
A BILL FOR AN ACT

RELATING TO DEATH WITH DIGNITY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The Hawaii Revised Statutes is amended by
2 adding a new chapter to be appropriately designated and to read
3 as follows:

4 "CHAPTER

5 DEATH WITH DIGNITY

6 PART I. GENERAL PROVISIONS

7 § -1 Definitions. As used in this chapter, unless the
8 context clearly requires otherwise:

9 "Adult" means an individual who is eighteen years of age or
10 older.

11 "Alternate physician" means a physician who assumes the
12 responsibilities relinquished by an attending physician who
13 declines or is unable to fulfill the responsibilities of an
14 attending physician as required under section -31(a).

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

18 "Capable" means that, in the opinion of:



1 (1) A court; or

2 (2) The patient's attending physician or consulting
3 physician, psychiatrist, or psychologist,

4 a patient has the ability to make and communicate health care
5 decisions to health care providers, including communication
6 through persons familiar with the patient's manner of
7 communicating if those persons are available.

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

11 "Counseling" means one or more consultations as necessary
12 between a state licensed psychiatrist or psychologist and a
13 patient for the purpose of determining that the patient is
14 capable and not suffering from a psychiatric or psychological
15 disorder causing impaired judgment.

16 "Department" means the department of health.

17 "Health care facility" means:

18 (1) A hospital with an organized medical staff, with
19 permanent facilities that include inpatient beds, and
20 with medical services, including physician services
21 and continuous nursing services under the supervision
22 of registered nurses, to provide diagnosis and medical



1 or surgical treatment primarily for acutely ill
2 patients and accident victims, or to provide treatment
3 for the mentally ill or to provide treatment in
4 special inpatient care facilities. For purposes of
5 this definition, a "special inpatient care facility"
6 is a facility with permanent inpatient beds and other
7 facilities designed and used for special health care
8 purposes, including: rehabilitation centers, college
9 infirmaries, chiropractic facilities, facilities for
10 the treatment of alcoholism or drug abuse, or
11 inpatient care facilities, and any other establishment
12 falling within a classification established by the
13 department, after determination of the need for that
14 classification and the level and kind of health care
15 appropriate for that classification; or

16 (2) A long-term care facility with permanent facilities
17 that include inpatient beds, and with medical
18 services, including nursing services but excluding
19 surgical procedures except as may be permitted by the
20 rules of the department, to provide treatment for two
21 or more unrelated patients. The term "long-term care
22 facility" includes:



1 (A) A skilled nursing facility, whether an
2 institution or a distinct part of an institution,
3 that is primarily engaged in providing to
4 inpatients skilled nursing care and related
5 services for patients who require medical or
6 nursing care or rehabilitation services for the
7 rehabilitation of injured, disabled, or sick
8 persons; or

9 (B) An intermediate care facility that provides, on a
10 regular basis, health-related care and services
11 to individuals who do not require the degree of
12 care and treatment that a hospital or skilled
13 nursing facility is designed to provide, but who,
14 because of their mental or physical condition,
15 require care and services above the level of room
16 and board that can be made available to them only
17 through institutional facilities.

18 The term shall not be construed to include home health agencies,
19 residential facilities, hospice programs, and homes.

20 "Health care provider" means a person licensed, certified,
21 or otherwise authorized or permitted by the law of this State to
22 administer health care or dispense medication in the ordinary



1 course of business or practice of a profession and includes a
2 health care facility.

3 "Informed decision" means a decision that is:

4 (1) Made by a qualified patient to request and obtain a
5 prescription to end the patient's life in a humane and
6 dignified manner;

7 (2) Based upon an appreciation of the relevant facts; and

8 (3) Made after being fully informed by the attending
9 physician of:

10 (A) The qualified patient's medical diagnosis;

11 (B) The qualified patient's prognosis;

12 (C) The potential risks associated with taking the
13 medication to be prescribed;

14 (D) The probable result of taking the medication to
15 be prescribed; and

16 (E) The feasible alternatives, including comfort
17 care, hospice care, and pain control.

18 "Medically confirmed" means the medical opinion of the
19 attending physician has been confirmed by a consulting physician
20 who has examined the patient and the patient's relevant medical
21 records.



1 "Patient" means a person who is under the care of a
2 physician.

3 "Physician" means a doctor of medicine or osteopathy
4 licensed to practice medicine by the Hawaii medical board
5 pursuant to chapter 453.

6 "Qualified patient" means a patient who:

- 7 (1) Is at least fifty years of age;
- 8 (2) Is capable;
- 9 (3) Is a resident of Hawaii in accordance with section
10 -40; and
- 11 (4) Has satisfied the requirements of this chapter to
12 obtain a prescription for medication to end the
13 patient's life in a humane and dignified manner.

14 "Terminal disease" means an incurable and irreversible
15 disease that has been medically confirmed and will, within
16 reasonable medical judgment, result in the patient's death
17 within six months.

18 § -2 Severability. Any section of this chapter that is
19 held invalid as to any person or circumstance shall not affect
20 the application of any other section of this chapter that can be
21 given full effect without the invalid section or application.

22 PART II. WRITTEN REQUEST FOR MEDICATION



1 § -21 Who may initiate a written request for medication.

2 (a) A qualified patient who has been determined by the
3 attending physician or alternate physician and consulting
4 physician to be suffering from a terminal disease, and who has
5 voluntarily expressed the qualified patient's wish to die, may
6 make a written request for medication for the purpose of ending
7 the qualified patient's life in a humane and dignified manner in
8 accordance with this chapter.

9 (b) No person shall qualify to request medication under
10 this chapter solely because of age or disability.

11 (c) A request for medication under this chapter shall be
12 invalid if made by a person who is:

13 (1) Less than fifty years of age;

14 (2) Not capable; or

15 (3) Suffering from a psychiatric or psychological disorder
16 causing impaired judgment.

17 § -22 Form of the written request. (a) A valid request
18 for medication under this chapter shall be in substantially the
19 form set forth in section -61, signed and dated by the
20 qualified patient and witnessed by at least two individuals who,
21 in the presence of the qualified patient, attest that to the
22 best of their knowledge and belief the qualified patient is



1 capable, acting voluntarily, and is not being coerced to sign
2 the request.

3 (b) One of the witnesses shall be a person who is not any
4 of the following:

5 (1) A relative of the qualified patient by blood,
6 marriage, or adoption;

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

11 (3) An owner, operator, or employee of a health care
12 facility where the qualified patient is receiving
13 medical treatment or is a resident.

14 (c) The qualified patient's attending physician or
15 alternate physician at the time the request is signed shall not
16 be a witness.

17 (d) If the qualified patient is in a health care facility
18 at the time the written request is made, a third witness shall
19 be required in addition to the two witnesses described in
20 subsection (a). The third witness shall be an individual
21 designated by the health care facility and shall have the
22 qualifications specified by the department by rule.



PART III. SAFEGUARDS

§ -31 Attending physician responsibilities; alternate physician. (a) The attending physician shall:

(1) Make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily;

(2) Request that the patient demonstrate Hawaii residency pursuant to section -40;

(3) To ensure that the patient is making an informed decision, inform the patient of:

(A) The patient's medical diagnosis;

(B) The patient's prognosis;

(C) The potential risks associated with taking the medication to be prescribed;

(D) The probable result of taking the medication to be prescribed; and

(E) The feasible alternatives, including comfort care, hospice care, and pain control;

(4) Refer the patient to a consulting physician for medical confirmation of the diagnosis and determination that the patient is capable and acting voluntarily;



- 1 (5) Refer the patient for counseling if appropriate
2 pursuant to section -33;
- 3 (6) Recommend that the patient notify next of kin;
- 4 (7) Counsel the patient about the importance of having
5 another person present when the patient takes the
6 medication prescribed pursuant to this chapter and of
7 not taking the medication in a public place;
- 8 (8) Inform the patient that the patient may rescind the
9 request, at any time and in any manner, and offer the
10 patient an opportunity, pursuant to section -36,
11 to rescind at the end of the fifteen-day waiting
12 period;
- 13 (9) Verify, immediately prior to writing the prescription
14 for medication under this chapter, that the patient is
15 making an informed decision;
- 16 (10) Fulfill the medical record documentation requirements
17 of section -39;
- 18 (11) Ensure that all appropriate steps are carried out in
19 accordance with this chapter prior to writing a
20 prescription for medication to enable a qualified
21 patient to end the qualified patient's life in a
22 humane and dignified manner; and



- 1 (12) Either:
- 2 (A) Dispense medications directly, including
- 3 ancillary medications, intended to facilitate the
- 4 desired effect, to minimize the qualified
- 5 patient's discomfort; provided the attending
- 6 physician is registered as a dispensing physician
- 7 with the Hawaii medical board, has a current Drug
- 8 Enforcement Administration certificate, and
- 9 complies with any applicable administrative rule;
- 10 or
- 11 (B) With the qualified patient's written consent:
- 12 (i) Contact a pharmacist and inform the
- 13 pharmacist of the prescription; and
- 14 (ii) Deliver the written prescription personally
- 15 or by mail to the pharmacist, who shall
- 16 dispense the medications either to the
- 17 qualified patient, the attending physician,
- 18 or an expressly identified agent of the
- 19 qualified patient.
- 20 (b) Notwithstanding any other provision of law, the
- 21 attending physician may sign the qualified patient's death
- 22 certificate.



1 (c) If at any time an attending physician declines or is
2 unable to fulfill any of the responsibilities detailed in
3 subsection (a), including subsection (a)(12) regarding
4 dispensing medication to a patient, the attending physician
5 shall relinquish the responsibilities to an alternate physician
6 who is willing and able to fulfill the responsibilities detailed
7 in subsection (a). The alternate physician shall confirm with
8 the attending physician or the consulting physician that the
9 diagnosis has not changed and that the patient is capable, is
10 acting voluntarily, has made an informed decision, and remains a
11 qualified patient under this chapter. The alternate physician
12 may not dispense medication to the qualified patient under
13 subsection (a)(12) until at least fifteen days after the
14 alternate physician's initial consultation with the qualified
15 patient.

16 § -32 Consulting physician confirmation. Before a
17 patient is deemed qualified under this chapter, the consulting
18 physician shall examine the patient and the patient's relevant
19 medical records and confirm in writing the attending physician's
20 diagnosis that the patient is suffering from a terminal disease
21 and shall verify that the patient is capable, is acting
22 voluntarily, and has made an informed decision. If necessary,



1 the consulting physician shall also confirm with the alternate
2 physician, pursuant to section -31(c), that the diagnosis has
3 not changed and that the patient is capable, is acting
4 voluntarily, has made an informed decision, and remains a
5 qualified patient under this chapter.

6 § -33 **Counseling referral.** If, in the opinion of the
7 attending physician, the alternate physician, or the consulting
8 physician, a patient may be suffering from a psychiatric or
9 psychological disorder causing impaired judgment, any one of the
10 physicians shall refer the patient for counseling. No
11 medication to end a patient's life in a humane and dignified
12 manner shall be prescribed until the person performing the
13 counseling determines that the patient is not suffering from a
14 psychiatric or psychological disorder causing impaired judgment.

15 § -34 **Informed decision.** No person shall receive a
16 prescription for medication to end a patient's life in a humane
17 and dignified manner unless the patient has made an informed
18 decision. Immediately prior to writing a prescription for
19 medication under this chapter, the attending or alternate
20 physician shall verify that the qualified patient is making an
21 informed decision.



1 § -35 **Family notification.** The attending or alternate
2 physician shall recommend that the qualified patient notify the
3 next of kin of the qualified patient's request for medication
4 pursuant to this chapter. A qualified patient's request shall
5 not be denied because the qualified patient declines or is
6 unable to notify next of kin.

7 § -36 **Written and oral requests.** To receive a
8 prescription for medication to end a qualified patient's life in
9 a humane and dignified manner, a qualified patient shall make an
10 oral request and a written request and shall reiterate the oral
11 request to the qualified patient's attending or alternate
12 physician no less than fifteen days after making the initial
13 oral request. At the time the qualified patient makes a second
14 oral request, the attending or alternate physician shall offer
15 the qualified patient an opportunity to rescind the request.

16 § -37 **Right to rescind request.** A qualified patient may
17 rescind a request for medication pursuant to this chapter at any
18 time and in any manner without regard to the qualified patient's
19 mental state. No prescription for medication under this chapter
20 may be written without the attending or alternate physician
21 offering the qualified patient an opportunity to rescind the
22 request.



1 § -38 **Waiting periods.** No less than fifteen days shall
2 elapse between the qualified patient's initial oral request and
3 the writing of a prescription under this chapter. No less than
4 forty-eight hours shall elapse between the qualified patient's
5 written request and the writing of a prescription under this
6 chapter.

7 § -39 **Medical record documentation requirements.** The
8 following shall be documented or filed in a qualified patient's
9 medical record:

- 10 (1) All oral requests by the qualified patient for
11 medication to end the qualified patient's life in a
12 humane and dignified manner;
- 13 (2) All written requests by the qualified patient for
14 medication to end the qualified patient's life in a
15 humane and dignified manner;
- 16 (3) The attending physician's diagnosis, prognosis, and
17 determination that the patient is capable, is acting
18 voluntarily, and has made an informed decision and, if
19 necessary, the alternate physician's confirmation that
20 the diagnosis has not changed and that the patient is
21 capable, is acting voluntarily, has made an informed



- 1 decision, and remains a qualified patient under this
2 chapter;
- 3 (4) The consulting physician's diagnosis, prognosis, and
4 verification that the patient is capable, acting
5 voluntarily, and has made an informed decision;
- 6 (5) A report of the outcome and determinations made during
7 counseling, if applicable;
- 8 (6) The attending or alternate physician's offer to the
9 qualified patient to rescind the qualified patient's
10 request at the time of the qualified patient's second
11 oral request pursuant to section -36;
- 12 (7) A note by the attending or alternate physician
13 indicating that all requirements under this chapter
14 have been met and indicating the steps taken to carry
15 out the request, including a notation of the
16 medication prescribed; and
- 17 (8) A completed form reporting the event, to be completed
18 by a monitor who is required to be present at the
19 event pursuant to section -41.

20 § -40 Residency requirement. Only requests made by
21 Hawaii residents who have been domiciled or physically present
22 in the State for a continuous period of at least six months



1 prior to the time the initial oral request for medication to end
2 the patient's life is made under this chapter shall be granted.

3 Factors establishing Hawaii residency include:

- 4 (1) Possession of a Hawaii driver's license;
- 5 (2) Registration to vote in Hawaii;
- 6 (3) Evidence that the person owns or leases property in
7 Hawaii;
- 8 (4) Filing of a Hawaii tax return for the most recent tax
9 year; or
- 10 (5) Any other documentation that establishes legal
11 residency in the State.

12 § -41 Monitor required; form. (a) A qualified patient
13 shall designate a competent adult to act as a monitor and who
14 shall be present at the time of actual administration of the
15 medication to the qualified patient and shall witness the event.
16 The monitor shall have the power to act on behalf of the
17 qualified patient to:

- 18 (1) Stop the administration of the medication if it has
19 not yet been carried out; or
- 20 (2) Enlist medical assistance to attempt to reverse the
21 effect of the medication if the medication has already
22 been delivered;



1 if the monitor has reason to believe that the qualified patient
2 has had a change of mind and is not able to effectively express
3 or communicate the wish not to proceed taking the medication.

4 (b) The department shall develop a form for a monitor to
5 complete upon witnessing and participating in the event
6 described under this section.

7 § -42 Department requirements. (a) The department
8 shall annually review a sample of records maintained pursuant to
9 this chapter and shall require any health care provider upon
10 dispensing medication pursuant to this chapter to file a copy of
11 the dispensing record with the department.

12 (b) The department shall adopt rules pursuant to chapter
13 91 to facilitate the collection of information regarding
14 compliance with this chapter. Except as otherwise required by
15 law, the information collected shall not be a government record
16 under chapter 92F and may not be made available for inspection
17 by the public.

18 (c) The department shall generate and make available to
19 the public an annual statistical report of information collected
20 under subsection (b).

21 (d) Upon the filing of a death certificate under section
22 338-9 of any qualified patient under this chapter, the



1 department shall designate the cause of death as the underlying
2 terminal disease or diseases as diagnosed under section
3 -31(a)(1).

4 § -43 Effect on construction of wills, contracts, and
5 other agreements. (a) No provision in a contract, will, or
6 other agreement, whether written or oral, to the extent the
7 provision would affect whether a qualified patient may make or
8 rescind a request for medication to end the qualified patient's
9 life in a humane and dignified manner, shall be valid.

10 (b) No obligation owing under any currently existing
11 contract shall be conditioned or affected by the making or
12 rescinding of a request, by a qualified patient, for medication
13 to end the qualified patient's life in a humane and dignified
14 manner.

15 § -44 Insurance or annuity policies. The sale,
16 procurement, or issuance of any life, health, or accident
17 insurance or annuity policy or the rate charged for any policy
18 in this State shall not be conditioned upon or affected by the
19 making or rescinding of a request, by a qualified patient, for
20 medication to end the qualified patient's life in a humane and
21 dignified manner. A qualified patient's act of administering
22 medication to end the qualified patient's life in a humane and

1 dignified manner shall have no effect upon any life, health, or
 2 accident insurance or annuity policy issued in this State, and
 3 shall not be construed as a suicide for purposes of any life,
 4 health, or accident insurance or annuity policy issued in this
 5 State, including for purposes of section 431:10D-108(b)(5).

6 § -45 Construction of chapter. Nothing in this chapter
 7 shall be construed to authorize a physician or any other person
 8 to end a patient's life by lethal injection, mercy killing, or
 9 active euthanasia; provided that a qualified patient may
 10 administer medication to end the qualified patient's own life in
 11 accordance with this chapter. Actions taken in accordance with
 12 this chapter shall not, for any purpose, constitute suicide,
 13 assisted suicide, mercy killing, or homicide under the law.

14 PART IV. IMMUNITIES AND LIABILITIES

15 § -51 Immunities; basis for prohibiting health care
 16 provider or monitor from participation; notification;
 17 permissible sanctions. (a) Except as provided in section

18 -52:

19 (1) No person shall be subject to civil or criminal
 20 liability or professional disciplinary action for
 21 participating in actions taken in good faith
 22 compliance with this chapter. This includes being



1 present when a qualified patient takes the prescribed
2 medication to end the qualified patient's life in a
3 humane and dignified manner;

4 (2) No professional organization or association, or health
5 care provider, may subject a person to censure,
6 discipline, suspension, loss of license, loss of
7 privileges, loss of membership, or other penalty for
8 participating or refusing to participate in good faith
9 compliance with this chapter;

10 (3) No request by a qualified patient for or provision by
11 an attending or alternate physician of medication in
12 good faith compliance with this chapter shall
13 constitute neglect for any purpose of law or provide
14 the sole basis for the appointment of a guardian or
15 conservator; and

16 (4) No health care provider shall be under any duty,
17 whether by contract, statute, or any other legal
18 requirement, to participate in the provision to a
19 qualified patient of medication to end the qualified
20 patient's life in a humane and dignified manner. If a
21 health care provider is unable or unwilling to carry
22 out a qualified patient's request under this chapter,



1 and the qualified patient transfers the qualified
2 patient's care to a new health care provider, the
3 prior health care provider shall transfer, upon
4 request, a copy of the qualified patient's relevant
5 medical records to the new health care provider.

6 (b) Except as provided in section -52:

7 (1) Notwithstanding any other provision of law, a health
8 care provider may prohibit another health care
9 provider from participating in actions taken pursuant
10 to this chapter on the premises of the prohibiting
11 provider if the prohibiting provider has notified the
12 health care provider of the prohibiting provider's
13 policy regarding participating in actions taken
14 pursuant to this chapter. Nothing in this paragraph
15 shall prevent a health care provider from providing
16 health care services to a qualified patient that does
17 not constitute participation in actions taken pursuant
18 to this chapter;

19 (2) Notwithstanding subsection (a), a health care provider
20 may subject another health care provider to the
21 sanctions stated in this paragraph if the sanctioning
22 health care provider has notified the sanctioned



1 provider prior to participation in actions taken
2 pursuant to this chapter that it prohibits
3 participation in actions taken pursuant to this
4 chapter:

5 (A) Loss of privileges, loss of membership, or other
6 sanction provided pursuant to the medical staff
7 bylaws, policies, and procedures of the
8 sanctioning health care provider if the
9 sanctioned provider is a member of the
10 sanctioning health care provider's medical staff
11 and participates in actions taken pursuant to
12 this chapter while on the health care facility
13 premises of the sanctioning health care provider,
14 but not including the private medical office of a
15 physician or other provider;

16 (B) Termination of lease or other property contract
17 or other nonmonetary remedies provided by lease
18 contract, not including loss or restriction of
19 medical staff privileges or exclusion from a
20 provider panel, if the sanctioned provider
21 participates in actions taken pursuant to this
22 chapter while on the premises of the sanctioning



1 health care provider or on property that is owned
2 by or under the direct control of the sanctioning
3 health care provider; or

4 (C) Termination of contract or other nonmonetary
5 remedies provided by contract if the sanctioned
6 provider participates in actions taken pursuant
7 to this chapter while acting in the course and
8 scope of the sanctioned provider's capacity as an
9 employee or independent contractor of the
10 sanctioning health care provider. Nothing in
11 this subparagraph shall be construed to prevent:

12 (i) A health care provider from participating in
13 actions taken pursuant to this chapter while
14 acting outside the course and scope of the
15 provider's capacity as an employee or
16 independent contractor; or

17 (ii) A qualified patient from contracting with
18 the qualified patient's attending or
19 alternate physician and consulting physician
20 to act outside the course and scope of the
21 provider's capacity as an employee or

1 independent contractor of the sanctioning
2 health care provider; and

3 (3) A health care provider that imposes sanctions pursuant
4 to paragraph (2) shall follow all due process and
5 other procedures the sanctioning health care provider
6 may have, including, at a minimum, reasonable notice
7 and an opportunity for a hearing, that are related to
8 the imposition of sanctions on another health care
9 provider.

10 For the purposes of this subsection:

11 "Notify" means to make a separate statement in writing to
12 the health care provider specifically informing the health care
13 provider prior to the provider's participation in actions taken
14 pursuant to this chapter of the sanctioning health care
15 provider's policy about participation in activities covered by
16 this chapter.

17 "Participate in actions taken pursuant to this chapter":

18 (1) Means to perform the duties of an attending or
19 alternate physician pursuant to section -31, the
20 consulting physician function pursuant to section
21 -32, the counseling function pursuant to section



1 -33, or the monitoring function pursuant to section
2 -41;

3 (2) Shall not include:

4 (A) Making an initial determination that a patient
5 has a terminal disease and informing the patient
6 of the medical prognosis;

7 (B) Providing information about this chapter to a
8 patient upon the request of the patient;

9 (C) Providing a patient, upon the request of the
10 patient, with a referral to another physician; or

11 (D) A qualified patient contracting with the
12 patient's attending or alternate physician and
13 consulting physician to act outside of the course
14 and scope of the health care provider's capacity
15 as an employee or independent contractor of the
16 sanctioning health care provider.

17 (c) Suspension or termination of staff membership or
18 privileges under subsection (b) is not reportable or otherwise a
19 basis for action under section 453-7.5 or 453-8. Action taken
20 pursuant to section -31, -32, or -33 shall not be the
21 sole basis for a report or complaint of unprofessional or
22 dishonorable conduct under section 453-7.5 or 453-8.

1 (d) No provision of this chapter shall be construed to
2 allow a lower standard of care for patients in the community
3 where the patient is treated or a similar community.

4 (e) Actions taken pursuant to this chapter shall not be
5 grounds for revocation, limitation, suspension, or denial of
6 licenses under section 453-8, so long as the health care
7 provider has complied fully with this chapter.

8 § -52 Liabilities. (a) A person who, without
9 authorization of the qualified patient, wilfully alters or
10 forges a request for medication under this chapter, or conceals
11 or destroys a rescission of that request, with the intent or
12 effect of causing the qualified patient's death shall be guilty
13 of a class A felony.

14 (b) Any person who coerces or exerts undue influence on a
15 patient to request medication for the purpose of ending the
16 patient's life, or to destroy a rescission of a request, shall
17 be guilty of a class A felony.

18 (c) Nothing in this chapter limits further liability for
19 civil damages resulting from other negligent conduct or
20 intentional misconduct by any person.



1 (d) The penalties in this chapter shall not preclude
2 criminal penalties applicable under any other law for conduct
3 that is inconsistent with this chapter.

4 § -53 Claims by governmental entity for costs incurred.

5 Any governmental entity that incurs costs resulting from a
6 person terminating the person's life pursuant to this chapter in
7 a public place shall have a claim against the estate of the
8 person to recover costs and reasonable attorney fees related to
9 enforcing the claim.

10 PART V. FORM OF WRITTEN REQUEST

11 § -61 Form of written request. A written request for
12 medication as authorized by this chapter shall be in
13 substantially the following form:

14 REQUEST FOR MEDICATION

15 TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

16 I, _____, am an individual of at least fifty years
17 of age and of sound mind. I am suffering from _____,
18 which my attending or alternate physician has determined is a
19 terminal disease that has been medically confirmed by a
20 consulting physician. I have been fully informed of my
21 diagnosis, prognosis, the nature of medication to be prescribed
22 and potential associated risks, the expected result, and the



1 feasible alternatives, including comfort care, hospice care, and
2 pain control.

3 I request that my attending or alternate physician prescribe
4 medication that will end my life in a humane and dignified
5 manner.

6 INITIAL ONE:

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

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

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

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

13 I understand the full import of this request and I expect to die
14 when I take the medication to be prescribed. I further
15 understand that, although most deaths occur within three hours,
16 my death may take longer and my physician has counseled me about
17 this possibility.

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

20 Signed: _____

21 Dated: _____



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DECLARATION OF WITNESSES

We declare that the person signing this request:

- (1) Is personally known to us or has provided proof of identity;
- (2) Signed this request in our presence;
- (3) Appears to be of sound mind and not under duress, fraud, or undue influence; and
- (4) Is not a patient for whom either of us is the attending or alternate physician.

_____ Witness 1/Date
 _____ Witness 2/Date
 _____ Witness 3/Date

NOTE: One 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 own, operate, or be employed at a health care facility where the person is a patient or resident. If the patient is an inpatient at a health care facility, one of the witnesses shall be an individual designated by the facility. The form shall contain checkboxes to indicate the status of each witness with respect to these qualifications."

1 SECTION 2. Chapter 461, Hawaii Revised Statutes, is
2 amended by adding a new section to be appropriately designated
3 and to read as follows:

4 "§461- Compliance with death with dignity law.

5 Notwithstanding any law to the contrary, nothing in this chapter
6 shall be deemed to prohibit a registered pharmacist from
7 dispensing medications to a qualified patient, the qualified
8 patient's attending or alternate physician, or an expressly
9 identified agent of the qualified patient for the purpose of
10 ending the qualified patient's life in a humane and dignified
11 manner, as provided in section -31(a)(12)(B)(ii)."

12 SECTION 3. Section 327E-13, Hawaii Revised Statutes, is
13 amended by amending subsection (c) to read as follows:

14 "(c) This chapter shall not authorize mercy killing,
15 assisted suicide, euthanasia, or the provision, withholding, or
16 withdrawal of health care, to the extent prohibited by other
17 statutes of this State[-]; provided that death with dignity
18 under chapter shall not be affected by this section."

19 SECTION 4. Section 431:10D-108, Hawaii Revised Statutes,
20 is amended by amending subsection (b) to read as follows:

21 "(b) No policy of life insurance shall be delivered or
22 issued for delivery in this State if it contains a provision



1 ~~[which]~~ that excludes or restricts liability for death caused in
2 a certain specified manner or occurring while the insured has a
3 specified status, except that the policy may contain provisions
4 excluding or restricting coverage as specified therein in event
5 of death under any one or more of the following circumstances:

- 6 (1) Death as a result directly or indirectly of war,
7 declared or undeclared, or of any act or hazard of
8 such war;
- 9 (2) Death as a result of aviation under conditions
10 specified in the policy;
- 11 (3) Death as a result of a specified hazardous occupation
12 or occupations;
- 13 (4) Death while the insured is a resident outside of the
14 United States and Canada; or
- 15 (5) Death within two years from the date of issue of the
16 policy as a result of suicide, while sane or
17 insane [-]; provided that death with dignity under
18 chapter shall not be considered suicide for
19 purposes of this section."

20 SECTION 5. This Act does not affect rights and duties that
21 matured, penalties that were incurred, and proceedings that were
22 begun, before its effective date.



1 SECTION 6. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

3 SECTION 7. This Act shall take effect upon its approval.

4

INTRODUCED BY:

Calvin K. Boy
By Request J

JAN 18 2013



H.B. NO. 606

Report Title:

Death With Dignity

Description:

Allows a terminally ill, competent adult of at least 50 years of age to get lethal dose of medication to end life. Prohibits physicians and others from administering mercy killings, lethal injections, and active euthanasia. Requires informed consent. Allows alternate doctor to replace attending doctor if latter declines to prescribe. Requires monitor at time of taking dose.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

