
HOUSE BILL No. 1157

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2; IC 16-36-7; IC 27-2-25; IC 34-30-2-75.7; IC 35-52-16-27.5.

Synopsis: End of life options. Allows individuals with a terminal illness who meet certain requirements to make a written request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer of a life insurance policy from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.

Effective: July 1, 2018.

Pierce

January 8, 2018, read first time and referred to Committee on Courts and Criminal Code.



Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1157

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-326.8 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2018]: **Sec. 326.8. "Self-administer", for**
4 **purposes of IC 16-36-7, has the meaning set forth in IC 16-36-7-1.**

5 SECTION 2. IC 16-18-2-351.5 IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 351.5. "Terminal
7 illness" **means the following:**

8 (1) For purposes of IC 16-25, ~~has~~ the meaning set forth in
9 IC 16-25-1.1-9.

10 (2) **For purposes of IC 16-36-7, the meaning set forth in**
11 **IC 16-36-7-2.**

12 SECTION 3. IC 16-36-7 IS ADDED TO THE INDIANA CODE AS
13 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
14 1, 2018]:

Chapter 7. Medical Aid in Dying

15 **Sec. 1. As used in this chapter, "self-administer" means the**
16 **voluntary affirmative conscious physical act by an individual to**
17



1 administer medication to the individual.

2 Sec. 2. As used in this chapter, "terminal illness" means a
3 disease or illness:

- 4 (1) from which there can be no recovery; and
5 (2) that reasonable medical judgment indicates will result in
6 death within six (6) months of the diagnosis.

7 Sec. 3. (a) An individual who:

- 8 (1) is at least eighteen (18) years of age;
9 (2) is an Indiana resident;
10 (3) is competent;
11 (4) is diagnosed, by a physician licensed under IC 25-22.5,
12 with a terminal illness that is confirmed by a consulting
13 physician; and
14 (5) has voluntarily expressed to the attending physician a wish
15 to die;

16 may make a written request in accordance with this chapter for
17 medication that the patient may self-administer to end the patient's
18 life.

19 (b) The written request for medication described in subsection
20 (a) must meet the following requirements:

- 21 (1) Be on a form issued by the state department, as set forth
22 in subsection (e).
23 (2) Be attested to and signed by the patient.
24 (3) Be witnessed by at least two (2) individuals who, in the
25 presence of the patient, attest that, to the best of the
26 individuals' knowledge, the patient is competent, is acting
27 voluntarily, and is not being coerced to sign the request.

28 (c) A witness described in subsection (b)(3) may not be any of
29 the following:

- 30 (1) A relative of the patient by blood, marriage, or adoption.
31 (2) An heir to any part of the patient's estate, by will or law,
32 upon the death of the patient.
33 (3) An owner, operator, or employee of a health care facility
34 where the patient is receiving medical treatment or is a
35 resident.
36 (4) The patient's attending physician at the time the request
37 is signed.

38 (d) After a patient makes a written request under this section,
39 and after the fifteen (15) day waiting period required under section
40 4(b) of this chapter, if the patient still wants to obtain medication
41 to end the patient's life, the patient must make a second written
42 request to obtain the medication.



1 (e) The state department shall prepare and make available a
 2 form described in subsection (b)(1) that states the following,
 3 subject to subsection (f):

4 **REQUEST FOR MEDICATION TO END MY LIFE**

5 I, _____ (insert patient's name), am an
 6 adult of sound mind.

7 I have been diagnosed with and am suffering from
 8 _____ (insert the name of the terminal illness), which
 9 my attending physician has determined is a terminal disease
 10 and which has been medically confirmed by a consulting
 11 physician.

12 I have been fully informed of my diagnosis, prognosis, the
 13 nature of medication to be prescribed, and the potential
 14 associated risks, the expected result, and the feasible
 15 alternatives, including comfort care, hospice care, and pain
 16 control.

17 I request that my attending physician prescribe medication
 18 that I may self-administer to end my life in a humane and
 19 dignified manner and that the attending physician contact a
 20 pharmacist to fill the prescription.

21 **INITIAL ONE:**

22 ___ I have informed my family of my decision and taken my
 23 family's opinion into consideration.

24 ___ I have decided not to inform my family of my decision.

25 ___ I have no family to inform of my decision.

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

28 I understand the full import of this request and I expect to die
 29 when I take the medication to be prescribed. I further
 30 understand that although most deaths occur within three (3)
 31 hours, my death may take longer, and my physician has
 32 counseled me about this possibility.

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

35 Signed: _____

36 Dated: _____

37 **DECLARATION OF WITNESSES**

38 By initialing and signing below on or after the date the person
 39 named above signs, I declare that the person making and
 40 signing the above request:

41 **Witness 1 Witness 2**

42 **Initials Initials**



1 _____ _____ Is personally known to me or
 2 _____ _____ has provided proof of identity
 3 _____ _____ Signed this request in my
 4 _____ _____ presence on the date of the
 5 _____ _____ person's signature
 6 _____ _____ Appears to be of sound mind
 7 _____ _____ and not under duress or undue
 8 _____ _____ influence
 9 _____ _____ Is not a patient for whom I am
 10 _____ _____ the attending physician

11 Witness 1: _____
 12 Printed Name Signature Date

13 Witness 2: _____
 14 Printed Name Signature Date

15 (f) The state department may make changes to the form set
 16 forth in subsection (e).

17 Sec. 4. (a) For a patient who has made a first written request
 18 under this chapter, the attending physician shall do the following:

- 19 (1) Make an initial determination of whether the patient:
 20 (A) has a terminal illness;
 21 (B) is competent; and
 22 (C) has made the request voluntarily.
- 23 (2) Refer the patient to counseling if, after examining the
 24 patient, the attending physician considers it necessary.
- 25 (3) Refer the patient to a consulting physician for medical
 26 confirmation:
 27 (A) of the terminal illness diagnosis;
 28 (B) of the patient's competency; and
 29 (C) that the patient is voluntarily making a request under
 30 this chapter.
- 31 (4) Request and obtain proof of the patient's Indiana
 32 residency.
- 33 (5) Inform the patient of the following to ensure that the
 34 patient is making an informed decision:
 35 (A) The patient's diagnosis.
 36 (B) The patient's prognosis.
 37 (C) The potential risks to taking the medication requested
 38 in accordance with this chapter.
 39 (D) The probable result of taking the medication to be
 40 prescribed.
 41 (E) The feasible alternatives to the medication, including:
 42 (i) alternative treatments, and the risks and benefits of



- 1 each alternative;
2 (ii) comfort care;
3 (iii) hospice care; and
4 (iv) pain control.
- 5 **(6) Recommend that the patient notify next of kin.**
- 6 **(7) Counsel the patient:**
- 7 **(A) about the importance of having another individual**
8 **present when the patient takes the medication prescribed**
9 **under this chapter; and**
10 **(B) not to take the medication in a public place.**
- 11 **(8) Inform the patient that the patient may rescind the request**
12 **for medication at any time and in any manner.**
- 13 **(9) Offer the patient an opportunity to rescind the request at**
14 **the end of the fifteen (15) day waiting period under subsection**
15 **(b).**
- 16 **(10) Verify immediately before writing the prescription for**
17 **the medication under this chapter that the patient is making**
18 **an informed decision.**
- 19 **(11) Complete the medical record documentation required by**
20 **section 8 of this chapter.**
- 21 **(12) Ensure that the requirements of this chapter have been**
22 **met.**
- 23 **(13) Either:**
- 24 **(A) dispense any medication necessary to facilitate the**
25 **desired effect and minimize the patient's discomfort if the**
26 **attending physician is qualified to dispense the medication;**
27 **or**
28 **(B) with the patient's written consent, prescribe the**
29 **medication, contact a pharmacist to inform the pharmacist**
30 **of the prescription, and transfer the prescription to the**
31 **pharmacist for dispensing of the medication to the patient.**
32 **A prescription under this clause may not be dispensed by**
33 **mail or other form of courier.**
- 34 **(b) An attending physician may not prescribe medication under**
35 **this chapter until at least fifteen (15) days have elapsed between the**
36 **patient's first written request and the patient's second written**
37 **request for the medication.**
- 38 **(c) After the fifteen (15) day waiting period under subsection**
39 **(b), the attending physician shall ask the patient whether the**
40 **patient wants to rescind the first written request. If the patient:**
- 41 **(1) denies the request to rescind;**
42 **(2) provides a second written request for the medication; and**



1 (3) meets the requirements of this chapter;
2 the attending physician may prescribe or dispense the medication
3 after meeting the requirements of this chapter.

4 (d) The attending physician may sign the patient's death
5 certification. The individual who signs the patient's death
6 certification shall list the underlying terminal illness as the cause
7 of death.

8 (e) After dispensing or writing a prescription for medication
9 under this chapter, the attending physician shall file a copy of the
10 record of the dispensing or prescription with the state department
11 in a manner prescribed by the state department not later than
12 thirty (30) days after the death of the patient.

13 Sec. 5. Before a patient may obtain a prescription for
14 medication under this chapter, a consulting physician must do the
15 following:

16 (1) Examine the patient and the patient's medical records.

17 (2) Confirm the attending physician's terminal illness
18 diagnosis.

19 (3) Determine that the patient is competent and making a
20 voluntary informed decision to request the medication under
21 this chapter.

22 Sec. 6. (a) If either the attending physician or the consulting
23 physician determines that the patient is suffering from depression
24 or another psychological disorder that is causing impaired
25 judgment, the physician shall refer the patient for counseling under
26 section 4 of this chapter.

27 (b) Medication may not be prescribed under this chapter until
28 the individual performing the counseling under subsection (a)
29 determines that the patient is competent and not suffering from
30 depression or another psychological disorder that is causing
31 impaired judgment.

32 Sec. 7. A request for medication under this chapter may not be
33 refused because a patient declines or is unable to notify the
34 patient's next of kin as recommended by the attending physician
35 under section 4(a)(6) of this chapter.

36 Sec. 8. The attending physician shall maintain the following in
37 the patient's medical record:

38 (1) All written requests made by the patient for medication to
39 end the patient's life.

40 (2) The attending physician's diagnosis and the patient's
41 prognosis.

42 (3) The attending physician's determination that the patient



1 is competent, acting voluntarily in making a request under
2 this chapter, and making an informed decision.

3 (4) Documentation of any counseling under section 6 of this
4 chapter and the results of the counseling.

5 (5) Documentation that the attending physician offered the
6 patient the opportunity to rescind the written request.

7 (6) A statement by the attending physician that all of the
8 requirements under this chapter have been met, including a
9 notation of the medication prescribed.

10 Sec. 9. (a) After June 30, 2018, the sale, issuance, or
11 procurement of a life insurance policy, an accident and sickness
12 insurance policy, or an annuity may not be conditioned upon or
13 affected by a person making a request or taking medication if the
14 requirements of this chapter are met.

15 (b) After June 30, 2018, any provision in a contract, will, or
16 other agreement that limits a patient's ability to make a request
17 under this chapter is void.

18 Sec. 10. (a) Nothing in this chapter authorizes a person to end a
19 patient's life by lethal injection, mercy killing, or active euthanasia.
20 Actions taken in accordance with this chapter do not, for any
21 purpose, constitute neglect, suicide, assisted suicide, mercy killing,
22 or homicide under any law.

23 (b) Nothing in this chapter shall be interpreted to lower a health
24 care provider's standard of care.

25 (c) Nothing in this chapter shall be interpreted to lower the
26 requirements of informed health care consent under this article.

27 Sec. 11. (a) The state department shall review all records
28 submitted to the state department under section 4(e) of this
29 chapter. The state department may request more information from
30 an attending physician submitting a record under this chapter. The
31 attending physician shall respond to the state department's request
32 for more information in the manner prescribed by the state
33 department.

34 (b) The state department shall adopt rules under IC 4-22-2
35 concerning the following:

36 (1) The procedure for submitting records to comply with this
37 chapter.

38 (2) The safe disposal by a patient of unused medication
39 obtained under this chapter.

40 (c) Not later than February 1 of each year, the state department
41 shall generate and make available to the public an annual
42 statistical report of the records collected under this section. The



1 report may not disclose any personally identifiable information of
2 the patients whose medical records were submitted.

3 **Sec. 12. (a)** A health care provider who in good faith provides
4 assistance in the completion of a request for medication under this
5 chapter is immune from professional, civil, and criminal liability
6 arising from the assistance.

7 (b) Except as provided in subsection (d), a professional
8 organization or association or a health care provider may not
9 subject a person to censure, discipline, suspension, loss of license,
10 loss of privileges, loss of membership, or other penalty for
11 participating or refusing to participate in good faith compliance
12 with this chapter.

13 (c) A health care provider may not be required to participate in
14 the dispensing or prescribing of medication under this chapter to
15 a patient who meets the requirements of this chapter. If a health
16 care provider is unwilling or unable to carry out a patient's request
17 under this chapter, the health care provider shall transfer, upon
18 the patient's request, a copy of the patient's relevant medical
19 records to the subsequent health care provider.

20 (d) A health care provider may prohibit another health care
21 provider from participating under this chapter on the prohibiting
22 health care provider's premises if the prohibiting health care
23 provider has given notice of the prohibition to health care
24 providers with privileges to practice on the prohibiting health care
25 provider's premises. This subsection does not prohibit a health
26 care provider from providing other health care services to the
27 patient. The prohibiting health care provider may sanction a health
28 care provider described in this subsection for participating under
29 this chapter in violation of the prohibition.

30 **Sec. 13. (a)** A person who, without authorization of the patient,
31 willfully alters, forges, conceals, or destroys a request for
32 medication or a rescission of a request for medication under this
33 chapter with the intent or effect of causing the patient's death
34 commits a Level 1 felony.

35 (b) A person who knowingly or intentionally coerces or exerts
36 undue influence on a patient to request medication to end the
37 patient's life or to destroy a rescission of a request for medication
38 under this chapter commits a Level 1 felony.

39 **Sec. 14.** If the services of a health care interpreter are used for
40 an individual requesting medication under this chapter, the
41 interpreter:

42 (1) must meet any standards of practice in providing the



1 health care interpreter services established by:

2 (A) federal law;

3 (B) state law; or

4 (C) the National Council on Interpreting in Health Care,
5 or any successor entity;

6 (2) may not be related to the individual by blood, marriage, or
7 adoption; and

8 (3) may not be entitled to any part of the individual's estate
9 upon death.

10 **Sec. 15.** This chapter is severable as provided in IC 1-1-1-8(b).

11 SECTION 4. IC 27-2-25 IS ADDED TO THE INDIANA CODE AS
12 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
13 1, 2018]:

14 **Chapter 25. Nonapplication of Suicide Clause**

15 **Sec. 1.** As used in this chapter, "life insurance policy" means
16 any policy of insurance, whether issued on an individual or group
17 basis, that:

18 (1) is issued in Indiana or issued for delivery in Indiana; and

19 (2) provides for the payment of benefits upon the death of the
20 insured individual.

21 **Sec. 2.** For the purposes of this chapter, an individual is an
22 "insured individual" if a life insurance policy provides for the
23 payment of benefits upon the death of the individual, regardless of
24 whether the payment of benefits is subject to certain conditions or
25 exclusions.

26 **Sec. 3.** As used in this chapter, "suicide clause" means a
27 provision of a life insurance policy under which the payment of
28 benefits may be denied if the death of the insured individual is the
29 result of suicide.

30 **Sec. 4. (a)** An insurer shall not deny payment of benefits under
31 a life insurance policy based upon a suicide clause in the life
32 insurance policy if the death of the insured individual is the result
33 of medical aid in dying as provided in IC 16-36-7.

34 **(b)** Subsection (a) applies regardless of the length of time that
35 passes between the issuance of the policy and the death of the
36 insured individual.

37 SECTION 5. IC 34-30-2-75.7 IS ADDED TO THE INDIANA
38 CODE AS A NEW SECTION TO READ AS FOLLOWS
39 [EFFECTIVE JULY 1, 2018]: **Sec. 75.7. IC 16-36-7-12 (Concerning**
40 **a health care provider providing assistance to a patient who is**
41 **terminally ill).**

42 SECTION 6. IC 35-52-16-27.5 IS ADDED TO THE INDIANA



1 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
2 [EFFECTIVE JULY 1, 2018]: **Sec. 27.5. IC 16-36-7-13 defines a**
3 **crime concerning medical aid in dying.**

