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HOUSE BILL NO. 886

Offered January 14, 2026

Prefiled January 13, 2026

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.

Patron—Hope

Referred to Committee for Courts of Justice

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 § 54.1-2951.1, 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. A health care provider does not include a health care entity.

"Capacity reviewer" means a licensed psychiatrist, 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 § 54.1-2951.1, or nurse practitioner licensed jointly by the Boards of Medicine and Nursing pursuant to § 54.1-2957 who is not an attending

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health care provider and who is qualified by training and experience to make a professional diagnosis and prognosis regarding a qualifying patient's disease or condition and his capacity to make an informed decision regarding consent to medical aid in dying.

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

"Health care entity" means a general hospital, medical clinic, nursing home, hospice, or any other entity licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1..

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

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

"Mentally capable" means that, in the opinion of the health care provider or licensed mental health care professional, if an opinion is required, the individual requesting a self-administered controlled substance to end his life pursuant to this article has the ability to make and communicate an informed decision.

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

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

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

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

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

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

1. Prior to making a preliminary oral request for medical aid in dying, have in place an advance directive, as defined in § 54.1-2982, that makes known the patient's wishes to utilize the option of medical aid in dying if the patient has been diagnosed as having a terminal disease;

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

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

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

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

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

2. Determine whether the patient is a qualifying patient. If the patient is an eligible patient and the attending health care provider is uncertain as to whether he is capable of making an informed decision regarding consent to medical aid in dying, the attending health care provider shall refer the patient to a capacity reviewer for the purpose of determining whether the patient is a qualifying patient. No person will be considered a qualifying patient under this section solely because of advanced age or disability.

3. Determine if the patient has voluntarily requested medical aid in dying. To ensure that the decision to request medical aid in dying is voluntary, the attending health care provider shall review the information required for informed consent, one-on-one with the patient and outside of the presence of any other person

other than an interpreter, if an interpreter is necessary, and shall confirm that the patient is requesting medical aid in dying voluntarily and that the patient has not been coerced or unduly influenced in such decision.

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

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

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

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

D. If an attending health care provider determines that a patient is a qualifying patient, and the requirements of subsection C have been satisfied, the attending health care provider shall either (i) dispense a self-administered controlled substance intended to end the qualifying patient's life to the patient if he is licensed by the Board of Pharmacy to dispense self-administered controlled substances, holds a current U.S. Drug Enforcement Administration certificate, and complies with all other applicable requirements for the dispensing of self-administered controlled substances or (ii) prescribe a self-administered controlled substance to the qualifying patient for the purpose of ending the qualifying patient's life. Self-administered controlled substances dispensed or prescribed pursuant to this subsection shall include the self-administered controlled substance intended to end the qualifying patient's life and any other self-administered controlled substance necessary to facilitate such outcome or minimize the patient's discomfort during the process of ending his life. However, no prescription for a self-administered controlled substance for the purpose of ending a qualifying patient's life shall be provided until 15 days have elapsed from the date of the qualifying patient's preliminary oral request for medical aid in dying, except as provided in subdivision B 3. After the patient's death, any individual in control of any excess controlled substance used in medical administration of death shall be required to properly dispose of such controlled substance in a timely manner.

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

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

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

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

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

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

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

I, _____, am an adult of sound mind.

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

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

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

INITIAL ONE:

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

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

_____ I have no family to inform of my decision.

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

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

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

Name: _____

Signed: _____

Dated: _____

DECLARATION OF WITNESS

I declare that the person signing this request:

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

2. Signed this request in my presence;

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

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

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

Witness Name: _____

Signature: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____

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

No person who is otherwise mentally capable of making an informed decision regarding medical aid in dying and who is able to communicate by means other than speech shall be deemed incapable of making an informed decision regarding medical aid in dying.

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

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

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

C. It is unlawful for an insurer to deny or alter health care benefits otherwise available to an individual with a terminal disease based on the availability of medical aid in dying or otherwise attempt to coerce an individual with a terminal disease to make a request for a self-administered controlled substance to end his life..

D. An insurance plan, including medical assistance provided by the Department of Medical Assistance Services, shall not deny or alter benefits to an individual with a terminal disease who is a covered beneficiary of a health insurance plan based on the availability of medical aid in dying, the individual's request for a self-administered controlled substance to end his life pursuant to this act, or the absence of a request for medication pursuant to this act.

E. The sale, procurement, or issuance of a life, health, or accident insurance policy or an annuity policy, or the rate charged for such a policy, shall not be conditioned upon or affected by an individual's act of making or rescinding a request for a self-administered controlled substance to end his life pursuant to this act.

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

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

§ 54.1-2999.6. Prohibited acts; penalty.

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

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

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

D. Nothing in this article authorizes a provider or any other person, including the qualifying patient, to end the qualifying patient's life by lethal injection, lethal infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or any other criminal act.

E. Actions taken in accordance with this article 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.

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

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

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

A. If a health care provider is unable or unwilling to fulfill an individual's request for a self-administered controlled substance to end his life pursuant to this article, the health care provider shall (i) document in the medical record the date of the individual's request and the health care provider's notice to the individual of his inability or unwillingness to provide medical aid in dying and (ii) upon request, transfer the individual's medical records to an alternative health care provider, consistent with federal and state law.

B. Except as provided in § 54.1-2999.6, no health care provider shall be subject to civil or criminal liability, disciplinary action, loss of privileges, or other penalty for providing medical aid in dying to a qualifying patient in good faith in accordance with this article or declining to provide medical aid in dying to a qualifying patient, and providing medical aid in dying to a qualifying patient in good faith in accordance with this article or declining to provide medical aid in dying to a qualifying patient shall not constitute unprofessional conduct for purposes of § 54.1-2915.

C. A person 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 article.

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

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

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

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

For purposes of this subsection, the following acts shall not be considered to be acts performed pursuant to this article: (i) making an initial determination that a patient has a terminal disease and informing the patient of his medical prognosis; (ii) providing information about the provisions of this article to a patient

upon the patient's request; (iii) referring a patient to another health care entity upon the patient's request; or (iv) entering into an agreement to perform acts pursuant to this article at a location that is not on the premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on its premises and while acting other than as an employee or independent contractor of such health care entity while on the premises of a health care entity that has adopted a policy prohibiting the provision of medical aid in dying on its premises.

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

The Board shall:

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

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

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

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

3. That the provisions of this act may result in a net increase in periods of imprisonment or commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary appropriation cannot be determined for periods of imprisonment in state adult correctional facilities; therefore, Chapter 725 of the Acts of Assembly of 2025 requires the Virginia Criminal Sentencing Commission to assign a minimum fiscal impact of $50,000. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary appropriation cannot be determined for periods of commitment to the custody of the Department of Juvenile Justice.