
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 543 Session of
2023

INTRODUCED BY HILL-EVANS, KHAN, SHUSTERMAN, RABB, ROZZI, GIRAL,
MADDEN, GUENST, CERRATO, SCHLOSSBERG, HOHENSTEIN, PROBST,
SANCHEZ, N. NELSON, HANBIDGE, DELLOSO, PARKER, D. WILLIAMS
AND TAKAC, MARCH 20, 2023

REFERRED TO COMMITTEE ON HEALTH, MARCH 20, 2023

AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the
2 Pennsylvania Consolidated Statutes, providing for
3 compassionate aid in dying; and imposing penalties.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Title 20 of the Pennsylvania Consolidated
7 Statutes is amended by adding a chapter to read:

8 CHAPTER 54B

9 COMPASSIONATE AID IN DYING

10 Sec.

11 54B01. Definitions.

12 54B02. Qualified patient requirements.

13 54B03. Request for medication.

14 54B04. Right and opportunity to rescind request.

15 54B05. Form of written request.

16 54B06. Waiting periods.

17 54B07. Attending provider responsibilities.

- 1 54B08. Confirmation of terminal illness.
2 54B09. Counseling referral.
3 54B10. Family notification.
4 54B11. Medical record documentation requirements.
5 54B12. Reporting requirements.
6 54B13. Effect on construction of wills and contracts.
7 54B14. Insurance or annuity policies.
8 54B15. Health care provider participation, notification and
9 permissible sanctions.
10 54B16. Claims by governmental entity for costs incurred.
11 54B17. Construction.
12 54B18. Immunity.
13 54B19. Liability.
14 54B20. Prohibitions and penalties.
15 § 54B01. Definitions.

16 The following words and phrases when used in this chapter
17 shall have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

19 "Attending provider." The provider who has primary
20 responsibility for the care of a patient with a terminal illness
21 and treatment of the patient's terminal illness.

22 "Capable." The ability of a patient to make and communicate
23 informed health care decisions without impaired judgment to
24 health care providers, including communication through
25 individuals familiar with the patient's manner of communicating,
26 as determined by a court or a patient's attending provider,
27 consulting provider, mental health care professional or clinical
28 social worker.

29 "Confirmation of terminal illness." A written confirmation
30 from a consulting provider of a patient's terminal illness.

1 "Consulting provider." A provider who is qualified by
2 specialty or experience to make a professional diagnosis and
3 prognosis regarding a patient's terminal illness.

4 "Counseling." One or more consultations between a mental
5 health care provider and a patient for the purpose of
6 determining if the patient is capable.

7 "Department." The Department of Health of the Commonwealth.

8 "End-of-life medication." A medication determined and
9 prescribed by an attending provider to a qualified patient,
10 which the qualified patient may administer to end the qualified
11 patient's life.

12 "Health care facility." A health care facility as defined in
13 section 802.1 of the act of July 19, 1979 (P.L.130, No.48),
14 known as the Health Care Facilities Act.

15 "Health care provider." A person licensed, certified or
16 otherwise authorized or permitted by the laws of this
17 Commonwealth to administer health care services or dispense
18 medication in the ordinary course of business or practice of a
19 profession.

20 "Informed decision." A decision by a patient to request and
21 obtain a prescription for end-of-life medication which is based
22 on an appreciation of the relevant facts after being fully
23 informed by the attending provider of the information required
24 under section 54B07 (relating to attending provider
25 responsibilities).

26 "Long-term care facility." A long-term care nursing facility
27 as defined in section 802.1 of the Health Care Facilities Act.

28 "Medical confirmation." The confirmation by a consulting
29 provider who has examined the patient and the patient's relevant
30 medical records that the patient has a terminal illness, is

1 capable and is voluntarily making an informed decision.

2 "Mental health care provider." A person who is licensed,
3 certified or otherwise authorized by the laws of this
4 Commonwealth to administer or provide mental health care in the
5 ordinary course of business or practice of a profession.

6 "Participate under this chapter." To perform the duties of
7 an attending provider under section 54B07, the consulting
8 provider function under section 54B08 (relating to confirmation
9 of terminal illness) or the consultation function under section
10 54B09 (relating to counseling referral). The term does not
11 include:

12 (1) making an initial determination that a patient has a
13 terminal illness and informing the patient of the medical
14 prognosis;

15 (2) providing information about end-of-life medication
16 and related information to a patient upon request;

17 (3) providing, upon the request of the patient, a
18 referral to another provider; or

19 (4) contracting by a patient with the patient's
20 attending provider and consulting provider to act outside of
21 the course and scope of the health care provider's capacity
22 as an employee or independent contractor of the sanctioning
23 health care provider.

24 "Patient." An individual who is:

25 (1) eighteen years of age or older; and

26 (2) under the care of an attending provider.

27 "Provider." The following:

28 (1) A doctor of medicine or osteopathy licensed to
29 practice by the State Board of Medicine or State Board of
30 Osteopathic Medicine.

1 (2) An advanced practice registered nurse practitioner
2 licensed to practice by the State Board of Nursing.

3 "Qualified patient." A patient who meets the requirements of
4 section 54B02 (relating to qualified patient requirements).

5 "Terminal illness." An incurable and irreversible illness
6 that will, within reasonable medical judgment, produce death
7 within six months.

8 § 54B02. Qualified patient requirements.

9 To qualify to receive end-of-life medication under this
10 chapter, a patient must:

11 (1) Have a terminal illness, as determined by an
12 attending provider and a consulting provider.

13 (2) Be capable of making an informed decision, as
14 determined under sections 54B07 (relating to attending
15 provider responsibilities) and 54B08(3) (relating to
16 confirmation of terminal illness).

17 (3) Be a resident of this Commonwealth.

18 § 54B03. Request for medication.

19 (a) General rule.--A qualified patient may make a request
20 under subsection (b) for end-of-life medication for the purpose
21 of ending the qualified patient's life in a compassionate,
22 humane and dignified manner under this chapter.

23 (b) Request requirements.--In order to receive a
24 prescription for end-of-life medication, a qualified patient
25 must:

26 (1) Make an oral request to the attending provider.

27 (2) Except as provided for under section 54B06 (relating
28 to waiting periods), reiterate the oral request by making a
29 second oral request to the attending provider no less than 15
30 days after making the initial oral request.

1 (3) Make a written request to the attending provider in
2 the form required under section 54B05 (relating to form of
3 written request).

4 § 54B04. Right and opportunity to rescind request.

5 (a) General rule.--A qualified patient may rescind the
6 request to end the qualified patient's life at any time and in
7 any manner without regard to mental state.

8 (b) Opportunity required.--At the time a qualified patient
9 makes the qualified patient's second oral request, the attending
10 provider must offer the qualified patient an opportunity to
11 rescind the request.

12 (c) Prohibition.--A prescription for end-of-life medication
13 under this chapter may not be written without the attending
14 provider offering the qualified patient an opportunity to
15 rescind the request.

16 § 54B05. Form of written request.

17 (a) Signature, date and attestation.--A valid request for
18 end-of-life medication under this chapter shall be in
19 substantially the form under subsection (e), signed and dated by
20 the qualified patient and witnessed by at least two individuals
21 who, in the presence of the qualified patient, attest that to
22 the best of the witness's knowledge and belief the qualified
23 patient is capable, acting voluntarily and not being coerced to
24 sign the request.

25 (b) Witness.--One of the witnesses shall be an individual
26 who is not:

27 (1) a relative of the qualified patient by blood,
28 marriage or adoption;

29 (2) someone with whom the qualified patient has had a
30 significant relationship;

1 control.

2 I request that my attending provider prescribe medication
3 that will end my life in a compassionate, humane and dignified
4 manner.

5 INITIAL ONE:

6 () I have informed my family or significant other of my
7 decision and have taken their opinions into consideration.

8 () I have decided not to inform my family or
9 significant other of my decision.

10 () I have no family or significant other to inform of
11 my decision.

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

14 I understand that this request will supersede any provision
15 of an advance directive in conflict with the provisions of this
16 request.

17 I understand the full import of this request and I expect to
18 die when I take the medication to be prescribed. I further
19 understand that although most deaths occur within three hours,
20 my death may take longer and my provider has counseled me about
21 this possibility.

22 I am not being coerced by another individual to make this
23 decision.

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

26 Signed:

27 Dated:

28 DECLARATION OF WITNESSES

29 We declare that the person signing this request:

30 (a) Is personally known to us or has provided proof of

1 identity.

2 (b) Signed this request in our presence on the date of
3 the person's signature.

4 (c) Appears to be of sound mind and not under duress,
5 fraud or undue influence, such as being coerced by another
6 individual.

7 (d) Is not a patient for whom either of us is an
8 attending provider.

9 Date:

10 Witness' printed name:

11 Witness' signature:

12 Number and Street:

13 City, State and Zip Code:

14 Date:

15 Witness' printed name:

16 Witness' signature:

17 Number and Street:

18 City, State and Zip Code:

19 NOTE: One witness shall not be a relative by blood, marriage
20 or adoption of the person signing this request, shall not be
21 someone with whom the person has a significant relationship,
22 shall not be entitled to any portion of the person's estate upon
23 death and shall not own, operate or be employed at a health care
24 facility where the person is receiving medical treatment or a
25 resident. If the patient is an inpatient at a long-term care
26 facility, one of the witnesses shall be a person designated by
27 the facility.

28 § 54B06. Waiting periods.

29 (a) General rule.--Except as provided under subsection (b),
30 the following apply:

1 (1) At least 15 days shall elapse between the qualified
2 patient's initial oral request and the writing of a
3 prescription for end-of-life medication under this chapter.

4 (2) At least 48 hours shall elapse between the qualified
5 patient's written request and the writing of a prescription
6 for end-of-life medication under this chapter.

7 (b) Exceptions.--

8 (1) If the qualified patient's attending provider has
9 determined, and a medical confirmation is received under
10 section 54B08 (relating to confirmation of terminal illness),
11 that the qualified patient will, within reasonable medical
12 judgment, die within 15 days of making the initial oral
13 request, the qualified patient may reiterate the second oral
14 request to the attending provider at any time after making
15 the initial oral request.

16 (2) If the qualified patient's attending provider has
17 determined, and a medical confirmation is received under
18 section 54B08, that the qualified patient will, within
19 reasonable medical judgment, die before the expiration of at
20 least one of the waiting periods described under subsection
21 (a), the prescription for end-of-life medication under this
22 chapter may be written at any time following the later of the
23 qualified patient's written request or second oral request.

24 § 54B07. Attending provider responsibilities.

25 (a) Responsibilities.--Upon request of a patient, an
26 attending provider shall:

27 (1) Determine if the patient has a terminal illness, is
28 capable and has made the request for end-of-life medication
29 voluntarily.

30 (2) Ensure that the patient is making an informed

1 decision and inform the patient of:

2 (i) The patient's medical diagnosis.

3 (ii) The patient's prognosis.

4 (iii) The potential risks associated with taking the
5 end-of-life medication to be prescribed.

6 (iv) The probable result of taking the end-of-life
7 medication to be prescribed.

8 (v) The feasible alternatives, including, but not
9 limited to, comfort care, hospice care, palliative care
10 and pain control.

11 (3) Refer the patient to a consulting provider for
12 medical confirmation of the diagnosis and for a determination
13 that the patient is capable and acting voluntarily.

14 (4) Refer the patient for counseling, if appropriate,
15 under section 54B09 (relating to counseling referral).

16 (5) Recommend the patient notify next of kin or someone
17 with whom the patient has a significant relationship.

18 (6) Counsel the patient about the importance of:

19 (i) having another individual present when the
20 patient takes the end-of-life medication prescribed under
21 this chapter; and

22 (ii) not taking the end-of-life medication in a
23 public place.

24 (7) Inform the patient that the patient has an
25 opportunity to rescind the request at any time and in any
26 manner under section 54B04 (relating to right and opportunity
27 to rescind request) and offer the patient an opportunity to
28 rescind at the end of the 15-day waiting period or at the
29 time the patient makes the patient's second oral request
30 under section 54B06 (relating to waiting periods).

1 (8) Immediately prior to writing a prescription for end-
2 of-life medication under this chapter, verify the patient is
3 making an informed decision.

4 (9) Fulfill the medical record documentation
5 requirements under section 54B11 (relating to medical record
6 documentation requirements).

7 (10) If the patient fulfills all the requirements under
8 this chapter, approve the qualified patient's request to
9 receive end-of-life medication.

10 (11) (i) Dispense end-of-life medications directly,
11 including ancillary medications intended to facilitate
12 the desired effect to minimize the qualified patient's
13 discomfort if the attending provider is authorized to
14 prescribe medications in this Commonwealth, has a current
15 Drug Enforcement Administration certificate and complies
16 with applicable administrative rules; or

17 (ii) with the qualified patient's written consent:

18 (A) contact a pharmacist and inform the
19 pharmacist of the prescription; and

20 (B) deliver the written prescription personally,
21 electronically, by facsimile or by mail to the
22 pharmacist, who shall dispense the end-of-life
23 medications to the qualified patient, the attending
24 provider or an expressly identified agent of the
25 qualified patient.

26 (b) Death certificate.--Notwithstanding any other provision
27 of law, the attending provider may sign the qualified patient's
28 death certificate.

29 § 54B08. Confirmation of terminal illness.

30 A confirmation of terminal illness must be received before a

1 patient is determined to be a qualified patient under this
2 chapter. The consulting provider performing the confirmation of
3 terminal illness shall physically examine a patient requesting
4 end-of-life medication under section 54B03 (relating to request
5 for medication) and the patient's relevant medical records to
6 confirm the attending provider's diagnosis that the patient is
7 suffering from a terminal illness. The consulting provider must
8 also verify the patient is:

9 (1) Capable.

10 (2) Acting voluntarily.

11 (3) Making an informed decision.

12 § 54B09. Counseling referral.

13 If the opinion of the attending provider or the consulting
14 provider is that the patient may not be capable, at the time a
15 written request is made under section 54B03 (relating to request
16 for medication), either the attending provider or consulting
17 provider shall refer the patient to a mental health care
18 provider for counseling. End-of-life medication may not be
19 prescribed until the mental health care provider performing the
20 counseling determines that the patient is capable and able to
21 make a voluntary informed decision without impaired judgment.

22 § 54B10. Family notification.

23 The attending provider must recommend that the qualified
24 patient notify the next of kin or an individual with whom the
25 qualified patient has a significant relationship of the
26 qualified patient's request for end-of-life medication under
27 this chapter. An attending provider may not deny a request for
28 end-of-life medication solely because a qualified patient
29 declines or is unable to notify the next of kin or an individual
30 with whom the qualified patient has a significant relationship.

1 § 54B11. Medical record documentation requirements.

2 The following shall be documented or filed in the qualified
3 patient's medical record:

4 (1) All oral requests by a qualified patient for end-of-
5 life medication.

6 (2) All written requests by a qualified patient for end-
7 of-life medication.

8 (3) The attending provider's diagnosis of terminal
9 illness and determination that the qualified patient is
10 capable, acting voluntarily and making an informed decision.

11 (4) All medical confirmations of terminal illness.

12 (5) Documentation that the qualified patient is capable
13 and acting voluntarily and has made an informed decision.

14 (6) A report of the outcome and determinations made
15 during counseling.

16 (7) A certification of the imminence of the qualified
17 patient's death.

18 (8) Documentation of the attending provider's offer to
19 the qualified patient to rescind the qualified patient's
20 request at the time of the qualified patient's second oral
21 request under section 54B03 (relating to request for
22 medication).

23 (9) Documentation by the attending provider that the
24 requirements under this chapter have been met and the steps
25 taken to carry out the request, including a notation of the
26 end-of-life medication prescribed.

27 § 54B12. Reporting requirements.

28 (a) Review and rulemaking.--The department shall:

29 (1) Annually review a sample of records maintained under
30 this chapter.

1 (2) Require a health care provider to file a copy of the
2 prescription or the dispensing record with the department
3 upon writing the prescription or dispensing end-of-life
4 medication under this chapter.

5 (3) Promulgate rules to facilitate the collection of
6 information regarding compliance with this chapter.

7 (b) Records.--Except as otherwise provided by law, the
8 information collected is not a public record and may not be made
9 available for inspection by the public.

10 (c) Report.--The department shall generate and make
11 available to the public, to the extent doing so would not be
12 reasonably expected to violate the privacy of any person, an
13 annual statistical report of information collected under
14 subsection (b).

15 § 54B13. Effect on construction of wills and contracts.

16 (a) Effect on existing agreements.--No provision in a
17 contract, will or other agreement, whether written or oral,
18 shall be valid to the extent that the provision would condition
19 or restrict an individual's decision to make or rescind a
20 request for end-of-life medication.

21 (b) Obligations under an existing contract.--No obligation
22 under an existing contract shall be affected by an individual's
23 making or rescinding of a request for end-of-life medication.

24 § 54B14. Insurance or annuity policies.

25 The sale, procurement or issuance of a life, health or
26 accident insurance or annuity policy or the rate charged for a
27 policy shall not be conditioned upon or affected by the making
28 or rescinding of a request, by a qualified patient, for end-of-
29 life medication. A qualified patient's act of ingesting end-of-
30 life medication may not have an effect upon a life, health or

1 accident insurance or an annuity policy.

2 § 54B15. Health care provider participation, notification and
3 permissible sanctions.

4 (a) Participation not required.--No health care provider may
5 be under any duty, whether by contract, statute or other legal
6 requirement, to prescribe or administer end-of-life medication
7 to a qualified patient. If a health care provider is unable or
8 unwilling to carry out a qualified patient's request under this
9 chapter and the qualified patient transfers care to another
10 health care provider, the prior health care provider shall
11 transfer, upon request, a copy of the qualified patient's
12 relevant medical records to the new health care provider.

13 (b) Prohibiting participation.--Notwithstanding any other
14 provision of law, a health care facility may prohibit a health
15 care provider from participating under this chapter if the
16 prohibiting health care facility has notified the health care
17 provider of the prohibiting health care facility's policy
18 regarding participation under this chapter. Nothing in this
19 subsection prevents a health care provider from providing health
20 care services to a patient that does not constitute
21 participation under this chapter.

22 (c) Notification requirement.--A health care facility shall
23 give notice of the policy prohibiting participation under this
24 chapter. A health care facility that fails to provide notice
25 prohibiting participation under this chapter may not enforce
26 sanctions against a health care provider under subsection (d).

27 (d) Sanctions.--Notwithstanding subsection (a) or section
28 54B18 (relating to immunity), a health care facility may subject
29 a health care provider to the sanctions under this subsection if
30 notification was provided as required under subsection (c). The

1 available sanctions shall include:

2 (1) Loss of privileges, loss of membership or other
3 sanctions provided under the medical staff bylaws, policies
4 and procedures if the health care provider is a member of the
5 health care facility's medical staff and participates under
6 this chapter while on the premises, which shall not include
7 the private medical office of a provider or other health care
8 provider.

9 (2) Termination of lease or other property contract or
10 other nonmonetary remedies provided by lease contract, not
11 including loss or restriction of medical staff privileges or
12 exclusion from the health care facility panel, if the health
13 care provider participates under this chapter while on the
14 premises of or on property that is owned by or under the
15 direct control of the health care facility.

16 (3) Termination of contract or other nonmonetary
17 remedies provided by contract if the health care provider
18 participates under this chapter while acting in the course
19 and scope of the health care provider's capacity as an
20 employee or independent contractor of the health care
21 facility. Nothing in this paragraph may be construed to
22 prevent:

23 (i) a health care provider from participating under
24 this chapter while acting outside the course and scope of
25 the health care provider's capacity as an employee or
26 independent contractor; or

27 (ii) a patient from contracting with the patient's
28 attending provider and consulting provider to act outside
29 the course and scope of the health care provider's
30 capacity as an employee or independent contractor of the

1 health care facility.

2 (e) Due process.--A health care facility that imposes
3 sanctions under subsection (d) shall follow all due process and
4 other procedures the health care facility may have that are
5 related to the imposition of sanctions on a health care
6 provider.

7 (f) Unprofessional or dishonorable conduct reports.--
8 Authorized action taken under section 54B05 (relating to form of
9 written request), 54B07 (relating to attending provider
10 responsibilities), 54B08 (relating to confirmation of terminal
11 illness) or 54B09 (relating to counseling referral) may not be
12 the sole basis for a report of unprofessional or dishonorable
13 conduct to the State Board of Medicine or the State Board of
14 Osteopathic Medicine.

15 (g) Standard of care.--No provision of this chapter may be
16 construed to allow a lower standard of care for patients in the
17 community where the patient is treated, or a similar community.

18 (h) Definition.--As used in this section, the term "notify"
19 means a separate written statement to the health care provider
20 which sanctions its participation in activities covered by this
21 chapter before the participation occurs.

22 § 54B16. Claims by governmental entity for costs incurred.

23 A governmental entity that incurs costs resulting from a
24 qualified patient ending the qualified patient's life under this
25 chapter in a public place shall have a claim against the estate
26 of the individual to recover costs and reasonable attorney fees
27 related to enforcing the claim.

28 § 54B17. Construction.

29 Nothing under this chapter may be construed to authorize a
30 provider or any other individual to end a patient's life by

1 lethal injection, mercy killing or active euthanasia. Actions
2 taken in accordance with this chapter shall not constitute
3 suicide, assisted suicide, mercy killing or homicide under the
4 law.

5 § 54B18. Immunity.

6 Except as provided in section 54B19 (relating to liability):

7 (1) An individual may not be subject to civil or
8 criminal liability or professional disciplinary action for
9 participating in good faith compliance with this chapter.
10 This includes being present when a qualified patient takes
11 the prescribed end-of-life medication.

12 (2) A professional organization or association, health
13 care facility or health care provider may not subject an
14 individual to censure, discipline, suspension, loss of
15 license, loss of privileges, loss of membership or other
16 penalty for participating in good faith or refusing to
17 participate under this chapter.

18 (3) A request by a patient for or provision by an
19 attending provider of end-of-life medication in good faith
20 compliance with this chapter does not constitute negligence
21 for any purpose of law or provide the sole basis for the
22 appointment of a guardian or conservator.

23 § 54B19. Liability.

24 (a) Mishandling instrument.--An individual who, without
25 authorization of the patient, willfully alters or forges a
26 request for end-of-life medication or conceals or destroys a
27 rescission of that request with the intent or effect of causing
28 the patient's death shall not be immune from criminal liability
29 under section 54B18 (relating to immunity).

30 (b) Undue influence.--An individual, including an attending

1 provider, who coerces or exerts undue influence on a patient to
2 request end-of-life medication for the purpose of ending the
3 patient's life or to destroy a rescission of a request shall not
4 be immune from criminal liability under section 54B18.

5 (c) Civil damages.--Nothing under this chapter limits
6 liability for civil damages resulting from negligent or
7 intentional misconduct or coercion by an individual, including
8 an attending provider.

9 § 54B20. Prohibitions and penalties.

10 (a) Intent to hasten death.--An individual who, without
11 authorization of the patient willfully alters, forges, conceals
12 or destroys an instrument, the reinstatement or revocation of an
13 instrument or any other evidence or document reflecting the
14 patient's desires and interests with the intent and effect of
15 causing a withholding or withdrawal of life-sustaining
16 procedures or of artificially administered nutrition and
17 hydration which hastens the death of the patient commits a
18 felony of the first degree.

19 (b) Intent to affect health care decision.--Except as
20 provided in subsection (a), an individual who, without
21 authorization of the patient, willfully alters, forges, conceals
22 or destroys an instrument, the reinstatement or revocation of an
23 instrument, or any other evidence or document reflecting the
24 patient's desires and interests with the intent or effect of
25 affecting a health care decision commits a misdemeanor of the
26 first degree.

27 Section 2. This act shall take effect in 120 days.