



Rep. Robyn Gabel

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1 AMENDMENT TO SENATE BILL 1950

2 AMENDMENT NO. _____. Amend Senate Bill 1950 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title; references to Act.

5 (a) Short Title. This Act may be cited as the End-of-Life
6 Options for Terminally Ill Patients Act.

7 (b) References to Act. This Act may be referred to as Deb's
8 Law.

9 Section 5. Findings and intent.

10 (a) The General Assembly finds that:

11 (1) Medical aid in dying is part of general medical
12 care and complements other end-of-life options, such as
13 comfort care, pain control, palliative care, and hospice
14 care, for individuals to have an end-of-life experience
15 aligned with their beliefs and values.

16 (2) The availability of medical aid in dying provides

1 an additional end-of-life care option for terminally ill
2 individuals who seek to retain their autonomy and some
3 level of control over the progression of the disease as
4 they near the end of life or to ease unnecessary pain and
5 suffering.

6 (3) Illinoisans facing a terminal diagnosis have been
7 at the forefront of statewide efforts to provide the full
8 range of end-of-life care options available in 10 states
9 and the District of Columbia, to qualified mentally
10 capable terminal adults residing in Illinois through the
11 addition of medical aid-in-dying care as an end-of-life
12 option in their home state. Advocates include:

13 (A) Deb Robertson, a lifelong Illinois resident
14 who has been living with a rare form of her terminal
15 illness, who wants to live but knows that she is going
16 to die, and who has been actively engaged in advocacy
17 to change Illinois law because she doesn't want to
18 move to another state in order to access the
19 end-of-life medical care that would bring her comfort
20 and reduce her fear related to the pain of dying.

21 (B) Andrew Flack, who could not move back to
22 Illinois to be with his family after his terminal
23 diagnosis and instead had to live hundreds of miles
24 away from his family, in a state that offered medical
25 aid-in-dying care, in order to have a painless death
26 surrounded by his loved ones.

1 (C) Miguel Carrasquillo, who despite enduring
2 excruciatingly painful treatments to cure his cancer,
3 which spread to his liver, stomach, testicles, and
4 other organs, continued to advocate for a change in
5 the law until his death, so other Illinoisans with a
6 terminal diagnosis would not be forced to suffer at
7 the end of their lives and die in pain as he did but
8 would instead have the option of medical aid-in-dying
9 care.

10 (4) Illinoisans throughout the State, across
11 demographics, including religion, political affiliation,
12 race, gender, disability, and age, also support the
13 inclusion of medical aid-in-dying care in the options
14 available for end-of-life care. Supporters and advocates
15 recognize that mentally capable adult individuals have a
16 fundamental right to determine their own medical treatment
17 options in accordance with their own values, beliefs, or
18 personal preferences, and having the option of medical aid
19 in dying is an expression of this fundamental right. This
20 includes advocates, like Lowell Sachnoff, who, alongside
21 his wife Fay Clayton, was a tireless advocate for the
22 expansion of end-of-life options for terminally ill adults
23 over the course of a decade, up to and including the day he
24 died.

25 (b) It is the intent of the General Assembly to uphold both
26 the highest standard of medical care and the full range of

1 options for each individual, particularly at the end of life.

2 Section 10. Definitions. As used in this Act:

3 "Adult" means an individual 18 years of age or older.

4 "Advanced practice registered nurse" means an advanced
5 practice registered nurse licensed under the Nurse Practice
6 Act who is certified as a psychiatric mental health
7 practitioner.

8 "Aid in dying" means an end-of-life care option that
9 allows a qualified patient to obtain a prescription for
10 medication pursuant to this Act.

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

14 "Clinical psychologist" means a psychologist licensed
15 under the Clinical Psychologist Licensing Act.

16 "Clinical social worker" means a person licensed under the
17 Clinical Social Work and Social Work Practice Act.

18 "Coercion or undue influence" means the willful attempt,
19 whether by deception, intimidation, or any other means to:

20 (1) cause a patient to request, obtain, or
21 self-administer medication pursuant to this Act with
22 intent to cause the death of the patient; or

23 (2) prevent a qualified patient, in a manner that
24 conflicts with the Health Care Right of Conscience Act,
25 from obtaining or self-administering medication pursuant

1 to this Act.

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

5 "Department" means the Department of Public Health.

6 "Health care entity" means a hospital or hospital
7 affiliate, nursing home, hospice or any other facility
8 licensed under any of the following Acts: the Ambulatory
9 Surgical Treatment Center Act; the Home Health, Home Services,
10 and Home Nursing Agency Licensing Act; the Hospice Program
11 Licensing Act; the Hospital Licensing Act; the Nursing Home
12 Care Act; or the University of Illinois Hospital Act. "Health
13 care entity" does not include a physician.

14 "Health care professional" means a physician, pharmacist,
15 or licensed mental health professional.

16 "Informed decision" means a decision by a patient with
17 mental capacity and a terminal disease to request and obtain a
18 prescription for medication pursuant to this Act, that the
19 qualified patient may self-administer to bring about a
20 peaceful death, after being fully informed by the attending
21 physician and consulting physician of:

22 (1) the patient's diagnosis and prognosis;

23 (2) the potential risks and benefits associated with
24 taking the medication to be prescribed;

25 (3) the probable result of taking the medication to be
26 prescribed;

1 (4) the feasible end-of-life care and treatment
2 options for the patient's terminal disease, including, but
3 not limited to, comfort care, palliative care, hospice
4 care, and pain control, and the risks and benefits of
5 each;

6 (5) the patient's right to withdraw a request pursuant
7 this Act, or consent for any other treatment, at any time;
8 and

9 (6) the patient's right to choose not to obtain the
10 drug or to choose to obtain the drug but not to ingest it.

11 "Licensed mental health care professional" means a
12 psychiatrist, clinical psychologist, clinical social worker,
13 or advanced practice registered nurse.

14 "Mental capacity" means that, in the opinion of the
15 attending physician or the consulting physician or, if the
16 opinion of a licensed mental health care professional is
17 required under Section 45, the licensed mental health care
18 professional, the patient requesting medication pursuant to
19 this Act has the ability to make and communicate an informed
20 decision.

21 "Oral request" means an affirmative statement that
22 demonstrates a contemporaneous affirmatively stated desire by
23 the patient seeking aid in dying.

24 "Pharmacist" means an individual licensed to engage in the
25 practice of pharmacy under the Pharmacy Practice Act.

26 "Physician" means a person licensed to practice medicine

1 in all of its branches under the Medical Practice Act of 1987.

2 "Psychiatrist" means a physician who has successfully
3 completed a residency program in psychiatry accredited by
4 either the Accreditation Council for Graduate Medical
5 Education or the American Osteopathic Association.

6 "Qualified patient" means an adult Illinois resident with
7 the mental capacity to make medical decisions who has
8 satisfied the requirements of this Act in order to obtain a
9 prescription for medication to bring about a peaceful death.
10 No person will be considered a "qualified patient" under this
11 Act solely because of advanced age, disability, or a mental
12 health condition, including depression.

13 "Self-administer" means an affirmative, conscious,
14 voluntary action, performed by a qualified patient, to ingest
15 medication prescribed pursuant to this Act to bring about the
16 patient's peaceful death. "Self-administer" does not include
17 administration by parenteral injection or infusion.

18 "Terminal disease" means an incurable and irreversible
19 disease that will, within reasonable medical judgment, result
20 in death within 6 months. The existence of a terminal disease,
21 as determined after in-person examination by the patient's
22 physician and concurrence by another physician, shall be
23 documented in writing in the patient's medical record. A
24 diagnosis of a major depressive disorder, as defined in the
25 current edition of the Diagnostic and Statistical Manual of
26 Mental Disorders, alone does not qualify as a terminal

1 disease.

2 Section 15. Informed consent.

3 (a) Nothing in this Act may be construed to limit the
4 amount of information provided to a patient to ensure the
5 patient can make a fully informed health care decision.

6 (b) An attending physician must provide sufficient
7 information to a patient regarding all appropriate end-of-life
8 care options, including comfort care, hospice care, palliative
9 care, and pain control, as well as the foreseeable risks and
10 benefits of each, so that the patient can make a voluntary and
11 affirmative decision regarding the patient's end-of-life care.

12 (c) If a patient makes a request for the patient's medical
13 records to be transmitted to an alternative physician, the
14 patient's medical records shall be transmitted without undue
15 delay.

16 Section 20. Standard of care. Nothing contained in this
17 Act shall be interpreted to lower the applicable standard of
18 care for the health care professionals participating under
19 this Act.

20 Section 25. Qualification.

21 (a) A qualified patient with a terminal disease may
22 request a prescription for medication under this Act in the
23 following manner:

1 (1) The qualified patient may orally request a
2 prescription for medication under this Act from the
3 patient's attending physician.

4 (2) The oral request from the qualified patient shall
5 be documented by the attending physician.

6 (3) The qualified patient shall provide a written
7 request in accordance with this Act to the patient's
8 attending physician after making the initial oral request.

9 (4) The qualified patient shall repeat the oral
10 request to the patient's attending physician no less than
11 5 days after making the initial oral request.

12 (b) The attending and consulting physicians of a qualified
13 patient shall have met all the requirements of Sections 35 and
14 40.

15 (c) Notwithstanding subsection (a), if the individual's
16 attending physician has medically determined that the
17 individual will, within reasonable medical judgment, die
18 within 5 days after making the initial oral request under this
19 Section, the individual may satisfy the requirements of this
20 Section by providing a written request and reiterating the
21 oral request to the attending physician at any time after
22 making the initial oral request.

23 (d) At the time the patient makes the second oral request,
24 the attending physician shall offer the patient an opportunity
25 to rescind the request.

26 (e) Oral and written requests for aid in dying may be made

1 only by the patient and shall not be made by the patient's
2 surrogate decision-maker, health care proxy, health care
3 agent, attorney-in-fact for health care, guardian, nor via
4 advance health care directive.

5 (f) If a requesting patient decides to transfer care to an
6 alternative physician, the records custodian shall, upon
7 written request, transmit, without undue delay, the patient's
8 medical records, including written documentation of the dates
9 of the patient's requests concerning aid in dying.

10 (g) A transfer of care or medical records does not toll or
11 restart any waiting period.

12 Section 30. Form of written request.

13 (a) A written request for medication under this Act shall
14 be in substantially the form under subsection (e), signed and
15 dated by the requesting patient, and witnessed in the presence
16 of the patient by at least 2 witnesses who attest that to the
17 best of their knowledge and belief the patient has mental
18 capacity, is acting voluntarily, and is not being coerced or
19 unduly influenced to sign the request.

20 (b) One of the witnesses required under this Section must
21 be a person who is not:

22 (1) a relative of the patient by blood, marriage,
23 civil union, registered domestic partnership, or adoption;

24 (2) a person who, at the time the request is signed,
25 would be entitled to any portion of the estate of the

1 qualified patient upon death, under any will or by
2 operation of law; or

3 (3) an owner, operator, or employee of a health care
4 entity where the qualified patient is receiving medical
5 treatment or is a resident.

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

8 (d) If a person uses an interpreter, the interpreter shall
9 not be a witness.

10 (e) The written request for medication under this Act
11 shall be substantially as follows:

12 "Request for Medication to End My Life in a Peaceful Manner

13 I, (NAME OF PATIENT), am an adult of sound
14 mind, and a resident of Illinois. I have been diagnosed with
15 (NAME OF CONDITION) and given a terminal
16 disease prognosis of 6 months or less to live by my attending
17 physician.

18 I affirm that my terminal disease diagnosis was given or
19 confirmed during at least one in-person visit to a health care
20 professional.

21 I have been fully informed of the feasible alternatives
22 and concurrent or additional treatment opportunities for my
23 terminal disease, including, but not limited to, comfort care,
24 palliative care, hospice care, or pain control, as well as the

1 potential risks and benefits of each. I have been offered,
2 have received, or have been offered and received resources or
3 referrals to pursue these alternatives and concurrent or
4 additional treatment opportunities for my terminal disease.

5 I have been fully informed of the nature of the medication
6 to be prescribed, including the risks and benefits, and I
7 understand that the likely outcome of self-administering the
8 medication is death.

9 I understand that I can rescind this request at any time,
10 that I am under no obligation to fill the prescription once
11 written, and that I have no duty to self-administer the
12 medication if I obtain it.

13 I request that my attending physician furnish a
14 prescription for medication that will end my life if I choose
15 to self-administer it, and I authorize my attending physician
16 to transmit the prescription to a pharmacist to dispense the
17 medication at a time of my choosing.

18 I make this request voluntarily, free from coercion or
19 undue influence.

20 Dated:

21 Signed

22 (patient)

23 Dated:

24 Signed

25 (witness #1)

26 Dated:

1 Signed

2 (witness #2)"

3 (f) The interpreter attachment for a written request for
4 medication under this Act shall be substantially as follows:

5 "Request for Medication to End My Life in a Peaceful Manner
6 Interpreter Attachment

7 I, (NAME OF INTERPRETER), am fluent in
8 English and (LANGUAGE OF PATIENT, INCLUDING
9 SIGN LANGUAGE).

10 On (DATE) at approximately (TIME), I read
11 the "Request for Medication to End My Life in a Peaceful
12 Manner" form to (NAME OF PATIENT) in
13 (LANGUAGE OF PATIENT, INCLUDING SIGN
14 LANGUAGE).

15 (NAME OF PATIENT) affirmed to me that they
16 understand the content of this form, that they desire to sign
17 this form under their own power and volition, and that they
18 requested to sign the form after consultations with an
19 attending physician.

20 Under penalty of perjury, I declare that I am fluent in
21 English and (LANGUAGE OF PATIENT, INCLUDING
22 SIGN LANGUAGE) and that the contents of this form, to the best
23 of my knowledge, are true and correct. Executed at

1 (NAME OF CITY, COUNTY, AND
 2 STATE) on (DATE).
 3 Interpreter's signature:
 4 Interpreter's printed name:
 5 Interpreter's address:".

6 Section 35. Attending physician responsibilities.

7 (a) Following the request of a patient for aid in dying,
 8 the attending physician shall conduct an evaluation of the
 9 patient and:

10 (1) determine whether the patient has a terminal
 11 disease or has been diagnosed as having a terminal
 12 disease;

13 (2) determine whether a patient has mental capacity;

14 (3) confirm that the patient's request does not arise
 15 from coercion or undue influence;

16 (4) inform the patient of:

17 (A) the diagnosis;

18 (B) the prognosis;

19 (C) the potential risks, benefits, and probable
 20 result of self-administering the prescribed medication
 21 to bring about a peaceful death;

22 (D) the potential benefits and risks of feasible
 23 alternatives, including, but not limited to,
 24 concurrent or additional treatment options for the
 25 patient's terminal disease, comfort care, palliative

1 care, hospice care, and pain control; and

2 (E) the patient's right to rescind the request for
3 medication pursuant to this Act at any time;

4 (5) inform the patient that there is no obligation to
5 fill the prescription nor an obligation to self-administer
6 the medication, if it is obtained;

7 (6) provide the patient with a referral for comfort
8 care, palliative care, hospice care, pain control, or
9 other end-of-life treatment options as requested by the
10 patient and as clinically indicated;

11 (7) refer the patient to a consulting physician for
12 medical confirmation that the patient requesting
13 medication pursuant to this Act:

14 (A) has a terminal disease with a prognosis of 6
15 months or less to live; and

16 (B) has mental capacity.

17 (8) include the consulting physician's written
18 determination in the patient's medical record;

19 (9) refer the patient to a licensed mental health
20 professional in accordance with Section 45 if the
21 attending physician observes signs that the individual may
22 not be capable of making an informed decision;

23 (10) include the licensed mental health professional's
24 written determination in the patient's medical record, if
25 such determination was requested;

26 (11) inform the patient of the benefits of notifying

1 the next of kin of the patient's decision to request
2 medication pursuant to this Act;

3 (12) fulfill the medical record documentation
4 requirements;

5 (13) ensure that all steps are carried out in
6 accordance with this Act before providing a prescription
7 to a qualified patient for medication pursuant to this Act
8 including:

9 (A) confirming that the patient has made an
10 informed decision to obtain a prescription for
11 medication;

12 (B) offering the patient an opportunity to rescind
13 the request for medication; and

14 (C) providing information to the patient on:

15 (i) the recommended procedure for
16 self-administering the medication to be
17 prescribed;

18 (ii) the safekeeping and proper disposal of
19 unused medication in accordance with State and
20 federal law;

21 (iii) the importance of having another person
22 present when the patient self-administers the
23 medication to be prescribed; and

24 (iv) not taking the aid-in-dying medication in
25 a public place;

26 (14) deliver, in accordance with State and federal

1 law, the prescription personally, by mail, or through an
2 authorized electronic transmission to a licensed
3 pharmacist who will dispense the medication, including any
4 ancillary medications, to the qualified patient, or to a
5 person expressly designated by the qualified patient in
6 person or with a signature required on delivery, by mail
7 service, or by messenger service;

8 (15) if authorized by the Drug Enforcement
9 Administration, dispense the prescribed medication,
10 including any ancillary medications, to the qualified
11 patient or a person designated by the qualified patient;
12 and

13 (16) include, in the qualified patient's medical
14 record, the patient's diagnosis and prognosis,
15 determination of mental capacity, the date of each oral
16 request, a copy of the written request, a notation that
17 the requirements under this Section have been completed,
18 and an identification of the medication and ancillary
19 medications prescribed to the qualified patient pursuant
20 to this Act.

21 (b) Notwithstanding any other provision of law, the
22 attending physician may sign the patient's death certificate.

23 Section 40. Consulting physician responsibilities. A
24 consulting physician shall:

25 (1) conduct an evaluation of the patient and review

1 the patient's relevant medical records, including the
2 evaluation pursuant to Section 45, if such evaluation was
3 necessary;

4 (2) confirm in writing to the attending physician that
5 the patient:

6 (A) has requested a prescription for aid-in-dying
7 medication;

8 (B) has a documented terminal disease;

9 (C) has mental capacity or has provided
10 documentation that the consulting health care
11 professional has referred the individual for further
12 evaluation in accordance with Section 45; and

13 (D) is acting voluntarily, free from coercion or
14 undue influence.

15 Section 45. Referral for determination that the requesting
16 patient has mental capacity.

17 (a) If either the attending physician or the consulting
18 physician has doubts whether the individual has mental
19 capacity and if either one is unable to confirm that the
20 individual is capable of making an informed decision, the
21 attending physician or consulting physician shall refer the
22 patient to a licensed mental health professional for
23 determination regarding mental capability.

24 (b) The licensed mental health professional shall
25 additionally determine whether the patient is suffering from a

1 psychiatric or psychological disorder causing impaired
2 judgment.

3 (c) The licensed mental health professional who evaluates
4 the patient under this Section shall submit to the requesting
5 attending or consulting physician a written determination of
6 whether the patient has mental capacity.

7 (d) If the licensed mental health professional determines
8 that the patient does not have mental capacity, or is
9 suffering from a psychiatric or psychological disorder causing
10 impaired judgment, the patient shall not be deemed a qualified
11 patient and the attending physician shall not prescribe
12 medication to the patient under this Act.

13 Section 50. Residency requirement.

14 (a) Only requests made by Illinois residents may be
15 granted under this Act.

16 (b) A patient is able to establish residency through any
17 one or more of the following means:

18 (1) possession of a driver's license or other
19 identification issued by the Secretary of State or State
20 of Illinois;

21 (2) registration to vote in Illinois;

22 (3) evidence that the person owns, rents, or leases
23 property in Illinois;

24 (4) the location of any dwelling occupied by the
25 person;

1 (5) the place where any motor vehicle owned by the
2 person is registered;

3 (6) the residence address, not a post office box,
4 shown on an income tax return filed for the year preceding
5 the year in which the person initially makes an oral
6 request under this Act;

7 (7) the residence address, not a post office box, at
8 which the person's mail is received;

9 (8) the residence address, not a post office box,
10 shown on any unexpired resident hunting or fishing or
11 other licenses held by the person;

12 (9) the receipt of any public benefit conditioned upon
13 residency; or

14 (10) any other objective facts tending to indicate a
15 person's place of residence is in Illinois.

16 Section 55. Safe disposal of unused medications. A person
17 who has custody or control of medication prescribed pursuant
18 to this Act after the qualified patient's death shall dispose
19 of the medication by delivering it to the nearest qualified
20 facility that properly disposes of controlled substances or,
21 if none is available, by lawful means in accordance with
22 applicable State and federal guidelines.

23 Section 60. Health care professional protections; no duty
24 to provide aid in dying.

1 (a) A health care professional shall not be under any
2 duty, by law or contract, to participate in the provision of
3 aid-in-dying care to a patient as set forth in this Act.

4 (b) A health care professional shall not be subject to
5 civil or criminal liability for participating or refusing to
6 participate in the provision of aid-in-dying care to a patient
7 in good faith compliance with this Act.

8 (c) Except as set forth in Section 65, a health care entity
9 or licensing board shall not subject a health care
10 professional to censure, discipline, suspension, loss of
11 license, loss of privileges, loss of membership, or other
12 penalty for participating or refusing to participate in
13 accordance with this Act.

14 (d) A health care professional may choose not to engage in
15 aid-in-dying care.

16 (e) Only willing health care professionals shall provide
17 aid-in-dying care in accordance with this Act. If a health
18 care professional is unable or unwilling to carry out a
19 patient's request under this Act, and the patient transfers
20 the patient's care to a new health care professional, the
21 prior health care professional shall transmit, upon request, a
22 copy of the patient's relevant medical records to the new
23 health care professional without undue delay.

24 (f) A health care professional shall not engage in false,
25 misleading, or deceptive practices relating to a willingness
26 to qualify a patient or provide aid-in-dying care.

1 Intentionally misleading a patient constitutes coercion or
2 undue influence.

3 (g) The provisions of the Health Care Right of Conscience
4 Act apply to this Act and are incorporated by reference.

5 Section 65. Health care entity protections and permissible
6 prohibitions and duties.

7 (a) A health care entity shall not be under any duty, by
8 law or contract, to participate in the provision of
9 aid-in-dying care to a patient as set forth in this Act.

10 (b) A health care entity shall not be subject to civil or
11 criminal liability for participating or refusing to
12 participate in the provision of aid-in-dying care to a patient
13 in good faith compliance with this Act.

14 (c) A health care entity may prohibit health care
15 professionals, staff, employees, or independent contractors,
16 from practicing aid-in-dying care while performing duties for
17 the entity. A prohibiting entity must provide advance notice
18 in writing to health care professionals and staff at the time
19 of hiring, contracting with, or privileging and on a yearly
20 basis thereafter. Such policies prohibiting aid-in-dying care
21 may include provisions for the health care entity to take
22 disciplinary action, including, but not limited to,
23 termination for those employees, independent contractors, and
24 staff who violate the health care entity's policies,
25 consistent with existing disciplinary policies.

1 (d) If a patient wishes to transfer care to another health
2 care entity, the prohibiting entity shall coordinate a timely
3 transfer of care, including transmitting, without undue delay,
4 the patient's medical records.

5 (e) No health care entity shall prohibit a health care
6 professional from:

7 (1) providing information to a patient regarding the
8 patient's health status, including, but not limited to,
9 diagnosis, prognosis, recommended treatment and treatment
10 alternatives, and the risks and benefits of each;

11 (2) providing information regarding health care
12 services available pursuant to this Act, information about
13 relevant community resources, and how to access those
14 resources for obtaining care of the patient's choice;

15 (3) practicing aid-in-dying care outside the scope of
16 the health care professional's employment or contract with
17 the prohibiting entity and off the premises of the
18 prohibiting entity; provided, however, that in such event
19 the health care professional shall explicitly tell the
20 patient that such health care professional is providing
21 such services independently and not as a representative of
22 their associated health care entity; or

23 (4) being present, if outside the scope of the health
24 care professional's employment or contractual duties, when
25 a qualified patient self-administers medication prescribed
26 pursuant to this Act or at the time of death, if requested

1 by the qualified patient or their representative.

2 (f) A health care entity shall not engage in false,
3 misleading, or deceptive practices relating to its policy
4 around end-of-life care services, including whether it has a
5 policy that prohibits affiliated health care professionals
6 from practicing aid-in-dying care; or intentionally denying a
7 patient access to medication pursuant to this Act by
8 intentionally failing to transfer a patient and the patient's
9 medical records to another health care professional in a
10 timely manner. Intentionally misleading a patient or deploying
11 misinformation to obstruct access to services pursuant to this
12 Act constitutes coercion or undue influence.

13 (g) The provisions of the Health Care Right of Conscience
14 Act apply to this Act and are incorporated by reference.

15 (h) If any part of this Section is found to be in conflict
16 with federal requirements which are a prescribed condition to
17 receipt of federal funds, the conflicting part of this Section
18 is inoperative solely to the extent of the conflict with
19 respect to the entity directly affected, and such finding or
20 determination shall not affect the operation of the remainder
21 of the Section or this Act.

22 Section 70. Immunities for actions in good faith;
23 prohibition against reprisals.

24 (a) Except as set forth in Section 65, a health care
25 professional or health care entity shall not be subject to

1 civil or criminal liability, licensing sanctions, or other
2 professional disciplinary action for actions taken in good
3 faith compliance with this Act.

4 (b) If a health care professional or health care entity is
5 unable or unwilling to carry out an individual's request for
6 aid in dying, the professional or entity shall, at a minimum:

7 (1) inform the individual of the professional's or
8 entity's inability or unwillingness;

9 (2) refer the individual either to a health care
10 professional who is able and willing to evaluate and
11 qualify the individual or to another individual or entity
12 to assist the requesting individual in seeking aid in
13 dying, in accordance with the Health Care Right of
14 Conscience Act; and

15 (3) note, in the medical record, the individual's date
16 of request and health care professional's notice to the
17 individual of the health care professional's unwillingness
18 or inability to carry out the individual's request.

19 (c) Except as set forth in Section 65, a health care entity
20 or licensing board shall not subject a health care
21 professional to censure, discipline, suspension, loss of
22 license, loss of privileges, loss of membership, or other
23 penalty for engaging in good faith compliance with this Act.

24 (d) Except as set forth in Section 65, a health care
25 professional, health care entity, or licensing board shall not
26 subject a health care professional to discharge, demotion,

1 censure, discipline, suspension, loss of license, loss of
2 privileges, loss of membership, discrimination, or any other
3 penalty for providing aid-in-dying care in accordance with the
4 standard of care and in good faith under this Act when:

5 (1) engaged in the outside practice of medicine and
6 off of the objecting health care entity's premises; or

7 (2) providing scientific and accurate information
8 about aid-in-dying care to a patient when discussing
9 end-of-life care options.

10 (e) A physician is not subject to civil or criminal
11 liability or professional discipline if, at the request of the
12 qualified patient, the physician is present outside the scope
13 of the physician's employment contract and off the entity's
14 premises, when the qualified patient self-administers
15 medication pursuant to this Act, or at the time of death.

16 (f) A physician who is present at self-administration may,
17 without civil or criminal liability, assist the qualified
18 patient by preparing the medication prescribed pursuant to
19 this Act.

20 (g) A request by a patient for aid in dying does not alone
21 constitute grounds for neglect or elder abuse for any purpose
22 of law, nor shall it be the sole basis for appointment of a
23 guardian.

24 (h) This Section does not limit civil liability for
25 intentional misconduct.

1 Section 75. Reporting requirements.

2 (a) Within 45 days after the effective date of this Act,
3 the Department shall create and post to its website an
4 Attending Physician Checklist Form and Attending Physician
5 Follow-Up Form to facilitate collection of the information
6 described in this Section. Failure to create or post the
7 Attending Physician Checklist Form, the Attending Physician
8 Follow-Up Form, or both shall not suspend the effective date
9 of this Act.

10 (b) Within 30 calendar days of providing a prescription
11 for medication pursuant to this Act, the attending physician
12 shall submit to the Department an Attending Physician
13 Checklist Form with the following information:

14 (1) the qualifying patient's name and date of birth;

15 (2) the qualifying patient's terminal diagnosis and
16 prognosis;

17 (3) notice that the requirements under this Act were
18 completed; and

19 (4) notice that medication has been prescribed
20 pursuant to this Act.

21 (c) Within 60 calendar days of notification of a qualified
22 patient's death from self-administration of medication
23 prescribed pursuant to this Act, the attending physician shall
24 submit to the Department, an Attending Physician Follow-Up
25 Form with the following information:

26 (1) the qualified patient's name and date of birth;

1 (2) the date of the qualified patient's death; and

2 (3) a notation of whether the qualified patient was
3 enrolled in hospice services at the time of the qualified
4 patient's death.

5 (d) The information collected shall be confidential and
6 shall be collected in a manner that protects the privacy of the
7 patient, the patient's family, and any health care
8 professional involved with the patient under the provisions of
9 this Act. The information shall be privileged and strictly
10 confidential, and shall not be disclosed, discoverable, or
11 compelled to be produced in any civil, criminal,
12 administrative, or other proceeding.

13 (e) One year after the effective date of this Act, and each
14 year thereafter, the Department shall create and post on its
15 website a public statistical report of nonidentifying
16 information. The report shall be limited to:

17 (1) the number of prescriptions for medication written
18 pursuant to this Act;

19 (2) the number of physicians who wrote prescriptions
20 for medication pursuant to this Act;

21 (3) the number of qualified patients who died
22 following self-administration of medication prescribed and
23 dispensed pursuant to this Act; and

24 (4) the number of people who died due to using an
25 aid-in-dying drug, with demographic percentages organized
26 by the following characteristics as aggregated and

1 de-identified data sets:

2 (A) age at death;

3 (B) education level;

4 (C) race;

5 (D) gender;

6 (E) type of insurance, including whether the
7 patient had insurance;

8 (F) underlying illness; and

9 (G) enrollment in hospice.

10 (f) Except as otherwise required by law, the information
11 collected by the Department is not a public record, is not
12 available for public inspection, and is not available through
13 the Freedom of Information Act.

14 (g) Willful failure or refusal to timely submit records
15 required under this Act may result in disciplinary action.

16 Section 80. Effect on construction of wills, contracts,
17 and statutes.

18 (a) No provision in a contract, will, or other agreement,
19 whether written or oral, that would determine whether a
20 patient may make or rescind a request pursuant to this Act is
21 valid.

22 (b) No obligation owing under any contract that is in
23 effect on the effective date of this Act shall be conditioned
24 or affected by a patient's act of making or rescinding a
25 request pursuant to this Act.

1 (c) It is unlawful for an insurer to deny or alter health
2 care benefits otherwise available to a patient with a terminal
3 disease based on the availability of aid-in-dying care or
4 otherwise attempt to coerce a patient with a terminal disease
5 to make a request for aid-in-dying medication.

6 (d) Nothing in this Act prevents an insurer from
7 exercising any right to void a policy based on a material
8 misrepresentation, as provided under Section 154 of the
9 Illinois Insurance Code, in an application for insurance.

10 Section 85. Insurance or annuity policies.

11 (a) The sale, procurement, or issuance of a life, health,
12 or accident insurance policy, annuity policy, or the rate
13 charged for a policy shall not be conditioned upon or affected
14 by a patient's act of making or rescinding a request for
15 medication pursuant to this Act.

16 (b) A qualified patient's act of self-administering
17 medication pursuant to this Act does not invalidate any part
18 of a life, health, or accident insurance, or annuity policy.

19 (c) An insurance plan, including medical assistance under
20 Article V of the Illinois Public Aid Code, shall not deny or
21 alter benefits to a patient with a terminal disease who is a
22 covered beneficiary of a health insurance plan, based on the
23 availability of aid-in-dying care, their request for
24 medication pursuant to this Act, or the absence of a request
25 for medication pursuant to this Act. Failure to meet this

1 requirement shall constitute a violation of the Illinois
2 Insurance Code.

3 (d) The Department of Insurance shall enforce the
4 provisions of this Act with respect to any life, health, or
5 accident insurance policy or annuity policy pursuant to the
6 enforcement powers granted to it by law. A violation of this
7 Act by any person or entity under the jurisdiction of the
8 Department of Insurance shall be deemed a violation of the
9 relevant provisions of the Illinois Insurance Code under which
10 the person or entity is authorized to transact business in
11 this State.

12 (e) For the purposes of this Act, "life, health, or
13 accident insurance policy or annuity policy" means any
14 insurance under Class 1(a), 1(b), or 2(a) of the Illinois
15 Insurance Code, a health care plan under the Health
16 Maintenance Organization Act, a limited health care plan under
17 the Limited Health Service Organization Act, a dental service
18 plan under the Dental Service Plans Act, or a voluntary health
19 services plan under the Voluntary Health Services Plan Act.

20 Section 90. Death certificate.

21 (a) Unless otherwise prohibited by law, the attending
22 physician may sign the death certificate of a qualified
23 patient who obtained and self-administered a prescription for
24 medication pursuant to this Act.

25 (b) When a death has occurred in accordance with this Act,

1 the death shall be attributed to the underlying terminal
2 disease.

3 (1) Death following self-administering medication
4 under this Act does not alone constitute grounds for
5 postmortem inquiry.

6 (2) Death in accordance with this Act shall not be
7 designated a suicide or homicide.

8 (c) A qualified patient's act of self-administering
9 medication prescribed pursuant to this Act shall not be
10 indicated on the death certificate.

11 Section 95. Liabilities and penalties.

12 (a) Nothing in this Act limits civil or criminal liability
13 arising from:

14 (1) Intentionally or knowingly altering or forging a
15 patient's request for medication pursuant to this Act or
16 concealing or destroying a rescission of a request for
17 medication pursuant to this Act.

18 (2) Intentionally or knowingly coercing or exerting
19 undue influence on a patient with a terminal disease to
20 request medication pursuant to this Act or to request or
21 use or not use medication pursuant to this Act.

22 (3) Intentional misconduct by a health care
23 professional or health care entity.

24 (b) The penalties specified in this Act do not preclude
25 criminal penalties applicable under other laws for conduct

1 inconsistent with this Act.

2 (c) As used in this Section, "intentionally" and
3 "knowingly" have the meanings provided in Sections 4-4 and 4-5
4 of the Criminal Code of 2012.

5 Section 100. Construction.

6 (a) Nothing in this Act authorizes a physician or any
7 other person, including the qualified patient, to end the
8 qualified patient's life by lethal injection, lethal infusion,
9 mercy killing, homicide, murder, manslaughter, euthanasia, or
10 any other criminal act.

11 (b) Actions taken in accordance with this Act do not, for
12 any purposes, constitute suicide, assisted suicide,
13 euthanasia, mercy killing, homicide, murder, manslaughter,
14 elder abuse or neglect, or any other civil or criminal
15 violation under the law.

16 Section 105. Rulemaking Authority. The Department of
17 Public Health and the Department of Veterans Affairs may adopt
18 rules for the implementation and administration of this Act.

19 Section 110. Severability. The provisions of this Act are
20 severable under Section 1.31 of the Statute on Statutes.

21 Section 200. The Freedom of Information Act is amended by
22 changing Section 7.5 as follows:

1 (5 ILCS 140/7.5)

2 Sec. 7.5. Statutory exemptions. To the extent provided for
3 by the statutes referenced below, the following shall be
4 exempt from inspection and copying:

5 (a) All information determined to be confidential
6 under Section 4002 of the Technology Advancement and
7 Development Act.

8 (b) Library circulation and order records identifying
9 library users with specific materials under the Library
10 Records Confidentiality Act.

11 (c) Applications, related documents, and medical
12 records received by the Experimental Organ Transplantation
13 Procedures Board and any and all documents or other
14 records prepared by the Experimental Organ Transplantation
15 Procedures Board or its staff relating to applications it
16 has received.

17 (d) Information and records held by the Department of
18 Public Health and its authorized representatives relating
19 to known or suspected cases of sexually transmitted
20 infection or any information the disclosure of which is
21 restricted under the Illinois Sexually Transmitted
22 Infection Control Act.

23 (e) Information the disclosure of which is exempted
24 under Section 30 of the Radon Industry Licensing Act.

25 (f) Firm performance evaluations under Section 55 of

1 the Architectural, Engineering, and Land Surveying
2 Qualifications Based Selection Act.

3 (g) Information the disclosure of which is restricted
4 and exempted under Section 50 of the Illinois Prepaid
5 Tuition Act.

6 (h) Information the disclosure of which is exempted
7 under the State Officials and Employees Ethics Act, and
8 records of any lawfully created State or local inspector
9 general's office that would be exempt if created or
10 obtained by an Executive Inspector General's office under
11 that Act.

12 (i) Information contained in a local emergency energy
13 plan submitted to a municipality in accordance with a
14 local emergency energy plan ordinance that is adopted
15 under Section 11-21.5-5 of the Illinois Municipal Code.

16 (j) Information and data concerning the distribution
17 of surcharge moneys collected and remitted by carriers
18 under the Emergency Telephone System Act.

19 (k) Law enforcement officer identification information
20 or driver identification information compiled by a law
21 enforcement agency or the Department of Transportation
22 under Section 11-212 of the Illinois Vehicle Code.

23 (l) Records and information provided to a residential
24 health care facility resident sexual assault and death
25 review team or the Executive Council under the Abuse
26 Prevention Review Team Act.

1 (m) Information provided to the predatory lending
2 database created pursuant to Article 3 of the Residential
3 Real Property Disclosure Act, except to the extent
4 authorized under that Article.

5 (n) Defense budgets and petitions for certification of
6 compensation and expenses for court appointed trial
7 counsel as provided under Sections 10 and 15 of the
8 Capital Crimes Litigation Act (repealed). This subsection
9 (n) shall apply until the conclusion of the trial of the
10 case, even if the prosecution chooses not to pursue the
11 death penalty prior to trial or sentencing.

12 (o) Information that is prohibited from being
13 disclosed under Section 4 of the Illinois Health and
14 Hazardous Substances Registry Act.

15 (p) Security portions of system safety program plans,
16 investigation reports, surveys, schedules, lists, data, or
17 information compiled, collected, or prepared by or for the
18 Department of Transportation under Sections 2705-300 and
19 2705-616 of the Department of Transportation Law of the
20 Civil Administrative Code of Illinois, the Regional
21 Transportation Authority under Section 2.11 of the
22 Regional Transportation Authority Act, or the St. Clair
23 County Transit District under the Bi-State Transit Safety
24 Act (repealed).

25 (q) Information prohibited from being disclosed by the
26 Personnel Record Review Act.

1 (r) Information prohibited from being disclosed by the
2 Illinois School Student Records Act.

3 (s) Information the disclosure of which is restricted
4 under Section 5-108 of the Public Utilities Act.

5 (t) (Blank).

6 (u) Records and information provided to an independent
7 team of experts under the Developmental Disability and
8 Mental Health Safety Act (also known as Brian's Law).

9 (v) Names and information of people who have applied
10 for or received Firearm Owner's Identification Cards under
11 the Firearm Owners Identification Card Act or applied for
12 or received a concealed carry license under the Firearm
13 Concealed Carry Act, unless otherwise authorized by the
14 Firearm Concealed Carry Act; and databases under the
15 Firearm Concealed Carry Act, records of the Concealed
16 Carry Licensing Review Board under the Firearm Concealed
17 Carry Act, and law enforcement agency objections under the
18 Firearm Concealed Carry Act.

19 (v-5) Records of the Firearm Owner's Identification
20 Card Review Board that are exempted from disclosure under
21 Section 10 of the Firearm Owners Identification Card Act.

22 (w) Personally identifiable information which is
23 exempted from disclosure under subsection (g) of Section
24 19.1 of the Toll Highway Act.

25 (x) Information which is exempted from disclosure
26 under Section 5-1014.3 of the Counties Code or Section

1 8-11-21 of the Illinois Municipal Code.

2 (y) Confidential information under the Adult
3 Protective Services Act and its predecessor enabling
4 statute, the Elder Abuse and Neglect Act, including
5 information about the identity and administrative finding
6 against any caregiver of a verified and substantiated
7 decision of abuse, neglect, or financial exploitation of
8 an eligible adult maintained in the Registry established
9 under Section 7.5 of the Adult Protective Services Act.

10 (z) Records and information provided to a fatality
11 review team or the Illinois Fatality Review Team Advisory
12 Council under Section 15 of the Adult Protective Services
13 Act.

14 (aa) Information which is exempted from disclosure
15 under Section 2.37 of the Wildlife Code.

16 (bb) Information which is or was prohibited from
17 disclosure by the Juvenile Court Act of 1987.

18 (cc) Recordings made under the Law Enforcement
19 Officer-Worn Body Camera Act, except to the extent
20 authorized under that Act.

21 (dd) Information that is prohibited from being
22 disclosed under Section 45 of the Condominium and Common
23 Interest Community Ombudsperson Act.

24 (ee) Information that is exempted from disclosure
25 under Section 30.1 of the Pharmacy Practice Act.

26 (ff) Information that is exempted from disclosure

1 under the Revised Uniform Unclaimed Property Act.

2 (gg) Information that is prohibited from being
3 disclosed under Section 7-603.5 of the Illinois Vehicle
4 Code.

5 (hh) Records that are exempt from disclosure under
6 Section 1A-16.7 of the Election Code.

7 (ii) Information which is exempted from disclosure
8 under Section 2505-800 of the Department of Revenue Law of
9 the Civil Administrative Code of Illinois.

10 (jj) Information and reports that are required to be
11 submitted to the Department of Labor by registering day
12 and temporary labor service agencies but are exempt from
13 disclosure under subsection (a-1) of Section 45 of the Day
14 and Temporary Labor Services Act.

15 (kk) Information prohibited from disclosure under the
16 Seizure and Forfeiture Reporting Act.

17 (ll) Information the disclosure of which is restricted
18 and exempted under Section 5-30.8 of the Illinois Public
19 Aid Code.

20 (mm) Records that are exempt from disclosure under
21 Section 4.2 of the Crime Victims Compensation Act.

22 (nn) Information that is exempt from disclosure under
23 Section 70 of the Higher Education Student Assistance Act.

24 (oo) Communications, notes, records, and reports
25 arising out of a peer support counseling session
26 prohibited from disclosure under the First Responders

1 Suicide Prevention Act.

2 (pp) Names and all identifying information relating to
3 an employee of an emergency services provider or law
4 enforcement agency under the First Responders Suicide
5 Prevention Act.

6 (qq) Information and records held by the Department of
7 Public Health and its authorized representatives collected
8 under the Reproductive Health Act.

9 (rr) Information that is exempt from disclosure under
10 the Cannabis Regulation and Tax Act.

11 (ss) Data reported by an employer to the Department of
12 Human Rights pursuant to Section 2-108 of the Illinois
13 Human Rights Act.

14 (tt) Recordings made under the Children's Advocacy
15 Center Act, except to the extent authorized under that
16 Act.

17 (uu) Information that is exempt from disclosure under
18 Section 50 of the Sexual Assault Evidence Submission Act.

19 (vv) Information that is exempt from disclosure under
20 subsections (f) and (j) of Section 5-36 of the Illinois
21 Public Aid Code.

22 (ww) Information that is exempt from disclosure under
23 Section 16.8 of the State Treasurer Act.

24 (xx) Information that is exempt from disclosure or
25 information that shall not be made public under the
26 Illinois Insurance Code.

1 (yy) Information prohibited from being disclosed under
2 the Illinois Educational Labor Relations Act.

3 (zz) Information prohibited from being disclosed under
4 the Illinois Public Labor Relations Act.

5 (aaa) Information prohibited from being disclosed
6 under Section 1-167 of the Illinois Pension Code.

7 (bbb) Information that is prohibited from disclosure
8 by the Illinois Police Training Act and the Illinois State
9 Police Act.

10 (ccc) Records exempt from disclosure under Section
11 2605-304 of the Illinois State Police Law of the Civil
12 Administrative Code of Illinois.

13 (ddd) Information prohibited from being disclosed
14 under Section 35 of the Address Confidentiality for
15 Victims of Domestic Violence, Sexual Assault, Human
16 Trafficking, or Stalking Act.

17 (eee) Information prohibited from being disclosed
18 under subsection (b) of Section 75 of the Domestic
19 Violence Fatality Review Act.

20 (fff) Images from cameras under the Expressway Camera
21 Act. This subsection (fff) is inoperative on and after
22 July 1, 2025.

23 (ggg) Information prohibited from disclosure under
24 paragraph (3) of subsection (a) of Section 14 of the Nurse
25 Agency Licensing Act.

26 (hhh) Information submitted to the Illinois State

1 Police in an affidavit or application for an assault
2 weapon endorsement, assault weapon attachment endorsement,
3 .50 caliber rifle endorsement, or .50 caliber cartridge
4 endorsement under the Firearm Owners Identification Card
5 Act.

6 (iii) Data exempt from disclosure under Section 50 of
7 the School Safety Drill Act.

8 (jjj) Information exempt from disclosure under Section
9 30 of the Insurance Data Security Law.

10 (kkk) Confidential business information prohibited
11 from disclosure under Section 45 of the Paint Stewardship
12 Act.

13 (lll) Data exempt from disclosure under Section
14 2-3.196 of the School Code.

15 (mmm) Information prohibited from being disclosed
16 under subsection (e) of Section 1-129 of the Illinois
17 Power Agency Act.

18 (nnn) Materials received by the Department of Commerce
19 and Economic Opportunity that are confidential under the
20 Music and Musicians Tax Credit and Jobs Act.

21 (ooo) Data or information provided pursuant to Section
22 20 of the Statewide Recycling Needs and Assessment Act.

23 (ppp) Information that is exempt from disclosure under
24 Section 28-11 of the Lawful Health Care Activity Act.

25 (qqq) Information that is exempt from disclosure under
26 Section 7-101 of the Illinois Human Rights Act.

1 (rrr) Information prohibited from being disclosed
2 under Section 4-2 of the Uniform Money Transmission
3 Modernization Act.

4 (sss) Information exempt from disclosure under Section
5 40 of the Student-Athlete Endorsement Rights Act.

6 (ttt) Audio recordings made under Section 30 of the
7 Illinois State Police Act, except to the extent authorized
8 under that Section.

9 (uuu) Information exempt from disclosure under Section
10 70 of the End-of-Life Options for Terminally Ill Patients
11 Act.

12 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
13 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
14 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
15 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
16 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
17 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
18 103-580, eff. 12-8-23; 103-592, eff. 6-7-24; 103-605, eff.
19 7-1-24; 103-636, eff. 7-1-24; 103-724, eff. 1-1-25; 103-786,
20 eff. 8-7-24; 103-859, eff. 8-9-24; 103-991, eff. 8-9-24;
21 103-1049, eff. 8-9-24; 103-1081, eff. 3-21-25.)

22 Section 999. Effective date. This Act takes effect 9
23 months after becoming law."