Section 85. Insurance or annuity policies.

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

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

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

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

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

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

13 Section 90. Death certificate.

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

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

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

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

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

4 Section 95. Liabilities and penalties.

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

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

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

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

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

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

23 Section 100. Construction.

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

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

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

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

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

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

17 (5 ILCS 140/7.5)

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

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

1 Development Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (p) Security portions of system safety program plans,
9 investigation reports, surveys, schedules, lists, data, or
10 information compiled, collected, or prepared by or for the
11 Department of Transportation under Sections 2705-300 and
12 2705-616 of the Department of Transportation Law of the
13 Civil Administrative Code of Illinois, the Regional
14 Transportation Authority under Section 2.11 of the
15 Regional Transportation Authority Act, or the St. Clair
16 County Transit District under the Bi-State Transit Safety
17 Act (repealed).

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

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

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

24 (t) (Blank).

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

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

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

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

15 (w) Personally identifiable information which is
16 exempted from disclosure under subsection (g) of Section
17 19.1 of the Toll Highway Act.

18 (x) Information which is exempted from disclosure
19 under Section 5-1014.3 of the Counties Code or Section
20 8-11-21 of the Illinois Municipal Code.

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

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

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

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

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

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

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

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

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

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

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

26 (ii) Information which is exempted from disclosure

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

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

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

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

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

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

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

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

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

1 under the Reproductive Health Act.

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

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

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

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

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

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

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

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

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

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

26 (bbb) Information that is prohibited from disclosure

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

3 (ccc) Records exempt from disclosure under Section
4 2605-304 of the Illinois State Police Law of the Civil
5 Administrative Code of Illinois.

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

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

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

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

19 (hhh) Information submitted to the Illinois State
20 Police in an affidavit or application for an assault
21 weapon endorsement, assault weapon attachment endorsement,
22 .50 caliber rifle endorsement, or .50 caliber cartridge
23 endorsement under the Firearm Owners Identification Card
24 Act.

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

1 (jjj) Information exempt from disclosure under Section
2 30 of the Insurance Data Security Law.

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

6 (lll) Data exempt from disclosure under Section
7 2-3.196 of the School Code.

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

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

14 (ooo) Data or information provided pursuant to Section
15 20 of the Statewide Recycling Needs and Assessment Act.

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

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

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

23 (sss) Information exempt from disclosure under Section
24 40 of the Student-Athlete Endorsement Rights Act.

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

1 under that Section.

2 (uuu) Information exempt from disclosure under Section
3 70 of the End-of-Life Options for Terminally Ill Patients
4 Act.

5 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
6 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
7 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
8 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
9 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
10 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
11 103-580, eff. 12-8-23; 103-592, eff. 6-7-24; 103-605, eff.
12 7-1-24; 103-636, eff. 7-1-24; 103-724, eff. 1-1-25; 103-786,
13 eff. 8-7-24; 103-859, eff. 8-9-24; 103-991, eff. 8-9-24;
14 103-1049, eff. 8-9-24; 103-1081, eff. 3-21-25.)

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