



Bill Summary: 2021 Elizabeth Whitefield End-of-Life Options Act HB47

Our Medical Aid in Dying Legislation Allows:

a terminally ill, mentally capable adult with a prognosis of six months or less to live, the option to request, obtain and take medication to die peacefully, if and when they choose.

The bill is very similar to the 2019 bill (HJCCS HB90) and is modeled after the Oregon Death with Dignity Act, which has been in place for 22 years without a single instance of abuse or coercion. It includes strong safeguards and protections:

- Two licensed health care providers, one of which must be a physician, must confirm the terminal illness. Individuals enrolled in hospice are deemed terminal and do not require a second confirmation. Individuals are not eligible for medical aid in dying solely because of age or disability.
- The prescribing provider must inform the requesting individual about all of their end-of life care options, including hospice and pain and symptom management.
- If the provider has concerns about the individual's mental capacity or ability to make an informed decision, they must make a referral to a mental health professional for an assessment. Medication cannot be prescribed until their mental capacity is affirmed.
- Two people must witness the required "Request to End My Life in a Peaceful Manner" form contained in the bill. Only one witness can be a relative.
- There is a 48-hour waiting period before the medical aid in dying prescription can be filled for a qualified individual (dying patient), which a provider can waive if the patient is unlikely to survive the 48-hour waiting period.
- The qualified individual can withdraw their request for medication, not take the medication once they have it, or otherwise change their mind at any point.
- The underlying illness will be listed as the cause of death on the death certificate.
- Life insurance payments cannot be denied to the families of those who use the law.
- Prescribing health care providers must comply with medical record documentation requirements and make required data available to the New Mexico Department of Health.

- The New Mexico Department of Health is required to collect specified data and issue a publicly available annual report. Identifying information about qualified individuals and health care providers is kept confidential.
- Providers who participate and comply with all aspects of the law are given civil and criminal immunity and other professional and employment-related protections.
- No health care provider, health care entity, or pharmacist is required to participate in medical aid in dying. For those choosing not to participate, appropriate notice to the public and a referral of the qualified individual to a participating provider or to an individual or entity that can provide assistance to those seeking medical aid in dying are required.
- Self-administration does not include administration by intravenous (IV) injection or infusion by any person, including the patient's provider, family member, or the patient themselves.

Additional Information:

Primary Sponsors:

Rep. Deborah Armstrong
 Sen. Elizabeth "Liz" Stefanics
 Rep. Dayan Hochman-Vigil
 Sen. Bill B. O'Neill

New Mexico End-of-Life Options Advocacy Websites:

<https://endoflifeoptionsnm.org>
<https://compassionandchoices.org/in-your-state/new-mexico/>
<https://deathwithdignity.org/states/new-mexico>

For More Information:

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Compassion & Choices is comprised of two organizations: Compassion & Choices (the 501(c)(3) arm), whose focus is expanding access, public education, and litigation; and Compassion & Choices Action Network (the 501(c)(4) arm), whose focus is legislative work at the federal and state levels.

Paid for by Compassion & Choices Action Network.

