



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3795

Introduced 2/5/2026, by Sen. Lakesia Collins

SYNOPSIS AS INTRODUCED:

See Index

Amends the End-of-Life Options for Terminally Ill Patients Act. Expands and clarifies definitions. Requires a mandatory mental health evaluation for all patients requesting medical aid in dying. Strengthens informed consent standards and adds a referral to an Ombudsman when financial concerns influence patient choice. Revises attending and consulting physician duties to include enhanced counseling, documentation, and disclosure requirements. Adds explicit safeguards against coercion or undue influence. Requires detailed recordkeeping and safe disposal of unused medication with reporting to the Department of Public Health. Broadens immunity provisions for good-faith compliance and clarifies protections for physicians present at self-administration. Establishes a Medical Aid-in-Dying Ombudsman Program within the Department of Public Health with authority to review compliance, investigate complaints, and operate a secure reporting portal and hotline. Imposes comprehensive reporting requirements on physicians and directs the Department to publish annual statistical reports with de-identified demographic and clinical data. Prohibits solicitation of medical aid-in-dying services. Mandates training for participating health care professionals on abuse prevention, bias recognition, and disability-competent care. Revises insurance provisions to ensure coverage parity for hospice and palliative care, restricts insurer communications, and clarifies that self-administration does not affect life or health insurance benefits. Provides that a qualified patient's act of self-administering medication shall be indicated on the death certificate (rather than shall not be indicated on the death certificate).

LRB104 19647 BDA 33096 b

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 5. The End-of-Life Options for Terminally Ill
5 Patients Act is amended by changing Sections 10, 15, 35, 40,
6 45, 55, 70, 75, 85, and 90 and by adding Sections 77, 97, and
7 107 as follows:

8 (410 ILCS 22/10)

9 (This Section may contain text from a Public Act with a
10 delayed effective date)

11 Sec. 10. Definitions. As used in this Act:

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

13 "Advanced practice registered nurse" means an advanced
14 practice registered nurse licensed under the Nurse Practice
15 Act who is certified as a psychiatric mental health
16 practitioner.

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

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

23 "Clinical psychologist" means a psychologist licensed

1 under the Clinical Psychologist Licensing Act.

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

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

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

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

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

17 "Department" means the Department of Public Health.

18 "Health care entity" means a hospital or hospital
19 affiliate, nursing home, hospice or any other facility
20 licensed under any of the following Acts: the Ambulatory
21 Surgical Treatment Center Act; the Home Health, Home Services,
22 and Home Nursing Agency Licensing Act; the Hospice Program
23 Licensing Act; the Hospital Licensing Act; the Nursing Home
24 Care Act; or the University of Illinois Hospital Act. "Health
25 care entity" does not include a physician.

26 "Health care professional" means a physician, pharmacist,

1 or licensed mental health care professional.

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

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

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

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

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

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

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

23 "Licensed mental health care professional" means a
24 psychiatrist or, clinical psychologist qualified to assess
25 decision-making capacity, including evaluation for depressive
26 disorders, suicidal ideation, cognitive impairment, or other

1 psychiatric conditions that could impair judgement or
2 voluntariness ~~, clinical social worker, or advanced practice~~
3 ~~registered nurse.~~

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

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

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

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

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

22 "Qualified patient" means an adult Illinois resident with
23 the mental capacity to make medical decisions who has
24 satisfied the requirements of this Act in order to obtain a
25 prescription for medication to bring about a peaceful death.
26 No person will be considered a "qualified patient" under this

1 Act solely because of advanced age, disability, or a mental
2 health condition, including depression.

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

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

18 (Source: P.A. 104-441, eff. 9-12-26.)

19 (410 ILCS 22/15)

20 (This Section may contain text from a Public Act with a
21 delayed effective date)

22 Sec. 15. Informed consent.

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

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

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

11 (d) If a patient expresses that concern about the
12 financial cost of ongoing medical care impacts the patient's
13 choice to seek end of life care, the attending physician shall
14 refer the patient to the Medical Aid in Dying Ombudsman for
15 review of the cost of feasible care options. The patient
16 cannot provide informed consent until the Medical Aid in Dying
17 Ombudsman discusses those options with the patient.

18 (Source: P.A. 104-441, eff. 9-12-26.)

19 (410 ILCS 22/35)

20 (This Section may contain text from a Public Act with a
21 delayed effective date)

22 Sec. 35. Attending physician responsibilities.

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

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

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

5 (3) confirm that the patient's request does not arise
6 from coercion or undue influence, specifically engaging
7 the patient about the influenced caused by:

8 (A) a concern about the financial cost of treating
9 or prolonging the terminal condition;

10 (B) a concern about the physical or emotional
11 burden on family, friends, or caregivers;

12 (C) a concern about the terminal condition
13 representing a steady loss of autonomy;

14 (D) a concern about the decreasing ability to
15 participate in activities that made life enjoyable;

16 (E) a concern about the loss of control of bodily
17 functions, such as incontinence and vomiting;

18 (F) a concern about inadequate pain control at the
19 end of life; and

20 (G) a concern about a loss of dignity;

21 (4) inform the patient of:

22 (A) the diagnosis;

23 (B) the prognosis;

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

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

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

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

11 (5.5) provide the patient with information regarding
12 the existence of the Medical Aid In Dying Ombudsman, the
13 reporting portal, and the hotline;

14 (6) provide the patient with a referral for comfort
15 care, palliative care, hospice care, pain control, or
16 other end-of-life treatment options as requested by the
17 patient and as clinically indicated;

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

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

23 (B) has mental capacity.

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

26 (9) refer the patient to a licensed mental health care

1 professional in accordance with Section 45 ~~if the~~
2 ~~attending physician observes signs that the individual may~~
3 ~~not be capable of making an informed decision;~~

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

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

10 (12) fulfill the medical record documentation
11 requirements;

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

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

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

21 (C) providing information to the patient on:

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

25 (ii) the safekeeping and proper disposal of
26 unused medication in accordance with State and

1 federal law;

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

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

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

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

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

1 to this Act.

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

4 (Source: P.A. 104-441, eff. 9-12-26.)

5 (410 ILCS 22/40)

6 (This Section may contain text from a Public Act with a
7 delayed effective date)

8 Sec. 40. Consulting physician responsibilities. A
9 consulting physician shall:

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

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

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

18 (B) has a documented terminal disease;

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

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

25 (Source: P.A. 104-441, eff. 9-12-26.)

1 (410 ILCS 22/45)

2 (This Section may contain text from a Public Act with a
3 delayed effective date)

4 Sec. 45. Referral for determination that the requesting
5 patient has mental capacity.

6 (a) Prior to a qualified patient receiving a prescription
7 for medical aid in dying medication under this Act, the
8 patient must undergo a mental health evaluation by a qualified
9 mental health professional in accordance with this Section. A
10 mental health evaluation is mandatory.

11 (b) The attending physician shall refer the patient to a
12 licensed mental health care professional for determination
13 regarding mental capability after confirmation of terminal
14 diagnosis by the consulting physician but before the attending
15 physician may complete the prescription authorization process.

16 (c) The licensed mental health care professional shall
17 determine whether the patient has decision-making capacity and
18 is free from psychiatric conditions, including, but not
19 limited to, major depressive disorder, acute suicidal
20 ideation, severe cognitive impairment, or other clinically
21 significant mental health disorders that would impair the
22 patient's ability to make an informed, voluntary, and
23 uncoerced request for medical aid in dying.

24 (d) The licensed mental health care professional who
25 evaluates the patient under this Section shall submit to the

1 attending and consulting physicians a written report of the
2 evaluation, including:

3 (1) a clinical summary of the evaluation;

4 (2) a determination of whether the patient possesses
5 decision-making capacity with respect to the medical aid
6 in dying request;

7 (3) specific findings regarding depressive symptoms,
8 suicidal ideation unrelated to the terminal condition, or
9 other psychiatric features that may impair judgement;

10 (4) recommendations regarding whether the medical aid
11 in dying request should proceed or be deferred or referred
12 for further treatment.

13 (e) If the licensed health professional determines that
14 the patient does not have mental capacity or is suffering from
15 a psychiatric or psychological disorder causing impaired
16 judgement, the patient shall not be deemed a qualified patient
17 unless and until capacity is restored and confirmed by a
18 subsequent evaluation by a different qualified mental health
19 professional; the attending physician shall not prescribe
20 medication to the patient under this Act; and the attending
21 physician shall notify the patient in writing of the
22 determination and discuss available options, including
23 referral for psychiatric treatment or supportive care. If
24 capacity is restored and confirmed by a subsequent evaluation
25 by a different qualified mental health professional, the
26 patient shall be deemed a qualified patient and the attending

1 physician shall prescribe medication to the patient under this
2 Act.

3 (f) The mental health evaluation must be completed and the
4 written report received by the attending physician no fewer
5 than 7 days before the prescription for medication may be
6 issued, unless the patient's attending physician has medically
7 determined that the individual will, within reasonable medical
8 judgement, die within 5 days after making the initial oral
9 request under Section 25.

10 (g) Both the attending physician and the consulting
11 physician shall be responsible for ensuring the referral to a
12 qualified mental health professional occurs in a timely manner
13 once eligibility criteria in this Act are otherwise satisfied.

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

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

25 ~~(c) The licensed mental health professional who evaluates~~
26 ~~the patient under this Section shall submit to the requesting~~

1 ~~attending or consulting physician a written determination of~~
2 ~~whether the patient has mental capacity.~~

3 ~~(d) If the licensed mental health professional determines~~
4 ~~that the patient does not have mental capacity, or is~~
5 ~~suffering from a psychiatric or psychological disorder causing~~
6 ~~impaired judgment, the patient shall not be deemed a qualified~~
7 ~~patient and the attending physician shall not prescribe~~
8 ~~medication to the patient under this Act.~~

9 (Source: P.A. 104-441, eff. 9-12-26.)

10 (410 ILCS 22/55)

11 (This Section may contain text from a Public Act with a
12 delayed effective date)

13 Sec. 55. Safe disposal of unused medications. A person who
14 has custody or control of medication prescribed pursuant to
15 this Act after the qualified patient's death shall dispose of
16 the medication by delivering it to the nearest qualified
17 facility that properly disposes of controlled substances or,
18 if none is available, by lawful means in accordance with
19 applicable State and federal guidelines. Record of disposal
20 must be given to the attending physician for submission to the
21 Department.

22 (Source: P.A. 104-441, eff. 9-12-26.)

23 (410 ILCS 22/70)

24 (This Section may contain text from a Public Act with a

1 delayed effective date)

2 Sec. 70. Immunities for actions in good faith; prohibition
3 against reprisals.

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

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

12 (1) inform the individual of the professional's or
13 entity's inability or unwillingness;

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

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

24 (c) Except as set forth in Section 65, a health care entity
25 or licensing board shall not subject a health care
26 professional to censure, discipline, suspension, loss of

1 license, loss of privileges, loss of membership, or other
2 penalty for engaging in good faith compliance with this Act.

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

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

12 (2) providing scientific and accurate information
13 about aid-in-dying care to a patient when discussing
14 end-of-life care options.

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

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

25 (g) A request by a patient for aid in dying does not alone
26 constitute grounds for neglect or elder abuse for any purpose

1 of law, nor shall it be the sole basis for appointment of a
2 guardian.

3 (h) This Section does not limit civil liability for
4 intentional or reckless misconduct.

5 (Source: P.A. 104-441, eff. 9-12-26.)

6 (410 ILCS 22/75)

7 (This Section may contain text from a Public Act with a
8 delayed effective date)

9 Sec. 75. Reporting requirements.

10 (a) Within 45 days after the effective date of this Act,
11 the Department shall create and post to its website an
12 Attending Physician Checklist Form and Attending Physician
13 Follow-Up Form to facilitate collection of the information
14 described in this Section. Failure to create or post the
15 Attending Physician Checklist Form, the Attending Physician
16 Follow-Up Form, or both shall make the ~~not suspend the~~
17 ~~effective date of this Act~~ inoperative until an Attending
18 Physician Checklist Form and Attending Physician Follow-Up
19 Form are created and posted to the Department's website.

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

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

25 (2) the qualifying patient's terminal diagnosis and

1 prognosis;

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

4 (4) notice that medication has been prescribed
5 pursuant to this Act; ~~-~~

6 (5) date the attending physician began caring for the
7 patient;

8 (6) whether the qualifying patient was receiving
9 hospice care when the initial request for a prescription
10 was made;

11 (7) the type of health-care coverage the qualifying
12 patient has for their underlying illness;

13 (8) whether the qualifying patient has a disability
14 prior to the terminal diagnosis;

15 (9) whether the disability was an intellectual or
16 developmental disability, physical disability, or mental
17 health disability if applicable;

18 (10) the qualifying patient's marital status;

19 (11) the qualifying patient's education level;

20 (12) whether the qualifying patient resides in a
21 nursing home, community-based setting, or institutional
22 care;

23 (13) whether the following possible concerns
24 contributed to the qualifying patient's decision to
25 request a prescription for medical aid in dying:

26 (A) a concern about the financial cost of treating

- 1 or prolonging the terminal condition;
- 2 (B) a concern about the physical or emotional
- 3 burden on family, friends, or caregivers;
- 4 (C) a concern about the terminal condition
- 5 representing a steady loss of autonomy;
- 6 (D) a concern about the decreasing ability to
- 7 participate in activities that made life enjoyable;
- 8 (E) a concern about the loss of control of bodily
- 9 functions, such as incontinence and vomiting;
- 10 (F) a concern about inadequate pain control at the
- 11 end of life; and
- 12 (G) a concern about a loss of dignity.

13 (c) Within 60 calendar days of notification of a qualified

14 patient's death from self-administration of medication

15 prescribed pursuant to this Act, the attending physician shall

16 submit to the Department, an Attending Physician Follow-Up

17 Form with the following information:

- 18 (1) the qualified patient's name and date of birth;
- 19 (2) the date of the qualified patient's death; ~~and~~
- 20 (3) a notation of whether the qualified patient was
- 21 enrolled in hospice services at the time of the qualified
- 22 patient's death; ~~-~~
- 23 (4) whether the attending physician, licensed health
- 24 care provider, or volunteer was at the patient's bedside
- 25 when the patient took the medication;
- 26 (5) whether the attending physician, licensed health

1 care provider, or volunteer was at the patient's bedside
2 at the time of death;

3 (6) where the patient ingested the medication;

4 (7) the time between ingesting the medication and
5 unconsciousness;

6 (8) the time between ingesting the medication and
7 death; and

8 (9) whether there were any complications that occurred
9 after the patient took the lethal dose of medication.

10 (d) The information collected shall be confidential and
11 shall be collected in a manner that protects the privacy of the
12 patient, the patient's family, and any health care
13 professional involved with the patient under the provisions of
14 this Act. Except as otherwise required by law, the information
15 collected shall not be public record and may not be made
16 available for inspection by the public. ~~The information shall~~
17 ~~be privileged and strictly confidential, and shall not be~~
18 ~~disclosed, discoverable, or compelled to be produced in any~~
19 ~~civil, criminal, administrative, or other proceeding.~~

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

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

26 (2) the number of physicians who wrote prescriptions

1 for medication pursuant to this Act;

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

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

9 (A) age at death;

10 (B) education level;

11 (C) race;

12 (D) gender;

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

15 (F) underlying illness; ~~and~~

16 (G) enrollment in hospice; ~~and~~

17 (H) disability status prior to receiving the
18 terminal diagnosis;

19 (I) type of disability;

20 (J) marital status;

21 (K) the following possible concerns contributed to
22 the qualifying patient's decision to request a
23 prescription for medical aid in dying:

24 (1) a concern about the financial cost of
25 treating or prolonging the terminal condition;

26 (2) a concern about the physical or emotional

- 1 burden on family, friends, or caregivers;
- 2 (3) a concern about the terminal condition
3 representing a steady loss of autonomy;
- 4 (4) a concern about the decreasing ability to
5 participate in activities that made life
6 enjoyable;
- 7 (5) a concern about the loss of control of
8 bodily functions, such as incontinence and
9 vomiting;
- 10 (6) a concern about inadequate pain control at
11 the end of life; and
- 12 (7) a concern about lack of dignity.
- 13 (L) place of residence, limited to "nursing home",
14 "community-based setting", or "institutional care";
- 15 (M) whether the attending physician, licensed
16 health care provider, or volunteer was at the
17 patient's bedside at the time of death;
- 18 (N) where the patient ingested the medication;
- 19 (O) the time between ingesting the medication and
20 unconsciousness;
- 21 (P) the time between ingesting the medication and
22 death;
- 23 (Q) whether there were any complications that
24 occurred after the patient ingested the medication.

25 (f) Except as otherwise required by law, the information
26 collected by the Department is not a public record, is not

1 available for public inspection, and is not available through
2 the Freedom of Information Act.

3 (g) Failure ~~Willful failure~~ or refusal to ~~timely~~ submit
4 records within one year of the patient's death as required
5 under this Act shall ~~may~~ result in disciplinary action.

6 (Source: P.A. 104-441, eff. 9-12-26.)

7 (410 ILCS 22/77 new)

8 Sec. 77. Medical Aid In Dying Ombudsman.

9 (a) The Medical Aid In Dying Ombudsman Program shall be
10 established within the Department for the purpose of ensuring
11 physician compliance with this Act and protecting patients
12 with disabilities and other vulnerable populations from abuse,
13 coercion, neglect, or procedural violations related to medical
14 aid in dying.

15 (b) The Director of Public Health shall appoint a Medical
16 Aid In Dying Ombudsman, who shall possess expertise in
17 disability rights, health law, bioethics, or public health
18 administration. The Ombudsman shall Act independently in
19 performance of duties under this Section.

20 (c) The Medical Aid In Dying Ombudsman shall have the
21 authority and duty to:

22 (1) review all physician-submitted forms,
23 attestations, and documentation required under this Act
24 for completeness, accuracy, and compliance;

25 (2) identify patterns of noncompliance,

1 irregularities, or deviations from statutory safeguards;

2 (3) receive, view, and investigate complaints or
3 reports alleging abuse, coercion, undue influence, fraud,
4 or violations of this Act;

5 (4) initiate investigations upon receipt of a
6 complaint or upon reasonable suspicion of noncompliance;

7 (5) access all records, forms, and documentation
8 submitted pursuant to this Act consistent with state and
9 federal confidentiality laws;

10 (6) request additional information from attending
11 physicians, consulting physicians, health care facilities,
12 or mental health professionals when necessary;

13 (7) refer substantiated violations to the Department
14 for enforcement action;

15 (8) refer cases involving potential criminal conduct
16 to appropriate law enforcement agencies;

17 (9) refer cases involving professional misconduct to
18 the appropriate licensing board; and

19 (10) provide information to patients, family members,
20 caregivers, advocates, and health care professionals
21 regarding rights, safeguards, and reporting mechanisms
22 under this Act.

23 (d) The Department, in coordination with the Medical Aid
24 In Dying Ombudsman, shall establish and maintain a secure,
25 publicly accessible reporting portal and a toll-free,
26 statewide telephone hotline for the purpose of receiving

1 reports related to medical aid in dying. Reporting may be made
2 by patients, family members, health care workers, advocates,
3 or any individual with knowledge of or concern about a medical
4 aid in dying request or prescription. Reports may be submitted
5 anonymously.

6 (e) The Ombudsman shall issue findings to the Department
7 for appropriate action if the Ombudsman determines that a
8 physician or health care provider has failed to comply with
9 this Act, which may include, but is not limited to:

10 (1) administrative penalties under rules adopted by
11 the Department;

12 (2) suspension or revocation of participation under
13 this Act;

14 (3) referral to professional licensing authorities;
15 and

16 (4) referral for civil or criminal investigation.

17 (f) No person shall be retaliated against for making a
18 good-faith report under this Section. Retaliation by an entity
19 regulated by the Department shall constitute a violation
20 subject to enforcement by the Department.

21 (g) The Department shall publish an annual report
22 summarizing the number of cases reviewed, the number and
23 nature of complaints received, the number of investigations
24 conducted, findings of noncompliance or abuse, and corrective
25 action taken. All reports shall be identified and published in
26 a manner that protects patient privacy.

1 (410 ILCS 22/85)

2 (This Section may contain text from a Public Act with a
3 delayed effective date)

4 Sec. 85. Insurance or annuity policies.

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

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

13 (c) An insurance plan, including medical assistance under
14 Article V of the Illinois Public Aid Code, shall not deny or
15 alter benefits to a patient with or without a terminal disease
16 who is a covered beneficiary of a health insurance plan, based
17 on the availability of aid-in-dying care, their request for
18 medication pursuant to this Act, or the absence of a request
19 for medication pursuant to this Act. Failure to meet this
20 requirement shall constitute a violation of the Illinois
21 Insurance Code.

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

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

6 (d-5) An insurance plan, including medical assistance
7 under Article V of the Illinois Public Aid Code, shall not
8 provide coverage for medical aid in dying medication without
9 providing coverage for other end of life options, including,
10 but not limited to, hospice care and palliative care.

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

19 (f) An insurance provider shall not provide any
20 information in communications made to an individual about the
21 availability of medical aid in dying absent a request by the
22 individual or their attending physician at the behest of the
23 individual. Any communication shall not include both the
24 denial of treatment and information as to the availability of
25 medical aid in dying drug coverage.

26 (Source: P.A. 104-441, eff. 9-12-26.)

1 (410 ILCS 22/90)

2 (This Section may contain text from a Public Act with a
3 delayed effective date)

4 Sec. 90. Death certificate.

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

9 (b) When a death has occurred in accordance with this Act,
10 the death shall be attributed to the underlying terminal
11 disease, with the information required under subsection (c).

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

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

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

20 (Source: P.A. 104-441, eff. 9-12-26.)

21 (410 ILCS 22/97 new)

22 Sec. 97. Abuse, bias, coercion, and discrimination health
23 care professional training.

24 (a) Any health care professional or provider who

1 participates in medical aid in dying under this Act,
2 including, but not limited to, attending physicians,
3 consulting physicians, mental health professionals, and health
4 care facilities, shall complete mandatory training on abuse
5 prevention, bias recognition, coercion identification, and
6 disability-competent care prior to participating in services
7 authorized by this Act.

8 (b) The Illinois Department shall develop, approve, and
9 oversee the required training program. The Department may
10 consult with disability rights organizations, bioethicists,
11 clinicians, and subject-matter experts in health equity and
12 patient safety in developing the curriculum. The curriculum
13 must include training in the counseling of patients about the
14 concerns identified in Section 35(a)(3) and alternatives
15 available for addressing those concerns.

16 (410 ILCS 22/107 new)

17 Sec. 107. Prohibiting solicitation. Solicitation of
18 medical aid in dying services by for-profit or nonprofit
19 entities to terminal or non-terminal patients shall be
20 prohibited and constitutes coercion. Violations shall be
21 investigated by the Medical Aid in Dying Ombudsman.

1 INDEX

2 Statutes amended in order of appearance

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4 410 ILCS 22/15

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9 410 ILCS 22/70

10 410 ILCS 22/75

11 410 ILCS 22/77 new

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14 410 ILCS 22/97 new

15 410 ILCS 22/107 new