RELATING TO DEATH WITH DIGNITY.

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

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

"CHAPTER

DEATH WITH DIGNITY

§ 1 Definitions. Unless the context clearly requires otherwise, the following terms shall mean as follows:

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

"Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.
"Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

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

"Department" means the department of health.

"Health care provider" means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

"Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end the qualified patient's life in a humane and dignified manner, that is based upon an appreciation of the relevant facts and after being fully informed by the attending physician of:

(1) The qualified patient's medical diagnosis;
(2) The qualified patient's prognosis;

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

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

(5) The feasible alternatives including comfort care, hospice care, and pain control.

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

"Patient" means a person who is eighteen years of age or older and under the care of a physician.

"Physician" means a person who is licensed in the State to practice medicine as a physician or an osteopathic physician.

"Qualified patient" means a competent adult who is a resident of the State and has satisfied the requirements of this chapter in order to obtain a prescription for medication that the competent adult may self-administer to end the competent adult's life in a humane and dignified manner.
"Self-administer" means a qualified patient's act of ingesting medication to end the qualified patient's life in a humane and dignified manner.

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

§ -2 Written request for medication. (a) An adult who is competent, is a resident of the State, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed a wish to die, may make a written request for medication that the adult may self-administer to end the adult's life in a humane and dignified manner in accordance with this chapter.

(b) A person does not qualify under this chapter solely because of age or disability.

§ -3 Form of the written request. (a) A valid request for medication under this chapter shall be in substantially the form described in section -22, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their
knowledge and belief the patient is competent, acting
voluntarily, and is not being coerced to sign the request.

(b) One of the witnesses shall be a person who is not:

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

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

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

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

(d) If the patient is in a long-term care facility at the
time the written request is made, one of the witnesses shall be
an individual designated by the facility and shall have the
qualifications specified by the department of health by rule.

§ -4 Attending physician responsibilities. (a) The
attending physician shall:
(1) Make the initial determination of whether a patient has a terminal disease, is competent, and has made the request voluntarily;

(2) Request that the patient demonstrate Hawaii residency under section -13;

(3) In order 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 for a determination that the patient is competent and acting voluntarily;

(5) Refer the patient for counseling if appropriate under section -6;
(6) Recommend that the patient notify next of kin;

(7) Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under this chapter and of not taking the medication in a public place;

(8) Inform the patient that the patient has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the fifteen-day waiting period under section -11;

(9) Verify, immediately before writing the prescription for medication under this chapter, that the patient is making an informed decision;

(10) Fulfill the medical record documentation requirements of section -12;

(11) Ensure that all appropriate steps are carried out in accordance with this chapter before writing a prescription for medication to enable a qualified patient to end the qualified patient's life in a humane and dignified manner; and

(12) Dispense medications:
(A) Directly, including ancillary medications intended to facilitate the desired effect to minimize the qualified patient's discomfort; provided that the attending physician is legally authorized to dispense and has a current Drug Enforcement Administration certificate; or

(B) With the qualified patient's written consent:

(i) Contact a pharmacist and inform the pharmacist of the prescription; and

(ii) Deliver the written prescription personally, by mail or facsimile to the pharmacist, who shall dispense the medications directly to either the qualified patient, the attending physician, or an expressly identified agent of the qualified patient. Medications dispensed pursuant to this clause shall not be dispensed by mail or other form of courier.

(b) The attending physician may sign the qualified patient's death certificate. The certificate shall list the underlying terminal disease as the cause of death.
§ -5 Consulting physician confirmation. Before a patient is qualified under this chapter, a consulting physician shall:

(1) Examine the patient and the patient's relevant medical records;

(2) Confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease; and

(3) Verify that the patient is competent, is acting voluntarily, and has made an informed decision.

§ -6 Counseling referral. If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. The attending physician shall not prescribe medication to end a patient's life in a humane and dignified manner until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
§ -7 Informed decision. A person shall not receive a prescription for medication to end the person's life in a humane and dignified manner unless the person has made an informed decision. Immediately before writing a prescription for medication under this chapter, the attending physician shall verify that the person is making an informed decision.

§ -8 Notification of next of kin. The attending physician shall recommend that the patient notify the next of kin of the patient's request for medication under this chapter. A patient who declines or is unable to notify next of kin shall not have the patient's request denied for that reason.

§ -9 Written and oral requests. To receive a prescription for medication that the qualified patient may self-administer to end the qualified patient's life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to the qualified patient's attending physician at least fifteen days after making the initial oral request. At the time the qualified patient makes the qualified patient's second oral request, the attending physician shall offer the qualified patient an opportunity to rescind the request.
§ -10 Right to rescind request. A patient may rescind the patient's request at any time and in any manner without regard to the patient's mental state. The attending physician may not write a prescription for medication under this chapter without first offering the qualified patient an opportunity to rescind the request.

§ -11 Waiting periods. (a) At least fifteen days shall elapse between the patient's initial oral request and the writing of a prescription under this chapter.

(b) At least forty-eight hours shall elapse between the date the patient signs the written request and the writing of a prescription under this chapter.

§ -12 Medical record documentation requirements. The following shall be documented or filed in the patient's medical record:

(1) All oral requests by a patient for medication to end the patient's life in a humane and dignified manner;

(2) All written requests by a patient for medication to end the patient's life in a humane and dignified manner;
(3) The attending physician's diagnosis and prognosis, and
determination that the patient is competent, is acting
voluntarily, and has made an informed decision;
(4) The consulting physician's diagnosis and prognosis,
and verification that the patient is competent, is
acting voluntarily, and has made an informed decision;
(5) A report of the outcome and determinations made during
counseling, if performed;
(6) The attending physician's offer to the patient to
rescind the patient's request at the time of the
patient's second oral request under section -9; and
(7) A note by the attending physician indicating that all
requirements under this chapter have been met and the
steps taken to carry out the request, including a
notation of the medication prescribed.

§ -13 Residency requirement. Only requests made under
this chapter by residents of the State may be granted. Factors
demonstrating residency in the State include:
(1) Possession of a Hawaii driver's license;
(2) Registration to vote in Hawaii; or
Evidence that the person owns or leases property in Hawaii.

§ 14 Disposal of unused medications. Any medication dispensed under this chapter that was not self-administered shall be disposed of by lawful means.

§ 15 Reporting of information to the department of health; adoption of rules; information collected not a public record; annual statistical report. (a) The department shall annually review all records maintained under this chapter.

(b) The department shall require any health care provider upon writing a prescription or dispensing medication under this chapter to file a copy of the dispensing record and other administratively required documentation with the department. All administratively required documentation shall be mailed or otherwise transmitted to the department as allowed by the rules of the department no later than thirty calendar days after the writing of a prescription and dispensing of medication under this chapter; provided that all documents required to be filed with the department by the prescribing physician after the death of the patient shall be mailed no later than thirty calendar days after the date of death of the patient. If any person who
is required under this chapter to report information to the
department provides an inadequate or incomplete report, the
department shall contact the person to request a complete
report.
(c) The department shall adopt rules under chapter 91 to
facilitate the collection of information regarding compliance
with this chapter; provided that the information collected shall
not be subject to disclosure under chapter 92F and may not be
made available for inspection by the public.
(d) The department shall generate and make available to
the public an annual statistical report of information collected
under subsection (c).
§ -16 Effect on construction of wills, contracts, and
statutes. (a) Any provision in a contract, will, or other
agreement, whether written or oral, to the extent the provision
would affect whether a person may make or rescind a request for
medication to end the person's life in a humane and dignified
manner, is not valid.
(b) Any obligation owing under any currently existing
contract shall not be conditioned or affected by the making or
rescinding of a request, by a person, for medication to end the person's life in a humane and dignified manner.

§ -17 Insurance or annuity policies. The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon, or affected by, the making or rescinding of a request, by a person, for medication that the patient may self-administer to end the person's life in a humane and dignified manner. A qualified patient's act of ingesting medication to end the qualified patient's life in a humane and dignified manner shall not have an effect upon a life, health, or accident insurance or annuity policy.

§ -18 Authority of chapter; references to practices under this chapter; applicable standard of care. (a) Nothing in this chapter authorizes a physician or any other person to end a patient's life by lethal injection, mercy killing, or active euthanasia. Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide, under the law. State reports shall refer to practice under this chapter not as
"suicide" or "assisted suicide," but as "obtaining and self-administering life-ending medication".

(b) Nothing in this chapter shall be interpreted to lower the applicable standard of care for the attending physician, consulting physician, psychiatrist or psychologist, or other health care provider participating under this chapter.

§ -19 Immunities; basis for prohibiting health care provider from participation; notification; permissible sanctions. (a) Except as provided in this section and section -20:

(1) A person shall not be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this chapter, including being present when a qualified patient takes the prescribed medication to end the qualified patient's life in a humane and dignified manner;

(2) A professional organization or association, or health care provider, may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for
participating or refusing to participate in good faith compliance with this chapter;

(3) A patient's request for, or provision by, an attending physician of medication in good faith compliance with this chapter does not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator; and

(4) Only willing health care providers shall participate in the provision to a qualified patient of medication to end the qualified patient's life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers the patient's care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

(b) A health care provider may prohibit another health care provider from participating under this chapter on the premises of the prohibiting provider if the prohibiting provider has given notice to all health care providers with privileges to
practice on the premises and to the general public of the
prohibiting provider's policy regarding participating under this
chapter; provided that this subsection shall not prevent a
health care provider from providing health care services to a
patient that do not constitute participation under this chapter.

(c) A health care provider may subject another health care
provider to the sanctions stated in this subsection if the
sanctioning health care provider has notified the sanctioned
provider before participation under this chapter that it
prohibits participation under this chapter:

(1) Loss of privileges, loss of membership, or other
sanctions provided under the medical staff bylaws,
policies, and procedures of the sanctioning health
care provider, if the sanctioned provider is a member
of the sanctioning provider's medical staff and
participates in this chapter while on the health care
facility premises of the sanctioning health care
provider, but not including the private medical office
of a physician or other provider;

(2) Termination of a lease or other property contract or
other nonmonetary remedies provided by a lease
contract, not including loss or restriction of medical
staff privileges or exclusion from a provider panel,
if the sanctioned provider participates in this
chapter while on the premises of the sanctioning
health care provider or on property that is owned by
or under the direct control of the sanctioning health
care provider; or

(3) Termination of a contract or other nonmonetary
remedies provided by contract if the sanctioned
provider participates in this chapter while acting in
the course and scope of the sanctioned provider's
capacity as an employee or independent contractor of
the sanctioning health care provider; provided that
nothing in this paragraph shall prevent:

(A) A health care provider from participating in this
chapter while acting outside the course and scope
of the provider's capacity as an employee or
independent contractor; or

(B) A patient from contracting with the patient's
attending physician and consulting physician to
act outside the course and scope of the
provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(d) A health care provider that imposes sanctions under subsection (c) shall follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.

(e) References to "good faith" in this section do not allow a lower standard of care for health care providers in the State.

(f) For purposes of this subsection:

"Notify" means a separate statement in writing to the health care provider that specifically informs the health care provider before the provider's participation in this chapter of the sanctioning health care provider's policy about participation in activities covered by this chapter.

"Participate in this chapter" means to perform the duties and responsibilities of an attending physician under section -4, the consulting physician function under section -5, or the counseling function under section -6.

"Participate in this chapter" does not include:
(1) Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

(2) Providing information about this chapter to a patient upon the request of the patient;

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

(4) A patient contracting with the patient's attending physician and consulting physician to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

§ -20 Wilful alteration or forgery; coercion or undue influence; penalties; civil damages; other penalties not precluded. (a) A person who, without authorization of the patient, wilfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death is guilty of a class B felony.

(b) A person who coerces or exerts undue influence on a patient to request medication to end the patient's life, or to
destroy a rescission of a request, is guilty of a class B felony.

(c) This chapter does not limit further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.

(d) The penalties in this chapter do not preclude criminal penalties applicable under other law for conduct that is inconsistent with this chapter.

§ -21 Claims by governmental entity for costs incurred.

Any governmental entity that incurs costs resulting from a person terminating the person's life under this chapter in a public place has a claim against the estate of the person to recover costs and reasonable attorney's fees related to enforcing the claim.

§ -22 Form of the request. A request for a medication as authorized by this chapter shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, . . . . . . . . . . . . . . . . . . . , am an adult of sound mind.
I am suffering from . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . , which
my attending physician has determined is a terminal disease and
which has been medically confirmed by a consulting physician.
I have been fully informed of my diagnosis, prognosis, the
nature of medication to be prescribed and potential associated
risks, the expected result, and the feasible alternatives,
including comfort care, hospice care, and pain control.
I request that my attending physician prescribe medication
that I may self-administer to end my life in a humane and
dignified manner and to contact any pharmacist to fill the
prescription.
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 medication to be prescribed. I further
I understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

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

Signed: ................................

Dated: ................................

DECLARATION OF WITNESSES

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

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Is personally known to us or has provided proof of identity.

Signed this request in our presence on the date of the person's signature.

Appears to be of sound mind and not under duress, fraud, or undue influence.
Is not a patient for whom either of us is the attending physician.

1

Printed Name of Witness 1: . . .

2

Signature of Witness 1/Date: . . .

3

Printed Name of Witness 2: . . .

4

Signature of Witness 2/Date: . . .

5

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.

§ -23 Short title. This act may be known and cited as the Hawaii Death with Dignity Act."

SECTION 2. Section 327E-13, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) This chapter shall not authorize mercy killing, assisted suicide, euthanasia, or the provision, withholding, or withdrawal of health care, to the extent prohibited by other
statutes of this State[ ]; provided that this subsection shall not apply to the obtaining and self-administering of life-ending medication under chapter ."

SECTION 3. Section 327H-2, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Nothing in this section shall be construed to:

(1) Expand the authorized scope of practice of any licensed physician;

(2) Limit any reporting or disciplinary provisions applicable to licensed physicians and surgeons who violate prescribing practices; and

(3) Prohibit the discipline or prosecution of a licensed physician for:

(A) Failing to maintain complete, accurate, and current records that document the physical examination and medical history of a patient, the basis for the clinical diagnosis of a patient, and the treatment plan for a patient;

(B) Writing false or fictitious prescriptions for controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control
Act of 1970, 21 United States Code 801 et seq. or in chapter 329;

(C) Prescribing, administering, or dispensing pharmaceuticals in violation of the provisions of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or of chapter 329;

(D) Diverting medications prescribed for a patient to the licensed physician's own personal use; and

(E) Causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual; provided that it is not "causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual" to prescribe, dispense, or administer medical treatment for the purpose of [treating]:

(i) Treating severe acute pain or severe chronic pain, even if the medical treatment may increase the risk of death, so long as the medical treatment is not also furnished for the purpose of causing, or the purpose of
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B. I

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assisting in causing, death for any reason[-]; or

(ii) Participation as an attending physician or a consulting physician under chapter ."

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

"(b) No policy of life insurance shall be delivered or issued for delivery in this State if it contains a provision which excludes or restricts liability for death caused in a certain specified manner or occurring while the insured has a specified status, except that the policy may contain provisions excluding or restricting coverage as specified therein in event of death under any one or more of the following circumstances:

(1) Death as a result directly or indirectly of war, declared or undeclared, or of any act or hazard of [such] war;

(2) Death as a result of aviation under conditions specified in the policy;

(3) Death as a result of a specified hazardous occupation or occupations;
(4) Death while the insured is a resident outside of the United States and Canada; or
(5) Death within two years from the date of issue of the policy as a result of suicide, while sane or insane; provided that this paragraph shall not apply to death as a result of obtaining and self-administering life-ending medication under chapter ___."

SECTION 5. Section 431:10H-203, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A policy may not be delivered or issued for delivery in this State as long-term care insurance if the policy limits or excludes coverage by type of illness, treatment, medical condition, or accident, except as follows:

(1) Preexisting conditions or diseases;
(2) Mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's disease;
(3) Alcoholism and drug addiction;
(4) Illness, treatment, or medical condition arising out of:
(A) War or act of war, whether declared or
undisclosed;
(B) Participation in a felony, riot, or insurrection;
(C) Service in the armed forces or units auxiliary
thereto;
(D) Suicide (sane or insane), attempted suicide, or
intentionally self-inflicted injury; provided
that this subparagraph shall not apply to the
obtaining and self-administering of life-ending
medication under chapter____; or
(E) Aviation (this exclusion applies only to non-
fare-paying passengers);

(5) Treatment provided in a government facility (unless
required by law), services for which benefits are
available under medicare or other governmental program
(except medicaid), any state or federal workers'
compensation, employer's liability, or occupational
disease law, or any motor vehicle insurance law,
services provided by a member of the covered person's
immediate family, and services for which no charge is
normally made in the absence of insurance;
(6) Expenses for services or items available or paid under another long-term care insurance or health insurance policy; or
(7) In the case of a qualified long-term care insurance contract, expenses for services or items to the extent that the expenses are reimbursable under title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount."

SECTION 6. Section 453-8, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:
"(a) In addition to any other actions authorized by law, any license to practice medicine and surgery may be revoked, limited, or suspended by the board at any time in a proceeding before the board, or may be denied, for any cause authorized by law, including but not limited to the following:
(1) Procuring, or aiding or abetting in procuring, a criminal abortion;
(2) Employing any person to solicit patients for one's self;
(3) Engaging in false, fraudulent, or deceptive advertising, including but not limited to:
  (A) Making excessive claims of expertise in one or more medical specialty fields;
  (B) Assuring a permanent cure for an incurable disease; or
  (C) Making any untruthful and improbable statement in advertising one's medical or surgical practice or business;

(4) Being habituated to the excessive use of drugs or alcohol; or being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects;

(5) Practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability, or mental instability;

(6) Procuring a license through fraud, misrepresentation, or deceit, or knowingly permitting an unlicensed person to perform activities requiring a license;
(7) Professional misconduct, hazardous negligence causing bodily injury to another, or manifest incapacity in the practice of medicine or surgery;

(8) Incompetence or multiple instances of negligence, including but not limited to the consistent use of medical service, which is inappropriate or unnecessary;

(9) Conduct or practice contrary to recognized standards of ethics of the medical profession as adopted by the Hawaii Medical Association, the American Medical Association, the Hawaii Association of Osteopathic Physicians and Surgeons, or the American Osteopathic Association;

(10) Violation of the conditions or limitations upon which a limited or temporary license is issued;

(11) Revocation, suspension, or other disciplinary action by another state or federal agency of a license, certificate, or medical privilege;

(12) Conviction, whether by nolo contendere or otherwise, of a penal offense substantially related to the qualifications, functions, or duties of a physician or
osteopathic physician, notwithstanding any statutory
provision to the contrary;

(13) Violation of chapter 329, the uniform controlled
substances act, or any rule adopted thereunder except
as provided in section 329-122;

(14) Failure to report to the board, in writing, any
disciplinary decision issued against the licensee or
the applicant in another jurisdiction within thirty
days after the disciplinary decision is issued; or

(15) Submitting to or filing with the board any notice,
statement, or other document required under this
chapter, which is false or untrue or contains any
material misstatement or omission of fact[—];

provided that this subsection shall not apply to the
participation of an attending physician or consulting physician
under chapter ____ ."

SECTION 7. Section 707-702, Hawaii Revised Statutes, is
amended by amending subsection (1) to read as follows:

"(1) A person commits the offense of manslaughter if:

(a) The person recklessly causes the death of another
person; or
(b) The person intentionally causes another person to commit suicide[—]; provided that this paragraph shall not apply to the participation of an attending physician or consulting physician under chapter [—]."

SECTION 8. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 9. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect on January 1, 2018.

INTRODUCED BY: 

(Calvin X. Ay)

JAN 20 2017
Report Title:
Death with Dignity

Description:
Authorizes terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians.

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