
A BILL FOR AN ACT

RELATING TO HEALTH.

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

1 SECTION 1. The legislature finds that some states have
2 enacted laws that establish a regulated process to allow their
3 mentally competent adult residents who have a terminal illness
4 with a confirmed prognosis of six or fewer months to live to
5 voluntarily request and receive a prescription medication for
6 self-administration so that they can die in a peaceful, humane
7 manner. These laws, with labels such as "medical aid in dying"
8 laws, "death with dignity" laws, or "end-of-life-options" laws,
9 are based on the concept that the terminally ill person should
10 have the ability to make reasoned end-of-life decisions and
11 choose to end life in a peaceful, humane, and dignified manner
12 or determine how much pain and suffering to endure.

13 The legislature also finds that Oregon's death with dignity
14 act has been in effect since 1997. Similar laws are also in
15 effect in California, Colorado, Vermont, and Washington. This
16 act is modeled on the Oregon statute and includes safeguards to
17 protect patients. These safeguards include confirmation by two
18 providers of the patient's diagnosis, prognosis, mental



1 competence, and voluntariness of the request; multiple requests
 2 by the patient: an oral request followed by a signed written
 3 request that is witnessed by two people, one of whom must be
 4 unrelated to the patient, and a subsequent oral restatement of
 5 the request; and two waiting periods between the requests and
 6 the writing of the prescription. At all times the patient
 7 retains the right to rescind the request and is under no
 8 obligation to fill the prescription or ingest the medication.

9 The legislature concludes that terminally ill residents of
 10 the State should be able to determine their own medical
 11 treatment at the end of their lives.

12 The purpose of this Act is to enact a medical aid in dying
 13 act.

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

17 "CHAPTER

18 MEDICAL AID IN DYING ACT

19 § -1 Definitions. The following terms shall mean as
 20 follows:



1 "Adult" means an individual who is eighteen years of age or
2 older.

3 "Attending provider" means a physician licensed pursuant to
4 chapter 453 or an advanced practice registered nurse licensed
5 pursuant to chapter 457 who has primary responsibility for the
6 care of the patient and treatment of the patient's terminal
7 disease.

8 "Capable" means that in the opinion of a court or in the
9 opinion of the patient's attending provider or consulting
10 provider, psychiatrist, or psychologist, a patient has the
11 ability to make and communicate health care decisions to health
12 care providers.

13 "Consulting provider" means a physician licensed pursuant
14 to chapter 453 or an advanced practice registered nurse licensed
15 pursuant to chapter 457 who is qualified by specialty or
16 experience to make a professional diagnosis and prognosis
17 regarding the patient's disease.

18 "Counseling" means one or more consultations as necessary
19 between a state-licensed psychiatrist, psychologist, or advanced
20 practice registered nurse and a patient for the purpose of
21 determining that the patient is capable and not suffering from a



1 psychiatric or psychological disorder or depression causing
2 impaired judgment.

3 "Department" means the department of health.

4 "Health care facility" shall have the same meaning as in
5 section 323D-2.

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

11 "Informed decision" means a decision by a qualified patient
12 to request and obtain a prescription, which the qualified
13 patient may self-administer to end the qualified patient's life
14 in a humane and dignified manner, that is based on an
15 appreciation of the relevant facts and after being fully
16 informed by the attending provider of:

- 17 (1) The medical diagnosis;
- 18 (2) The prognosis;
- 19 (3) The potential risks associated with taking the
20 medication to be prescribed;



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

3 (5) The feasible alternatives, including but not limited
4 to comfort care, hospice care, and pain control.

5 "Medically confirmed" means the medical opinion of the
6 attending provider has been confirmed by a consulting provider
7 who has examined the patient and the patient's relevant medical
8 records.

9 "Patient" means a person who is under the care of a
10 physician.

11 "Physician" means a doctor of medicine or osteopathy
12 licensed to practice medicine pursuant to chapter 453 by the
13 Hawaii medical board.

14 "Qualified patient" means a capable adult who is a resident
15 of the State and has satisfied the requirements of this chapter
16 in order to obtain a prescription for medication that the
17 qualified patient may self-administer to end the qualified
18 patient's life in a humane and dignified manner.

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



1 § -2 **Written request for medication; initiated.** (a) An
2 adult who is capable, is a resident of the State, and has been
3 determined by the attending provider and consulting provider to
4 be suffering from a terminal disease, and who has voluntarily
5 expressed the adult's wish to die, may make a written request
6 for medication that the adult may self-administer for the
7 purpose of ending the adult's life in a humane and dignified
8 manner in accordance with this chapter.

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

11 § -3 **Form of the written request.** (a) A valid request
12 for medication under this chapter shall be in substantially the
13 form described in section -22, signed and dated by the
14 patient and witnessed by at least two individuals who, in the
15 presence of the patient, attest that to the best of their
16 knowledge and belief the patient is capable, acting voluntarily,
17 and is not being coerced to sign the request.

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

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



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

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

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

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

15 § -4 Attending provider responsibilities. (a) The
16 attending provider shall:

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

20 (2) Request that the patient demonstrate residency
21 pursuant to section -13;



- 1 (3) To ensure that the patient is making an informed
- 2 decision, inform the patient of:
- 3 (A) The medical diagnosis;
- 4 (B) The prognosis;
- 5 (C) The potential risks associated with taking the
- 6 medication to be prescribed;
- 7 (D) The probable result of taking the medication to
- 8 be prescribed; and
- 9 (E) The feasible alternatives, including but not
- 10 limited to comfort care, hospice care, and pain
- 11 control;
- 12 (4) Refer the patient to a consulting provider for medical
- 13 confirmation of the diagnosis, and for a determination
- 14 that the patient is capable and acting voluntarily;
- 15 (5) Refer the patient for counseling if appropriate;
- 16 (6) Recommend that the patient notify next of kin;
- 17 (7) Counsel the patient about the importance of having
- 18 another person present when the patient self-
- 19 administers the medication prescribed pursuant to this
- 20 chapter and of not self-administrating the medication
- 21 in a public place;



- 1 (8) Inform the patient that the patient has an opportunity
2 to rescind the request at any time and in any manner,
3 and offer the patient an opportunity to rescind at the
4 time of the patient's second oral request made
5 pursuant to section -9;
- 6 (9) Verify, immediately prior to writing the prescription
7 for medication under this chapter, that the patient is
8 making an informed decision;
- 9 (10) Fulfill the medical record documentation requirements
10 of section -12;
- 11 (11) Ensure that all appropriate steps are carried out in
12 accordance with this chapter prior to writing a
13 prescription for medication to enable a qualified
14 patient to end the qualified patient's life in a
15 humane and dignified manner; and
- 16 (12) Either:
- 17 (A) Dispense medications directly, including
18 ancillary medications intended to facilitate the
19 desired effect to minimize the patient's
20 discomfort; provided that the attending provider
21 is authorized to dispense controlled substances



1 pursuant to chapter 329, has a current Drug
2 Enforcement Administration certificate, and
3 complies with any applicable administrative rule;
4 or

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

6 (i) Contact a pharmacist of the patient's choice
7 and inform the pharmacist of the
8 prescription; and

9 (ii) Transmit the written prescription
10 personally, by mail, or electronically to
11 the pharmacist, who will dispense the
12 medications to either the patient, the
13 attending provider, or an expressly
14 identified agent of the patient.

15 (b) Notwithstanding any other provision of law to the
16 contrary, the attending provider may sign the patient's death
17 certificate, which shall list the underlying terminal disease as
18 the cause of death.

19 § -5 Consulting provider confirmation. Before a patient
20 is qualified under this chapter, a consulting provider shall
21 examine the patient and the patient's relevant medical records



1 and confirm, in writing, the attending provider's diagnosis that
2 the patient is suffering from a terminal disease, and verify
3 that the patient is capable, is acting voluntarily, and has made
4 an informed decision.

5 § -6 **Counseling referral.** If, in the opinion of the
6 attending provider or the consulting provider, a patient may be
7 suffering from a psychiatric or psychological disorder or
8 depression causing impaired judgment, either provider shall
9 refer the patient for counseling. No medication to end a
10 patient's life in a humane and dignified manner shall be
11 prescribed until the person performing the counseling determines
12 that the patient is not suffering from a psychiatric or
13 psychological disorder or depression causing impaired judgment.

14 § -7 **Informed decision.** No patient shall receive a
15 prescription for medication to end the patient's life in a
16 humane and dignified manner unless the patient has made an
17 informed decision. Immediately prior to writing a prescription
18 for medication under this chapter, the attending provider shall
19 verify that the patient is making an informed decision.

20 § -8 **Family notification.** The attending provider shall
21 recommend that the patient notify the next of kin of the



1 patient's request for medication pursuant to this chapter. A
2 patient who declines or is unable to notify next of kin shall
3 not have the patient's request denied for that reason.

4 § -9 **Written and oral requests.** To receive a
5 prescription for medication that a qualified patient may self-
6 administer to end the qualified patient's life in a humane and
7 dignified manner, a qualified patient shall have made an oral
8 request and a written request, and reiterate the oral request to
9 the qualified patient's attending provider not less than fifteen
10 days after making the initial oral request. At the time the
11 qualified patient makes the second oral request, the attending
12 provider shall offer the qualified patient an opportunity to
13 rescind the request.

14 § -10 **Right to rescind request.** A qualified patient may
15 rescind the request at any time and in any manner without regard
16 to the qualified patient's mental state. No prescription for
17 medication under this chapter may be written without the
18 attending provider having offered the qualified patient an
19 opportunity to rescind the request made pursuant to section

20 -9.



1 § -11 **Waiting periods.** Not 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. Not 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 § -12 **Medical record; documentation requirements.** The
8 following shall be documented or filed in a patient's medical
9 record:

- 10 (1) All oral requests by the patient for medication to end
11 the patient's life in a humane and dignified manner;
- 12 (2) All written requests by the patient for medication to
13 end the patient's life in a humane and dignified
14 manner;
- 15 (3) The attending provider's diagnosis and prognosis and
16 determination that the patient is capable, acting
17 voluntarily, and has made an informed decision;
- 18 (4) The consulting provider's diagnosis and prognosis and
19 verification that the patient is capable, acting
20 voluntarily, and has made an informed decision;



1 (5) A report of the outcome and determinations made during
2 counseling, if performed;

3 (6) The attending provider's offer to the patient to
4 rescind the patient's request at the time of the
5 patient's second oral request made pursuant to section
6 -9; and

7 (7) A note by the attending provider indicating that all
8 requirements under this chapter have been met and
9 indicating the steps taken to carry out the request,
10 including a notation of the medication prescribed.

11 § -13 Residency requirement. Only requests made by
12 residents of this State under this chapter shall be granted.
13 Factors demonstrating state residency include but are not
14 limited to:

- 15 (1) Possession of a Hawaii driver license or civil
16 identification card;
- 17 (2) Registration to vote in Hawaii;
- 18 (3) Evidence that the person owns or leases property in
19 Hawaii; or
- 20 (4) Filing of a Hawaii tax return for the most recent tax
21 year.



1 **§ -14 Reporting requirements.** (a) The department shall
2 annually review a sample of records maintained pursuant to this
3 chapter.

4 (b) The department shall require any health care provider,
5 upon dispensing medication pursuant to this chapter, to file a
6 copy of the dispensing record with the department.

7 (c) The department shall adopt rules to facilitate the
8 collection of information regarding compliance with this
9 chapter. Except as otherwise required by law, the information
10 collected shall not be a public record and may not be made
11 available for inspection by the public.

12 (d) The department shall generate and make available to
13 the public an annual statistical report of information collected
14 under subsection (c).

15 **§ -15 Effect on construction of wills, contracts, and**
16 **statutes.** (a) No provision in a will, contract, or other
17 agreement, whether written or oral, to the extent the provision
18 would affect whether a person may make or rescind a request for
19 medication to end the person's life in a humane and dignified
20 manner, shall be valid.



1 (b) No obligation owing under any currently existing
2 contract shall be conditioned or affected by the making or
3 rescinding of a request, by a person, for medication to end the
4 person's life in a humane and dignified manner.

5 § -16 Insurance or annuity policies. The sale,
6 procurement, or issuance of any life, health, or accident
7 insurance or annuity policy or the rate charged for any policy
8 shall not be conditioned upon or affected by the making or
9 rescinding of a request, by a person, for medication to end the
10 person's life in a humane and dignified manner. Neither shall a
11 qualified patient's act of ingesting medication to end the
12 qualified patient's life in a humane and dignified manner have
13 an effect upon a life, health, or accident insurance or annuity
14 policy.

15 § -17 Construction of chapter. Nothing in this chapter
16 shall be construed to authorize a physician or any other person
17 to end a patient's life by lethal injection, mercy killing, or
18 active euthanasia. Actions taken in accordance with this
19 chapter shall not, for any purpose, constitute suicide, assisted
20 suicide, mercy killing, or homicide, under the law.



1 § -18 Immunities; basis for prohibiting health care
2 provider from participation; notification; permissible
3 sanctions. (a) Except as provided in section -19:

4 (1) No person shall be subject to civil or criminal
5 liability or professional disciplinary action for
6 participating in good faith compliance with this
7 chapter, including being present when a qualified
8 patient takes the prescribed medication to end the
9 qualified patient's life in a humane and dignified
10 manner;

11 (2) No professional organization or association or health
12 care provider may subject a person to censure,
13 discipline, suspension, loss of license, loss of
14 privileges, loss of membership, or other penalty for
15 participating or refusing to participate in good faith
16 compliance with this chapter;

17 (3) No request by a patient for or provision by an
18 attending provider of medication in good faith
19 compliance with this chapter shall constitute neglect
20 for any purpose of law or provide the sole basis for
21 the appointment of a guardian or conservator;



1 (4) No health care provider shall be under any duty,
2 whether by contract, by statute, or by any other legal
3 requirement, to participate in the provision to a
4 qualified patient of medication to end the qualified
5 patient's life in a humane and dignified manner. If a
6 health care provider is unable or unwilling to carry
7 out a patient's request under this chapter, and the
8 patient transfers the patient's care to a new health
9 care provider, the prior health care provider shall
10 transfer, upon request, a copy of the patient's
11 relevant medical records to the new health care
12 provider; and

13 (5) No health care facility shall be subject to civil or
14 criminal liability for participating in good faith
15 compliance with this chapter including but not limited
16 to the designation of a witness for an adult who makes
17 a written request when residing in a long-term care
18 facility.

19 (b) Notwithstanding any other provision of law to the
20 contrary, a health care provider may prohibit another health
21 care provider from participating in actions covered by this



1 chapter on the premises of the prohibiting provider if the
2 prohibiting provider has notified the health care provider of
3 the prohibiting provider's policy regarding participation in
4 actions covered by this chapter. Nothing in this subsection
5 shall prevent a health care provider from providing health care
6 services to a patient that do not constitute participation in
7 actions covered by this chapter.

8 (c) Notwithstanding subsection (a) to the contrary, a
9 health care provider may subject another health care provider to
10 the following sanctions, if the sanctioning health care provider
11 has notified the sanctioned provider prior to participation in
12 actions covered by this chapter that it prohibits participation
13 in actions covered by this chapter:

14 (1) Loss of privileges, loss of membership, or other
15 sanction provided pursuant to the medical staff
16 bylaws, policies, and procedures of the sanctioning
17 health care provider if the sanctioned provider is a
18 member of the sanctioning provider's medical staff and
19 participates in actions covered by this chapter while
20 on the health care facility premises of the
21 sanctioning health care provider, but not including



- 1 the private medical office of a physician or other
2 provider;
- 3 (2) Termination of lease or other property contract or
4 other nonmonetary remedies provided by lease contract,
5 not including loss or restriction of medical staff
6 privileges or exclusion from a provider panel, if the
7 sanctioned provider participates in actions covered by
8 this chapter while on the premises of the sanctioning
9 health care provider or on property that is owned by
10 or under the direct control of the sanctioning health
11 care provider; or
- 12 (3) Termination of contract or other nonmonetary remedies
13 provided by contract if the sanctioned provider
14 participates in actions covered by this chapter while
15 acting in the course and scope of the sanctioned
16 provider's capacity as an employee or independent
17 contractor of the sanctioning health care provider;
18 provided that nothing in this paragraph shall be
19 construed to prevent:
- 20 (A) A health care provider from participating in
21 actions covered by this chapter while acting



1 outside the course and scope of the provider's
2 capacity as an employee or independent
3 contractor; or

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

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

14 (e) For the purposes of this section:

15 "Notify" means a separate statement in writing to the
16 health care provider specifically informing the health care
17 provider prior to the provider's participation in actions
18 covered by this chapter of the sanctioning health care
19 provider's policy regarding participation in actions covered by
20 this chapter.



1 "Participate in actions covered by this chapter" means to
2 perform the duties of an attending provider pursuant to section
3 -4, the consulting provider function pursuant to section
4 -5, or the counseling referral function pursuant to section
5 -6. The term does not include:

6 (1) Making an initial determination that a patient has a
7 terminal disease and informing the patient of the
8 medical prognosis;

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

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

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

18 (f) Action taken pursuant to sections -4 to -6
19 shall not be the sole basis for disciplinary action under
20 section 453-8 or 457-12.



1 (g) This chapter shall not be construed to allow a lower
2 standard of care for patients in the community where the patient
3 is treated or a similar community.

4 § -19 Prohibited acts; penalties. (a) A person who
5 without authorization of the patient wilfully alters or forges a
6 request for medication or conceals or destroys a rescission of
7 that request with the intent or effect of causing the patient's
8 death shall be guilty of a class A felony.

9 (b) A person who coerces or exerts undue influence on a
10 patient to request medication for the purpose of ending the
11 patient's life, or to destroy a rescission of the request, shall
12 be guilty of a class A felony.

13 (c) It shall be a class A felony for a person without
14 authorization of the principal to wilfully alter, forge,
15 conceal, or destroy an instrument, the reinstatement or
16 revocation of an instrument, or any other evidence or document
17 reflecting the principal's desires and interests, with the
18 intent and effect of causing a withholding or withdrawal of
19 life-sustaining procedures or of artificially administered
20 nutrition and hydration that hastens the death of the principal.



1 (d) Except as provided in subsection (c), it shall be a
2 misdemeanor for a person without authorization of the principal
3 to wilfully alter, forge, conceal, or destroy an instrument, the
4 reinstatement or revocation of an instrument, or any other
5 evidence or document reflecting the principal's desires and
6 interests with the intent or effect of affecting a health care
7 decision.

8 (e) Nothing in this section shall limit any further
9 liability for civil damages resulting from other negligent
10 conduct or intentional misconduct by any person.

11 (f) The penalties in this chapter are cumulative and do
12 not preclude criminal penalties applicable under other law for
13 conduct which is inconsistent with this chapter.

14 **§ -20 Claims by governmental entity for costs incurred.**

15 Any governmental entity that incurs costs resulting from a
16 person terminating the person's life pursuant to this chapter in
17 a public place shall have a claim against the estate of the
18 person to recover costs and reasonable attorneys' fees related
19 to enforcing the claim.

20 **§ -21 Severability.** Any provision of this chapter that
21 is held invalid as to any person or circumstance shall not



1 affect the application of any other provision of this chapter
2 that can be given full effect without the invalid section or
3 application.

4 § -22 Form of the request. A request for a medication
5 as authorized by this chapter shall be in substantially the
6 following form:

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

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

10 I am suffering from _____, which my attending
11 provider has determined is a terminal disease and that has been
12 medically confirmed by a consulting provider.

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

17 I request that my attending provider prescribe medication
18 that I may self-administer to end my life in a humane and
19 dignified manner.

20 INITIAL ONE:



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

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

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

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

8 I understand the full import of this request and I expect
9 to die when I take the medication to be prescribed. I further
10 understand that although most deaths occur within three hours,
11 my death may take longer and my physician has counseled me about
12 this possibility.

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

15 Signed: _____

16 Dated: _____

17 DECLARATION OF WITNESSES

18 We declare that the person signing this request:

- 19 (a) Is personally known to us or has provided proof of
- 20 identity;
- 21 (b) Signed this request in our presence;



1 (c) Appears to be of sound mind and not under duress or to
2 have been induced by fraud, or subjected to undue
3 influence when signing the request; and

4 (d) Is not a patient for whom either of us is the
5 attending provider.

6 _____ Witness 1 Date _____

7 _____ Witness 2 Date _____

8 NOTE: One witness shall not be a relative (by blood,
9 marriage, or adoption) of the person signing this request, shall
10 not be entitled to any portion of the person's estate upon death
11 and shall not own, operate, or be employed at a health care
12 facility where the person is a patient or resident. If the
13 patient is an inpatient at a long-term care facility, one of the
14 witnesses shall be an individual designated by the facility."

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

17 "(c) This chapter shall not authorize mercy killing,
18 assisted suicide, euthanasia, or the provision, withholding, or
19 withdrawal of health care, to the extent prohibited by other
20 statutes of this State[-]; provided that this subsection shall
21 not apply to actions taken under chapter _____."



1 SECTION 4. Section 327H-2, Hawaii Revised Statutes, is
2 amended by amending subsection (b) to read as follows:

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

- 4 (1) Expand the authorized scope of practice of any
5 licensed physician;
- 6 (2) Limit any reporting or disciplinary provisions
7 applicable to licensed physicians and surgeons who
8 violate prescribing practices; and
- 9 (3) Prohibit the discipline or prosecution of a licensed
10 physician for:

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

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



- 1 (C) Prescribing, administering, or dispensing
- 2 pharmaceuticals in violation of the provisions of
- 3 the Federal Comprehensive Drug Abuse Prevention
- 4 and Control Act of 1970, 21 United States Code
- 5 801 et seq. or of chapter 329;
- 6 (D) Diverting medications prescribed for a patient to
- 7 the licensed physician's own personal use; and
- 8 (E) Causing, or assisting in causing, the suicide,
- 9 euthanasia, or mercy killing of any individual;
- 10 provided that it is not "causing, or assisting in
- 11 causing, the suicide, euthanasia, or mercy
- 12 killing of any individual" to prescribe,
- 13 dispense, or administer medical treatment for the
- 14 purpose of treating severe acute pain or severe
- 15 chronic pain, even if the medical treatment may
- 16 increase the risk of death, so long as the
- 17 medical treatment is not also furnished for the
- 18 purpose of causing, or the purpose of assisting
- 19 in causing, death for any reason[-]; provided
- 20 that this subparagraph shall not apply to actions
- 21 taken under chapter ."



1 SECTION 5. Section 707-701.5, Hawaii Revised Statutes, is
2 amended by amending subsection (1) to read as follows:

3 "(1) Except as provided in section 707-701, a person
4 commits the offense of murder in the second degree if the person
5 intentionally or knowingly causes the death of another
6 person[-]; provided that this section shall not apply to actions
7 taken under chapter _____."

8 SECTION 6. Section 707-702, Hawaii Revised Statutes, is
9 amended by amending subsection (1) to read as follows:

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

11 (a) The person recklessly causes the death of another
12 person; or

13 (b) The person intentionally causes another person to
14 commit suicide[-];

15 provided that this section shall not apply to actions taken
16 under chapter _____."

17 SECTION 7. This Act does not affect rights and duties that
18 matured, penalties that were incurred, and proceedings that were
19 begun before its effective date.

20 SECTION 8. If any provision of this Act, or the
21 application thereof to any person or circumstance, is held



1 invalid, the invalidity does not affect other provisions or
2 applications of the Act that can be given effect without the
3 invalid provision or application, and to this end the provisions
4 of this Act are severable.

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

7 SECTION 10. This Act shall take effect upon its approval.



Report Title:

Health; Medical Aid in Dying

Description:

Establishes a medical aid in dying act that establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease may obtain a prescription for medication to be self-administered to end the patient's life. (SD1)

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

