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SENATE BILL NO. 280
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on January 25, 2024)
(Patron Prior to Substitute—Senator Hashmi)

A BILL to amend and reenact § 8.01-622.1 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 29 of Title 54.1 an article numbered 11, consisting of sections numbered 54.1-2999 through 54.1-2999.9, relating to health care; decision-making; end of life; penalties.

Be it enacted by the General Assembly of Virginia:

1. That § 8.01-622.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Chapter 29 of Title 54.1 an article numbered 11, consisting of sections numbered 54.1-2999 through 54.1-2999.9, as follows:

§ 8.01-622.1. Injunction against assisted suicide; damages; professional sanctions.

A. Any person who knowingly and intentionally, with the purpose of assisting another person to commit or attempt to commit suicide, (i) provides the physical means by which another person commits or attempts to commit suicide or (ii) participates in a physical act by which another person commits or attempts to commit suicide shall be liable for damages as provided in this section and may be enjoined from such acts.

B. A cause of action for injunctive relief against any person who is reasonably expected to assist or attempt to assist a suicide may be maintained by any person who is the spouse, parent, child, sibling or guardian of, or a current or former licensed health care provider of, the person who would commit suicide; by an attorney for the Commonwealth with appropriate jurisdiction; or by the Attorney General. The injunction shall prevent the person from assisting any suicide in the Commonwealth.

C. A spouse, parent, child or sibling of a person who commits or attempts to commit suicide may recover compensatory and punitive damages in a civil action from any person who provided the physical means for the suicide or attempted suicide or who participated in a physical act by which the other person committed or attempted to commit suicide.

D. A licensed health care provider who assists or attempts to assist a suicide shall be considered to have engaged in unprofessional conduct for which his certificate or license to provide health care services in the Commonwealth shall be suspended or revoked by the licensing authority.

E. Nothing in this section shall be construed to limit or conflict with § 54.1-2971.01 or, the Health Care Decisions Act (§ 54.1-2981 et seq.), or Article 11 (§ 54.1-2999 et seq.) of Chapter 29 of Title 54.1. This section shall not apply to a licensed health care provider who (i) administers, prescribes or dispenses medications or procedures to relieve another person's pain or discomfort and without intent to cause death, even if the medication or procedure may hasten or increase the risk of death, or (ii) withholds or withdraws life-prolonging procedures as defined in § 54.1-2982. This section shall not apply to any person who properly administers a legally prescribed medication without intent to cause death, even if the medication may hasten or increase the risk of death.

F. For purposes of this section:

"Licensed health care provider" means a physician, surgeon, podiatrist, osteopath, osteopathic physician and surgeon, physician assistant, nurse, dentist or pharmacist licensed under the laws of this Commonwealth.

"Suicide" means the act or instance of taking one's own life voluntarily and intentionally.

Article 11.

Medical Aid in Dying.

§ 54.1-2999. Definitions.

As used in this article, unless the context requires a different meaning:

"Attending health care provider" means a physician who is licensed by the Board to practice medicine or osteopathy in the Commonwealth, physician assistant licensed by the Board pursuant to § 54.1-2952.1, or nurse practitioner licensed jointly by the Boards of Medicine and Nursing pursuant to § 54.1-2957 who has primary responsibility for the treatment of a qualifying patient's health care and with whom the patient has a practitioner-patient relationship prior to a request for medical aid in dying.

"Capacity reviewer" means a licensed psychologist or social worker who is qualified by training or experience to assess whether a person is capable of making an informed decision regarding consent to medical aid in dying.

"Consulting health care provider" means a physician who is licensed by the Board to practice medicine or osteopathy, physician assistant licensed by the Board pursuant to § 54.1-2952.1, or nurse practitioner licensed jointly by the Boards of Medicine and Nursing pursuant to § 54.1-2957 who is not an attending health care provider and who is qualified by training and experience to make a professional diagnosis and prognosis regarding a qualifying patient's injury, disease, or condition and his capacity to make an informed decision regarding consent to medical aid in dying.

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60 "Eligible patient" means a person (i) who is 18 years of age or older and a resident of the
61 Commonwealth, (ii) who has been diagnosed as having a terminal disease, and (iii) whose diagnosis as
62 having a terminal disease has been confirmed by a consulting health care provider following an in-person
63 examination and review of his medical records.

64 "Health care entity" means a general hospital, medical clinic, nursing home, hospice, or any other entity
65 licensed pursuant to § 32.1-123.

66 "Informed decision regarding medical aid in dying" means a decision made by a patient who has been
67 informed by his attending health care provider as to (i) his medical diagnosis and prognosis; (ii) the
68 probable results of taking a self-administered controlled substance prescribed to the patient for the purpose
69 of ending his life; (iii) the potential risks of taking a self-administered controlled substance prescribed to the
70 patient for the purpose of ending his life; (iv) any feasible alternatives to medical aid in dying, including
71 comfort care, hospice care, and pain control; and (v) his right to withdraw consent to medical aid in dying at
72 any time and to decide not to continue with medical aid in dying or any other care or treatment.

73 "Medical aid in dying" means the practice of evaluating a request, determining qualification, performing
74 the duties in accordance with this article, and providing a prescription to a qualified individual pursuant to
75 this article.

76 "Mentally capable" means that, in the opinion of the provider or licensed mental health care professional,
77 if an opinion is required, the individual requesting medication pursuant to this article has the ability to make
78 and communicate an informed decision.

79 "Qualifying patient" means an eligible patient who (i) has been determined to possess capacity to make
80 an informed decision regarding consent to medical aid in dying and (ii) has complied with the requirements
81 of this article related to obtaining medical aid in dying.

82 "Self-administer" means a qualified individual performs an affirmative, conscious, voluntary act to ingest
83 medication prescribed pursuant to this article to bring about the individual's death. Self-administration does
84 not include administration by parenteral injection or infusion.

85 "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and
86 will, within reasonable medical judgment, produce death within six months.

87 **§ 54.1-2999.1. Medical aid in dying; request; process; duties of attending health care provider.**

88 A. An attending health care provider may prescribe a self-administered controlled substance to a
89 qualifying patient for the purpose of ending the qualifying patient's life, upon request of the patient and in
90 accordance with the provisions of this article.

91 B. A patient who wishes to receive medical aid in dying shall:

92 1. Make a preliminary oral request for medical aid in dying to his attending health care provider;

93 2. Make a second oral request for medical aid in dying to his attending health care provider at least 15
94 days after his preliminary oral request for medical aid in dying. However, if the patient's attending health
95 care provider attests in writing that the patient's terminal disease and prognosis are such that the patient can
96 reasonably be expected to die within 15 days of the preliminary oral request for medical aid in dying, the
97 patient shall not be required to wait 15 days before making a second request for medical aid in dying; and

98 3. Make a written request for medical aid in dying to his attending health care provider in accordance
99 with the provisions of § 54.1-2999.2.

100 C. Upon receipt of a preliminary oral request pursuant to subsection B, an attending health care provider
101 shall:

102 1. Determine whether the patient is an eligible patient. If the patient is 18 years of age or older and a
103 resident of the Commonwealth and has been diagnosed as having a terminal disease but his terminal disease
104 has not been confirmed by a consulting health care provider, the attending health care provider shall refer
105 the patient to a consulting health care provider for the purpose of determining whether the patient is a
106 qualifying patient. However, if the patient is receiving hospice care at the time the request for medical aid in
107 dying is made, confirmation of the patient's terminal disease shall not be required.

108 2. Determine whether the patient is a qualifying patient. If the patient is an eligible patient and the
109 attending health care provider is uncertain as to whether he is capable of making an informed decision
110 regarding consent to medical aid in dying, the attending health care provider shall refer the patient to a
111 capacity reviewer for the purpose of determining whether the patient is a qualifying patient.

112 3. Determine if the patient has voluntarily requested medical aid in dying. To ensure that the decision to
113 request medical aid in dying is voluntary, the attending health care provider shall review the information
114 required for informed consent, one-on-one with the patient and outside of the presence of any other person
115 other than an interpreter, if an interpreter is necessary, and shall confirm that the patient is requesting
116 medical aid in dying voluntarily and that the patient has not been coerced or unduly influenced in such
117 decision.

118 4. Provide the patient with a referral for comfort care, palliative care, hospice care, pain management, or
119 other end-of-life care as requested by the patient or as determined by the health care provider to be
120 appropriate.

121 5. Counsel the patient regarding (i) the nature of the self-administered controlled substance that will be

122 prescribed to the patient; (ii) the expected outcome to the patient of taking the prescribed self-administered
123 controlled substance, including the fact that taking the prescribed self-administered controlled substance is
124 expected to result in the patient's death and the time that may elapse before such death occurs; (iii) the risks
125 associated with taking the self-administered controlled substance that will be prescribed to the patient,
126 including the risk that more or less time may elapse between the time the patient takes the prescribed self-
127 administered controlled substance and the time of the patient's death; and (iv) the risks and benefits of having
128 another person present when the patient takes the prescribed self-administered controlled substance and until
129 the patient's death occurs.

130 6. Inform the patient that he may refuse medical aid in dying at any time prior to taking the prescribed
131 self-administered controlled substance.

132 7. Document in the patient's medical record that the requirements of this article have been met.

133 D. If an attending health care provider determines that a patient is a qualifying patient, and the
134 requirements of subsection C have been satisfied, the attending health care provider shall either (i) dispense
135 a self-administered controlled substance intended to end the qualifying patient's life to the patient if he is
136 licensed by the Board of Pharmacy to dispense self-administered controlled substances, holds a current U.S.
137 Drug Enforcement Administration certificate, and complies with all other applicable requirements for the
138 dispensing of self-administered controlled substances or (ii) prescribe a self-administered controlled
139 substance to the qualifying patient for the purpose of ending the qualifying patient's life. Self-administered
140 controlled substances dispensed or prescribed pursuant to this subsection shall include the self-administered
141 controlled substance intended to end the qualifying patient's life and any other self-administered controlled
142 substance necessary to facilitate such outcome or minimize the patient's discomfort during the process of
143 ending his life. However, no prescription for a self-administered controlled substance for the purpose of
144 ending a qualifying patient's life shall be provided until 15 days have elapsed from the date of the qualifying
145 patient's preliminary oral request for medical aid in dying, except as provided in subdivision B 2. After the
146 patient's death, any individual in control of any excess controlled substance used in medical administration
147 of death shall be required to properly dispose of such controlled substance in a timely manner.

148 E. An attending health care provider who dispenses a self-administered controlled substance pursuant to
149 subsection D shall file a notice of such dispensing with the Board.

150 F. Notwithstanding any other provision of law, an attending health care provider who prescribes a self-
151 administered controlled substance to a qualifying patient for the purpose of ending a qualifying patient's life
152 may sign the qualifying patient's death certificate.

153 G. The cause of death listed on a medical certification of death completed for a patient who received
154 medical aid in dying shall be listed as the patient's underlying terminal disease. No medical certification of
155 death completed for a patient who received medical aid in dying in accordance with this article shall identify
156 suicide or homicide as the cause of death for such person solely because the person was provided medical
157 aid in dying pursuant to this article.

158 **§ 54.1-2999.2. Written request for medical aid in dying; form.**

159 A. A written request for medical aid in dying shall be signed and dated by the person requesting medical
160 aid in dying and witnessed by at least one individual who, in the presence of the person requesting medical
161 aid in dying, attests that to the best of his knowledge and belief, the person is making an informed decision,
162 acting voluntarily, and not being coerced into requesting medical aid in dying. The witness shall not be (i) a
163 relative of the patient by blood, marriage, or adoption; (ii) entitled to any portion of the patient's estate upon
164 his death by will or operation of law; (iii) the patient's attending health care provider; or (iv) an owner,
165 operator, or employee of a health care facility in which the patient is a resident or is receiving medical care.
166 If the patient is a resident in a long-term care facility at the time the request is made, the witness may be an
167 individual designated by the facility and having qualifications specified by regulation of the Board.

168 B. A written request for medical aid in dying shall be executed in substantially the following form:

169 **REQUEST FOR A SELF-ADMINISTERED CONTROLLED SUBSTANCE TO END MY LIFE**

170 I, _____, am an adult of sound mind.

171 I am suffering from _____, which my attending health care provider has determined is a
172 terminal disease and which has been confirmed by a consulting health care provider or I am enrolled in
173 hospice.

174 I have been fully informed of my diagnosis, the prognosis, the nature of the self-administered controlled
175 substance to be prescribed and potential associated risks, the expected result, and the feasible alternatives,
176 including comfort care, hospice, and pain control.

177 I request that my attending health care provider prescribe a self-administered controlled substance that
178 will end my life.

179 INITIAL ONE:

180 _____ I have informed my family of my decision and taken their opinions into consideration.

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

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

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

184 I understand the full import of this request, and I expect to die when I take the self-administered
 185 controlled substance to be prescribed. I further understand that, although most deaths occur within three
 186 hours, my death may take longer, and my attending health care provider has counseled me about this
 187 possibility.

188 I make this request voluntarily and without reservation, and I accept full moral responsibility for my
 189 actions.

190 Name: _____

191 Signed: _____

192 Dated: _____

193 **DECLARATION OF WITNESS**

194 I declare that the person signing this request:

195 1. Is personally known to me or has provided proof of identity;

196 2. Signed this request in my presence;

197 3. Appears to be of sound mind and not under duress, fraud, or undue influence; and

198 4. Is not a person for whom I am the attending health care provider.

199 I also declare that my signature complies with the following: The witness shall not be a relative by blood,
 200 marriage, or adoption of the person signing this request; shall not be entitled to any portion of the person's
 201 estate upon death; and shall not be the person's attending health care provider.

202 Witness Name: _____

203 Signature: _____

204 Date: _____

205 Witness Name: _____

206 Signature: _____

207 Date: _____

208 **§ 54.1-2999.3. Capacity; informed decision regarding medical aid in dying.**

209 No person who is otherwise mentally capable of making an informed decision regarding medical aid in
 210 dying and who is able to communicate by means other than speech shall be deemed incapable of making an
 211 informed decision regarding medical aid in dying solely because he is deaf or dysphasic or has any other
 212 communication disorder.

213 **§ 54.1-2999.4. Effect on wills, contracts, insurance, and annuities.**

214 A. Any provision of a contract, will, or other agreement, written or oral, shall be invalid to the extent that
 215 it would affect whether a person may make or rescind a request for a self-administered controlled substance
 216 to end his life.

217 B. Notwithstanding subsection B of § 38.2-3106, the fact that a patient requests and administers a self-
 218 administered controlled substance to end his life pursuant to the provisions of this article shall not be a
 219 defense in any action, motion, or other proceeding on a life, health, or accident insurance policy or annuity
 220 contract that (i) was issued to any person residing in the Commonwealth at the time of issuance or (ii) is
 221 otherwise subject to the laws of this Commonwealth to recover for the death of that person.

222 **§ 54.1-2999.5. Claims by governmental entities for costs incurred.**

223 Any governmental entity that incurs costs resulting from a person ending his life pursuant to the
 224 provisions of this article in a public place shall have a claim against the estate of the person to recover such
 225 costs and reasonable attorney fees related to enforcing the claim.

226 **§ 54.1-2999.6. Prohibited acts; penalty.**

227 A. A person who without authorization of the patient willfully and deliberately alters, forges, conceals, or
 228 destroys a patient's request, or rescission of request, for a self-administered controlled substance to end his
 229 life with the intent and effect of causing the patient's death is guilty of a Class 2 felony.

230 B. A person who coerces, intimidates, or exerts undue influence on a patient to request a self-
 231 administered controlled substance for the purpose of ending the patient's life or to destroy the patient's
 232 rescission of such request with the intent and effect of causing the patient's death is guilty of a Class 2 felony.

233 C. A person who coerces, intimidates, or exerts undue influence on a patient to forgo requesting or
 234 obtaining a self-administered controlled substance for the purpose of ending the patient's life pursuant to this
 235 article is guilty of a Class 2 felony.

236 D. Nothing in this article limits further liability for civil damages resulting from other negligent conduct
 237 or intentional misconduct by any person.

238 E. The penalties in this article do not preclude criminal penalties under other applicable law for conduct
 239 that is inconsistent with the provisions of this article.

240 **§ 54.1-2999.7. Immunity of health care providers; medical aid in dying.**

241 A. No health care provider shall be required to provide medical aid in dying to a qualifying patient. If a
 242 health care provider is unable or unwilling to provide medical aid in dying to a qualifying patient, the health
 243 care provider shall, upon request of the patient, transfer the patient's care and a copy of the patient's relevant
 244 medical records to any other health care provider identified by the patient.

245 B. Except as provided in § 54.1-2999.6, no health care provider shall be subject to civil or criminal

246 liability, disciplinary action, loss of privileges, loss of membership in a professional organization or
 247 association, or other penalty for providing medical aid in dying to a qualifying patient in good faith in
 248 accordance with this article or declining to provide medical aid in dying to a qualifying patient, and
 249 providing medical aid in dying to a qualifying patient in good faith in accordance with this article or
 250 declining to provide medical aid in dying to a qualifying patient shall not constitute unprofessional conduct
 251 for purposes of § 54.1-2915.

252 **§ 54.1-2999.8. Authority of health care entity to prohibit medical aid in dying.**

253 A. Notwithstanding the provisions of § 54.1-2999.7, a health care entity may prohibit the performance of
 254 acts pursuant to this article on its premises by another health care entity, provided that the prohibiting health
 255 care entity has (i) adopted a written policy prohibiting the provision of medical aid in dying to qualifying
 256 patients on its premises; (ii) given written notice of such policy, including a written copy of such policy, to
 257 each health care entity providing health care services on its premises; and (iii) made written notice of such
 258 policy, including a written copy of such policy, available to the public.

259 B. A health care entity that has adopted a policy prohibiting the provision of medical aid in dying on its
 260 premises and provided written notice of such policy in accordance with the requirements of subsection A may
 261 impose any of the following sanctions against a health care provider that provides medical aid in dying to a
 262 qualifying patient on its premises: (i) loss of privileges, loss of membership, or any other sanction authorized
 263 by the medical staff bylaws, policies, and procedures of the sanctioning health care entity if the sanctioned
 264 health care provider is a member of the sanctioning health care entity's medical staff; (ii) termination of a
 265 lease or other property contract between the sanctioning health care entity and a health care entity that
 266 provides medical aid in dying to a qualifying patient on the sanctioning health care entity's premises or other
 267 imposition of nonmonetary remedies provided by such lease or other property contract; or (iii) termination of
 268 contract between the sanctioning health care entity and a health care entity that provides medical aid in
 269 dying to a qualifying patient on the sanctioning health care entity's premises or imposition of other
 270 nonmonetary remedies provided by such contract if the health care entity that provided medical aid in dying
 271 to a qualifying patient was acting within the course and scope of his capacity as an employee or independent
 272 contractor of the sanctioning health care entity.

273 C. Nothing in this section shall be construed to prevent a health care provider who is employed by or an
 274 independent contractor of a health care entity that has adopted a policy prohibiting the provision of medical
 275 aid in dying on its premises from performing acts pursuant to this article on property not located on the
 276 premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on
 277 its premises, provided he is acting outside the scope of his employment or contract.

278 For purposes of this subsection, the following acts shall not be considered to be acts performed pursuant
 279 to this article: (i) making an initial determination that a patient has a terminal disease and informing the
 280 patient of his medical prognosis; (ii) providing information about the provisions of this article to a patient
 281 upon the patient's request; (iii) referring a patient to another health care entity upon the patient's request; or
 282 (iv) entering into an agreement to perform acts pursuant to this article at a location that is not on the
 283 premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on
 284 its premises and while acting other than as an employee or independent contractor of such health care entity
 285 while on the premises of a health care entity that has adopted a policy prohibiting the provision of medical
 286 aid in dying on its premises.

287 **§ 54.1-2999.9. Information regarding medical aid in dying.**

288 The Board shall:

289 1. Adopt rules to facilitate the collection of information regarding compliance with the provisions of this
 290 article. Except as otherwise required by law, such information shall not be a public record or be made
 291 available for public inspection;

292 2. Annually review a sample of records maintained by attending health care providers who provide
 293 medical aid in dying to qualifying patients; and

294 3. Make available to the public an annual statistical report of nonidentifying information collected
 295 pursuant to this section.

296 **2. That the Board of Medicine shall adopt regulations that establish (i) qualifications for a witness**
 297 **designated by a long-term care facility to sign a resident patient's request for a self-administered**
 298 **controlled substance for the purpose of ending his life pursuant to subsection A of § 54.1-2999.2 of the**
 299 **Code of Virginia, as created by this act, and (ii) a list of acceptable documents that attending health**
 300 **care providers shall use to verify a patient's Virginia residency.**

301 **3. That the provisions of this act may result in a net increase in periods of imprisonment or**
 302 **commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary**
 303 **appropriation cannot be determined for periods of imprisonment in state adult correctional facilities;**
 304 **therefore, Chapter 1 of the Acts of Assembly of 2023, Special Session I, requires the Virginia Criminal**
 305 **Sentencing Commission to assign a minimum fiscal impact of \$50,000. Pursuant to § 30-19.1:4 of the**
 306 **Code of Virginia, the estimated amount of the necessary appropriation cannot be determined for**

307 periods of commitment to the custody of the Department of Juvenile Justice.