SB3499

LRB10338464RPS68600b

103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3499

Introduced 2/9/2024, by Sen. Linda Holmes

SYNOPSIS AS INTRODUCED:

New Act

Creates the End-of-Life Options for Terminally Ill Patients Act. Authorizes a qualified patient with a terminal disease to request that a physician prescribe aid-in-dying medication that will allow the patient to end the patient's life in a peaceful manner. Contains provisions concerning: the procedures and forms to be used to request aid-in-dying medication; the responsibilities of attending and consulting physicians; the referral of patients for determinations of mental capacity; the residency of qualified patients; the safe disposal of unused medications; the obligations of health care entities; the immunities granted for actions taken in good faith reliance upon the Act; the reporting requirements of physicians; the effect of the Act on the construction of wills, contracts, and statutes; the effect of the Act on insurance policies and annuities; the procedures for the completion of death certificates; the liabilities and penalties provided by the Act; the construction of the Act; the definitions of terms used in the Act; and other matters. Effective 6 months after becoming law.

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A BILL FOR

AN ACT concerning health.

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

Section 1. Short title. This Act may be cited as the End-of-Life Options for Terminally Ill Patients Act.

Section 5. Definitions. As used in this Act:

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

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

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

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

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

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

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

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

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

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

"Department" means the Department of Public Health.

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

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

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

physician and consulting physician of:

(1) the patient's diagnosis and prognosis;

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

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

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

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

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

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

"Mental capacity" means that, in the opinion of the attending physician or the consulting physician or, if the opinion of a licensed mental health care professional is required under Section 40, the licensed mental health care professional, the patient requesting medication pursuant to this Act has the ability to make and communicate an informed decision.

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

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

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

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

"Qualified patient" means an adult Illinois resident with the mental capacity to make medical decisions who has satisfied the requirements of this Act in order to obtain a prescription for medication to bring about a peaceful death. No person will be considered a "qualified patient" under this Act solely because of advanced age, disability, or a mental health condition, including depression.

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

"Terminal disease" means an incurable and irreversible disease that will, within reasonable medical judgment, result in death within 6 months. The existence of a terminal disease,

as determined after in-person examination by the patient's physician and concurrence by another physician, shall be documented in writing in the patient's medical record. A diagnosis of a major depressive disorder, as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, alone does not qualify as a terminal disease.

Section 10. Informed consent.

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

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

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

Section 15. Standard of care. Nothing contained in this Act shall be interpreted to lower the applicable standard of care for the health care professionals participating under

this Act.

Section 20. Qualification.

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

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

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

(3) The qualified patient shall provide a written request in accordance with this Act to the patient's attending physician after making the initial oral request.

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

(b) The attending and consulting physicians of a qualified patient shall have met all the requirements of Sections 30 and 35.

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

oral request to the attending physician at any time after making the initial oral request.

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

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

(f) If a requesting patient decides to transfer care to an alternative physician, the records custodian shall, upon written request, transmit, without undue delay, the patient's medical records, including written documentation of the dates of the patient's requests concerning aid in dying.

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

Section 25. Form of written request.

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

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

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

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

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

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

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

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

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

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

I affirm that my terminal disease diagnosis was given or

confirmed during at least one in-person visit to a health care professional.

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

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

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

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

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

Dated: .....

Signed .....

(patient)

Dated: .....

Signed .....

(witness #1)

Dated: .....

Signed .....

(witness #2)"

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

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

Interpreter Attachment

I, ...(insert name of interpreter), am fluent in English and .....(insert language of patient, including sign language).

On .....(insert date) at approximately .....(insert time), I read the "Request for Medication to End My Life in a Peaceful Manner" form to .....(insert name of patient) in .....(insert language of patient).

.....(insert name of patient) affirmed to me that they understand the content of this form, that they desire to sign this form under their own power and volition, and that they requested to sign the form after consultations

with an attending physician and a consulting physician.

Under penalty of perjury, I declare that I am fluent in English and .....(language of patient, including sign language) and that the contents of this form, to the best of my knowledge, are true and correct. Executed at .....(insert name of city, county, and state) on .....(date).

Interpreter's signature: .....

Interpreter's printed name:..... .....

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

Section 30. Attending physician responsibilities.

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

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

(2) determine whether a patient has mental capacity;

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

(4) inform the patient of:

(A) the diagnosis;

(B) the prognosis;

(C) the potential risks, benefits, and probable result of self-administering the prescribed medication

to bring about a peaceful death;

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

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

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

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

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

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

(B) has mental capacity.

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

(9) refer the patient to a licensed mental health professional in accordance with Section 40 if the attending physician observes signs that the individual may

not be capable of making an informed decision;

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

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

(12) fulfill the medical record documentation requirements;

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

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

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

(C) providing information to the patient on:

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

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

(III) the importance of having another person

present when the patient self-administers the medication to be prescribed;

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

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

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

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

(b) Notwithstanding any other provision of law, the

attending physician may sign the patient's death certificate.

Section 35. Consulting physician responsibilities. A consulting physician shall:

(1) conduct an evaluation of the patient and review the patient's relevant medical records, including the evaluation pursuant to Section 40, if such evaluation was necessary;

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

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

(B) has a documented terminal disease;

(C) has mental capacity or has provided documentation that the consulting health care professional has referred the individual for further evaluation in accordance with Section 40; and

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

Section 40. Referral for determination that the requesting patient has mental capacity.

(a) If either the attending physician or the consulting physician has doubts whether the individual has mental capacity and if either one is unable to confirm that the individual is capable of making an informed decision, the

attending physician or consulting physician shall refer the patient to a licensed mental health professional for determination regarding mental capability.

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

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

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

Section 45. Residency requirement.

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

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

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

(2) registration to vote in Illinois;

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

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

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

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

(7) the residence address, not a post office box, at which the person's mail is received;

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

(9) the residence address, not a post office box, shown on any driver's license held by the person;

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

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

Section 50. Safe disposal of unused medications. A person who has custody or control of medication prescribed pursuant to this Act after the qualified patient's death shall dispose

of the medication by delivering it to the nearest qualified facility that properly disposes of controlled substances or, if none is available, by lawful means in accordance with applicable State and federal guidelines.

Section 55. No duty to provide aid in dying.

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

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

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

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

(e) Only willing health care professionals shall provide aid-in-dying care in accordance with this Act. If a health care professional is unable or unwilling to carry out a patient's request under this Act, and the patient transfers the patient's care to a new health care professional, the prior health care professional shall transmit, upon request, a

copy of the patient's relevant medical records to the new health care professional without undue delay.

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

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

Section 60. Health care entity permissible prohibitions and duties.

(a) A health care entity may prohibit health care professionals from practicing aid-in-dying care while performing duties for the entity. A prohibiting entity must provide advance notice in writing to health care professionals and staff at the time of hiring, contracting with, or privileging and on a yearly basis thereafter.

(b) If a patient wishes to transfer care to another health care entity, the prohibiting entity shall coordinate a timely transfer of care, including transmitting, without undue delay, the patient's medical records that include notation of the date the patient first made a request concerning aid-in-dying care.

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

(1) providing information to a patient regarding the

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

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

(3) practicing aid-in-dying care outside the scope of the health care professional's employment or contract with the prohibiting entity and off the premises of the prohibiting entity; or

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

(d) A health care entity shall not engage in false, misleading, or deceptive practices relating to its policy around end-of-life care services, including whether it has a policy that prohibits affiliated health care professionals from practicing aid-in-dying care; or intentionally denying a patient access to medication pursuant to this Act by intentionally failing to transfer a patient and the patient's medical records to another health care professional in a timely manner. Intentionally misleading a patient or deploying misinformation to obstruct access to services pursuant to this

Act constitutes coercion or undue influence.

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

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

Section 65. Immunities for actions in good faith; prohibition against reprisals.

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

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

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

(2) refer the individual either to a health care professional who is able and willing to evaluate and qualify the individual or to another individual or entity to assist the requesting individual in seeking aid in

dying, in accordance with the Health Care Right of Conscience Act; and

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

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

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

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

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

(e) A physician is not subject to civil or criminal liability or professional discipline if, at the request of the qualified patient, the physician is present outside the scope

of the physician's employment contract and off the entity's premises, when the qualified patient self-administers medication pursuant to this Act, or at the time of death.

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

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

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

Section 70. Reporting requirements.

(a) Within 45 days after the effective date of this Act, the Department shall create and post to its website an Attending Physician Checklist Form and Attending Physician Follow-Up Form to facilitate collection of the information described in this Section. Failure to create or post the Attending Physician Checklist Form, the Attending Physician Follow-Up Form, or both shall not suspend the effective date of this Act.

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

Checklist Form with the following information:

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

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

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

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

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

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

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

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

(d) The Department shall collect and annually review the forms filed pursuant to Section to ensure compliance. If a physician required to report information to the Department under this Act provides an inadequate or incomplete report, the Department shall contact the physician to request an adequate or complete report. The information collected shall be confidential and shall be collected in a manner that protects the privacy of the patient, the patient's family, and

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

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

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

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

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

(4) the number of people who died due to using an aid-in-dying drug, with demographic percentages organized by the following characteristics:

(A) age at death;

(B) education level;

(C) race;

(D) gender;

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

(F) underlying illness; and

(G) enrollment in hospice.

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

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

Section 75. Effect on construction of wills, contracts, and statutes.

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

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

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

Section 80. Insurance or annuity policies.

(a) The sale, procurement, or issuance of a life, health, or accident insurance policy, annuity policy, or the rate

charged for a policy shall not be conditioned upon or affected by a patient's act of making or rescinding a request for medication pursuant to this Act.

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

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

Section 85. Death certificate.

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

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

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

postmortem inquiry.

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

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

Section 90. Liabilities and penalties.

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

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

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

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

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

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

Section 95. Construction.

(a) Nothing in this Act authorizes a physician or any other person, including the qualified patient, to end the qualified patient's life by lethal injection, lethal infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or any other criminal act.

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

Section 100. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 999. Effective date. This Act takes effect 6 months after this Act becomes law.