

1 AN ACT relating to individual-directed care at the end of life.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
4 READ AS FOLLOWS:

5 *As used in Sections 1 to 16 of this Act:*

6 *(1) "Adult" means a person who is eighteen (18) years of age or older;*

7 *(2) "Attending health care provider" means the health care provider licensed in*  
8 *Kentucky who has primary responsibility for the treatment and care of the*  
9 *individual's terminal condition;*

10 *(3) "Coercion or undue influence" means the willful attempt, whether by deception,*  
11 *intimidation, or any other means to:*

12 *(a) Cause an individual to request, obtain, or self-administer medication*  
13 *pursuant to this Act with intent to cause the death of the individual; or*

14 *(b) Prevent a qualified individual from obtaining or self-administering*  
15 *medication pursuant to Sections 1 to 16 of this Act;*

16 *(4) "Consulting provider" means a provider licensed in Kentucky who is qualified by*  
17 *specialty or experience to make a professional diagnosis and prognosis regarding*  
18 *the individual's disease;*

19 *(5) "Health care facility" means a hospital, nursing facility, nursing home, or*  
20 *hospice, public or private, whether organized for profit or not, that is licensed*  
21 *pursuant to KRS Chapter 216B;*

22 *(6) "Health care provider" means a person licensed, certified, or otherwise*  
23 *authorized or permitted by the laws of Kentucky to diagnose and treat medical*  
24 *conditions, and prescribe and dispense medication, including controlled*  
25 *substances. Health care provider includes:*

26 *a. A doctor of medicine licensed by the Kentucky Board of Medical Licensure*  
27 *pursuant to KRS Chapter 311;*

- 1        *b. A doctor of osteopathy licensed by the Kentucky Board of Medical*  
2            *Licensure pursuant to KRS Chapter 311;*
- 3        *c. An advanced practice registered nurse licensed by the Kentucky Board of*  
4            *Nursing and certified by a national nurse certification organization*  
5            *acceptable to the board to practice as a clinical nurse specialist or nurse*  
6            *practitioner pursuant to KRS Chapter 314; or*
- 7        *d. A physician assistant licensed by the Kentucky Board of Medical Licensure*  
8            *pursuant to KRS 311.840 to 311.862;*
- 9        *(7) "Informed decision" means a decision by a qualified individual to request and*  
10            *obtain a prescription for medication that the qualified individual may self-*  
11            *administer to bring about a peaceful death after being fully informed by the*  
12            *attending health care provider and consulting provider of:*
- 13            *(a) The qualified individual's medical diagnosis;*
- 14            *(b) The qualified individual's prognosis;*
- 15            *(c) The potential risks associated with taking the medication to be prescribed;*
- 16            *(d) The probable result of taking the medication to be prescribed;*
- 17            *(e) The feasible end-of-life care and treatment options for the individual's*  
18            *terminal disease, including but not limited to comfort care, palliative care,*  
19            *hospice care, and pain control, and the risks and benefits of each; and*
- 20            *(f) The qualified individual's right to withdraw a request, or consent for any*  
21            *other treatment, at any time;*
- 22        *(8) "Medical aid in dying" means the practice of evaluating a request, determining*  
23            *qualification, and providing a prescription to a qualified individual;*
- 24        *(9) "Medically confirmed" means the attending health care provider's medical*  
25            *opinion that the individual is eligible to receive medication has been confirmed by*  
26            *the consulting provider after performing a medical evaluation;*
- 27        *(10) "Mentally capable" means that in the opinion of the attending health care or*

1 consulting provider, or qualified mental health professional, if an opinion is  
 2 requested, that the individual requesting medication has the ability to make and  
 3 communicate an informed decision;

4 (11) "Prognosis of six months or less" means the terminal disease will, within  
 5 reasonable medical judgment, result in death within six (6) months;

6 (12) "Qualified individual" means a capable adult who is a resident of Kentucky and  
 7 who has satisfied the requirements of Sections 1 to 16 of this Act in order to  
 8 obtain a prescription for medication to bring about a peaceful death. No person  
 9 will be considered a qualified individual solely because of advanced age or  
 10 disability;

11 (13) "Qualified mental health professional" has the same meaning as set out in KRS  
 12 202A.011;

13 (14) "Self-administer" means a qualified individual performs an affirmative,  
 14 conscious, voluntary act to ingest medication prescribed to bring about the  
 15 individual's peaceful death. Self-administration does not include administration  
 16 by intravenous or other parenteral injection or infusion; and

17 (15) "Terminal disease" means an incurable and irreversible disease that has been  
 18 medically confirmed and will, within reasonable medical judgment, produce  
 19 death within six (6) months.

20 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
 21 READ AS FOLLOWS:

22 (1) Nothing in Sections 1 to 16 this Act will be construed to limit the information an  
 23 attending or consulting provider shall provide to a qualified individual in order to  
 24 comply with all Kentucky informed consent laws and the medical standards of  
 25 care.

26 (2) If an attending or consulting health care provider is unable or unwilling to  
 27 provide information or services that the qualified individual has requested, upon

1       request of the qualified individual the provider shall timely transfer both care of  
2       the qualified individual and any related medical records to a new attending or  
3       consulting provider, so that the qualified individual can make a voluntary,  
4       affirmative decision regarding end-of-life care.

5       (3) Failure to provide information about medical aid in dying to a qualified  
6       individual who requests it, or failure to refer the qualified individual to another  
7       attending or consulting provider who can provide the information upon request,  
8       shall be considered a failure to obtain informed consent for subsequent medical  
9       treatments.

10       ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
11 READ AS FOLLOWS:

12       (1) Care that complies with the requirements of Sections 1 to 16 of this Act meets the  
13       medical standard of care.

14       (2) Nothing in Sections 1 to 16 of this Act exempts an attending or consulting  
15       provider or other medical personnel from meeting medical standards of care for  
16       the treatment of qualified individuals with a terminal disease.

17       ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
18 READ AS FOLLOWS:

19       (1) A mentally capable individual with a terminal disease may request a prescription  
20       for medication under Sections 1 to 16 of this Act. An individual shall have made  
21       an oral request and a written request, and reiterated the oral request to the  
22       individual's attending provider no less than fifteen (15) days after making the  
23       initial oral request.

24       (2) The attending and consulting health care providers of an individual shall meet  
25       all the requirements of Section 6 of this Act.

26       (3) Notwithstanding subsection (1) of this section, if the individual's attending health  
27       care provider has medically determined that the individual will, within reasonable

1 medical judgment, die within fifteen (15) days after making the initial oral  
2 request under this section, the individual may qualify by reiterating the oral  
3 request to the attending health care provider at any time after making the initial  
4 oral request.

5 (4) At the time the individual makes the second oral request, the attending provider  
6 shall offer the individual an opportunity to rescind the request.

7 (5) Oral and written requests for medical aid in dying may be made only by the  
8 requesting individual and shall not be made by the individual's surrogate  
9 decision-maker, health care proxy, attorney in fact for health care, nor via  
10 advance health care directive.

11 (6) If the individual decides to transfer care to another health care provider, the  
12 former health care provider shall transfer all relevant medical records including  
13 written documentation of the dates of the individual's requests concerning  
14 medical aid in dying.

15 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
16 READ AS FOLLOWS:

17 (1) A valid request for medication under Sections 1 to 16 of this Act shall be in  
18 substantially the same form as in this section, signed and dated by the qualified  
19 individual, and witnessed by at least one individual who, in the presence of the  
20 qualified individual, attests that to the best of the witness' knowledge and belief  
21 the qualified individual is capable, acting voluntarily, and is not being coerced  
22 nor unduly influenced to sign the request.

23 (2) The witness required under this section shall be a person who is not:

24 (a) A relative of the individual by blood, marriage or adoption;

25 (b) A person who at the time the request is signed would be entitled to any  
26 portion of the estate of the qualified individual upon death, under any will  
27 or by operation of law; or

1 (c) An owner, operator, or employee of a health care facility where the  
2 qualified individual is receiving medical treatment or is a resident.

3 (3) The qualified individual's attending health care provider at the time the request is  
4 signed shall not be a witness.

5 (4) The qualified individual's interpreter shall not be a witness.

6 (5) A valid request for medication as authorized by Sections 1 to 16 of this Act shall  
7 be in substantially the following form:

8 "REQUEST FOR MEDICATION TO END MY LIFE IN PEACEFUL MANNER

9 I, ....., am an adult of sound mind. I have been diagnosed with  
10 ....., and given six months or less to live.

11 I have been fully informed of the feasible alternatives, concurrent or additional  
12 treatment opportunities for my terminal disease, including but not limited to comfort  
13 care, palliative care, hospice care, or pain control, and the potential risks and benefits  
14 of each. I have been offered or received resources or referrals to pursue these  
15 alternatives, concurrent, or additional treatment opportunities for my terminal disease.

16 I have been fully informed of the nature of medication to be prescribed, the risks and  
17 benefits including that the likely outcome of self-administering the medication is death.

18 I understand that I can rescind this request at any time and that I am under no  
19 obligation to fill the prescription once written nor to self-administer the medication if I  
20 obtain it.

21 I request that my attending health care provider furnish a prescription for medication  
22 that will end my life in a peaceful manner if I choose to self-administer it, and I  
23 authorize my attending provider to contact a pharmacist to dispense the prescription at  
24 a time of my choosing.

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

26 Signed:.....

27 Dated:.....

1 Signature of Witness:.....

2 Dated:..... .

3       ➔SECTION 6. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
4 READ AS FOLLOWS:

5 (1) The attending health care provider shall:

6       (a) Determine whether an individual has a terminal disease with a prognosis of  
7       six (6) months or less and is mentally capable;

8       (b) Request that the individual demonstrate Kentucky residency;

9       (c) Confirm that the individual’s request does not arise from coercion or undue  
10       influence by asking the individual about coercion and influence, outside the  
11       presence of other persons, except for an interpreter as necessary;

12       (d) Inform the individual of:

13           1. The diagnosis;

14           2. The prognosis;

15           3. The potential risks, benefits, and probable result of self-administering  
16           the prescribed medication to bring about a peaceful death;

17           4. The potential benefits and risks of feasible alternatives, including but  
18           not limited to concurrent or additional treatment options for the  
19           individual’s terminal disease, palliative care, comfort care, hospice  
20           care, and pain control; and

21           5. The individual’s right to rescind the request for medication at any  
22           time and in any manner;

23       (e) Inform the individual that there is no obligation to fill the prescription nor  
24       an obligation to self-administer the medication if it is obtained;

25       (f) Provide the individual with a referral for comfort care, palliative care,  
26       hospice care, pain control, or other end-of-life treatment options as  
27       requested or as clinically indicated;

- 1        (g) Refer the individual to a consulting health care provider for medical  
2        confirmation that the individual requesting medication:
- 3            1. Has a terminal disease with a prognosis of six (6) months or less to  
4            live; and
- 5            2. Is mentally capable;
- 6        (h) Include the consulting health care provider's written determination in the  
7        individual's medical record;
- 8        (i) Refer the individual to a licensed qualified mental health professional if the  
9        attending health care provider observes signs that the individual may not be  
10       capable of making an informed decision;
- 11       (j) Include the qualified mental health professional's written determination in  
12       the individual's medical record, if a determination was requested;
- 13       (k) Inform the individual of the benefits of notifying the next of kin of the  
14       individual's decision to request medication;
- 15       (l) Fulfill the medical record documentation requirements;
- 16       (m) Ensure that all steps are carried out in accordance with Sections 1 to 16 of  
17       this Act before providing a prescription to a qualified individual for  
18       medication, including:
- 19            1. Confirming that the individual has made an informed decision to  
20            obtain a prescription for medication;
- 21            2. Offering the individual an opportunity to rescind the request for  
22            medication; and
- 23            3. Educating the individual on:
- 24                a. The recommended procedure for self-administering the  
25                medication to be prescribed;
- 26                b. The safe-keeping and proper disposal of unused medication in  
27                accordance with state and federal law;



1                    c. The importance of having another person present when the  
2                    individual self-administers the medication to be prescribed; and

3                    d. Not taking the medical aid-in-dying medication in a public  
4                    place;

5                    (n) Deliver the prescription personally, by mail, or through an authorized  
6                    electronic transmission to a licensed pharmacist who will dispense the  
7                    medication, including any ancillary medications, to the attending provider,  
8                    to the qualified individual, or to an individual expressly designated by the  
9                    qualified individual in person or with a signature required on delivery, by  
10                   mail service or by messenger service;

11                   (o) If authorized by the Drug Enforcement Agency, dispense the prescribed  
12                   medication, including any ancillary medications, to the qualified individual  
13                   or an individual designated in person by the qualified individual; and

14                   (p) Document in the qualified individual's medical record the individual's  
15                   diagnosis and prognosis, determination of mental capability, the date of the  
16                   oral requests, a copy of the written request, a notation that the requirements  
17                   under this section have been completed, and identification of the medication  
18                   and ancillary medications prescribed to the qualified individual;

19                   (2) A consulting health care provider shall:

20                   (a) Evaluate the qualified individual and the individual's relevant medical  
21                   records; and

22                   (b) Confirm, in writing, to the attending health care provider that the qualified  
23                   individual:

24                   1. Has a terminal disease with prognosis of six (6) months or less to live;

25                   2. Is mentally capable or provide documentation that the consulting  
26                   health care provider has referred the individual for further evaluation  
27                   in accordance with Section 7 of this Act; and

1                    3. Is acting voluntarily, free from coercion or undue influence.

2                    (3) Notwithstanding any other provision of law, the attending provider may sign the  
3                    individual's death certificate.

4                    ➔SECTION 7. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
5 READ AS FOLLOWS:

6                    (1) If either the attending health care provider or the consulting health care provider  
7                    is unable to confirm that the individual is capable of making an informed  
8                    decision, the attending health care provider or consulting health care provider  
9                    shall refer the individual to a qualified mental health professional for  
10                    determination regarding mental capability.

11                    (2) The qualified mental health professional who evaluates the individual under this  
12                    section shall submit to the requesting attending or consulting health care  
13                    provider a written determination of whether the individual is mentally capable.

14                    (3) If the qualified mental health professional determines that the individual is not  
15                    mentally capable, the individual shall not be deemed a qualified individual and  
16                    the attending health care provider shall not prescribe medication to the  
17                    individual.

18                    ➔SECTION 8. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
19 READ AS FOLLOWS:

20                    A person who has custody or control of medication prescribed pursuant Sections 1 to  
21                    16 of this Act after the qualified individual's death shall dispose of the medication by  
22                    lawful means in accordance with state or federal guidelines.

23                    ➔SECTION 9. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
24 READ AS FOLLOWS:

25                    (1) A health care provider shall provide sufficient information to a qualified  
26                    individual with a terminal disease regarding available options, the alternatives,  
27                    and the foreseeable risks and benefits of each so that the individual is able to

1 make informed decisions regarding their end-of-life care.

2 (2) A health care provider may choose whether or not to practice medical aid in  
3 dying.

4 (3) If a health care provider is unable or unwilling to fulfill a qualified individual's  
5 request for medication, the health care provider shall:

6 (a) Document the date of the qualified individual's request in the medical  
7 record; and

8 (b) Upon request, transfer the qualified individual's medical records to a new  
9 health care provider consistent with federal and state laws.

10 (4) A health care provider shall not engage in false, misleading, or deceptive  
11 practices relating to a willingness to qualify an individual or provide a  
12 prescription to a qualified individual pursuant Sections 1 to 16 of this Act.  
13 Intentionally misleading an individual shall constitute coercion.

14 ➔SECTION 10. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
15 READ AS FOLLOWS:

16 (1) A health care facility may prohibit providers from qualifying, prescribing, or  
17 dispensing medication pursuant to this Act while performing duties for the  
18 facility. A prohibiting facility must provide advance notice in writing at the time  
19 of hiring, contracting with, or privileging providers and staff, and on a yearly  
20 basis thereafter; a health care facility that fails to provide explicit, advance notice  
21 in writing waives the right to enforce the prohibitions.

22 (2) If an individual wishes to transfer care to another health care facility, the  
23 prohibiting facility shall coordinate a timely transfer, including transfer of the  
24 individual's medical records that include notation of the date the individual first  
25 made a request concerning medical aid in dying.

26 (3) No health care facility shall prohibit a provider from fulfilling the requirements  
27 of informed consent and meeting the standard of medical care by:

- 1        (a) Providing information to an individual regarding the individual's health  
2        status, including but not limited to diagnosis, prognosis, recommended  
3        treatment, treatment alternatives, and any potential risks to the individual's  
4        health;
- 5        (b) Providing information about available services, relevant community  
6        resources, and how to access those resources to obtain the care of the  
7        individual's choice;
- 8        (c) Providing information regarding health care services available pursuant to  
9        Sections 1 to 16 of this Act, information about relevant community  
10       resources, and how to access those resources for obtaining care of the  
11       individual's choice;
- 12       (d) Prescribing medication pursuant to Sections 1 to 16 of this Act for a  
13       qualified individual outside the scope of provider's employment or contract  
14       with the prohibiting facility and off the premises of the prohibiting facility;  
15       or
- 16       (e) Being present when a qualified individual self-administers medication  
17       prescribed pursuant to Sections 1 to 16 of this Act or at the time of death, if  
18       requested by the qualified individual or their representative and outside the  
19       scope of the provider's employment or contractual duties.
- 20       (4) A health care facility shall not engage in false, misleading, or deceptive practices  
21       relating to its policy around end-of-life care services, including whether it has a  
22       policy which prohibits affiliated health care providers from determining an  
23       individual's qualification for medical aid in dying, writing a prescription for a  
24       qualified individual, or intentionally denying a qualified individual access to  
25       medication by failing to transfer an individual and their medical records to  
26       another provider in a timely manner. Intentionally misleading an individual or  
27       deploying misinformation to obstruct access to services pursuant to Sections 1 to

1 16 of this Act constitutes coercion or undue influence.

2 (5) If any part of this section is found to be in conflict with federal requirements  
 3 which are a prescribed condition to receipt of federal funds to the state, the  
 4 conflicting part of this section is inoperative solely to the extent of the conflict  
 5 with respect to the facility directly affected, and such finding or determination  
 6 shall not affect the operation of the remainder of Sections 1 to 16 of this Act.

7 ➔SECTION 11. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
 8 READ AS FOLLOWS:

9 (1) No person or health care facility shall be subject to civil or criminal liability or  
 10 professional disciplinary action, including censure, suspension, loss of license,  
 11 loss of privileges, loss of membership, or any other penalty for engaging in good  
 12 faith compliance with Sections 1 to 16 of this Act.

13 (2) No provider, health care facility, professional organization, or association shall  
 14 subject a provider to discharge, demotion, censure, discipline, suspension, loss of  
 15 license, loss of privileges, loss of membership, discrimination, or any other  
 16 penalty for providing medical aid in dying in accordance with the standard of  
 17 care and in good faith under Sections 1 to 16 of this Act.

18 (3) No provider, health care facility, professional organization, or association shall  
 19 subject a provider to discharge, demotion, censure, discipline, suspension, loss of  
 20 license, loss of privileges, loss of membership, discrimination, or any other  
 21 penalty for providing medical aid in dying in accordance with the standard of  
 22 care and in good faith under Sections 1 to 16 of this Act when:

23 (a) Engaging in the outside practice of medicine and off the facility premises;  
 24 or

25 (b) Providing scientific and accurate information about medical aid in dying to  
 26 an individual when discussing end-of-life care options.

27 (4) An individual is not subject to civil or criminal liability or professional discipline

1 if, at the request of the qualified individual, they are present outside the scope of  
2 their employment contract and off the facility premises, when the qualified  
3 individual self-administers medication pursuant to Sections 1 to 16 of this Act, or  
4 at the time of death. A person who is present may, without civil or criminal  
5 liability, assist the qualified individual by preparing the medication prescribed  
6 pursuant to Sections 1 to 16 of this Act.

7 (5) A request by an individual for, and the provision of medication to an individual  
8 pursuant to Sections 1 to 16 of this Act alone, does not constitute neglect or elder  
9 abuse for any purpose of law, nor shall it be the sole basis for appointment of a  
10 guardian or conservator.

11 (6) This section does not limit civil liability for intentional or negligent misconduct.

12 ➔SECTION 12. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
13 READ AS FOLLOWS:

14 (1) The Cabinet for Health and Family Services shall:

15 (a) Annually review all records maintained under Sections 1 to 16 of this Act;

16 (b) Create an Attending Health Care Provider Checklist Form and Attending  
17 Health Care Provider Follow-Up Form to facilitate collection of the  
18 information described in this section and post it to the cabinet's Web site;

19 (c) Require an attending health care provider to submit an Attending Health  
20 Care Provider Checklist Form and Attending Health Care Provider Follow-  
21 Up Form within thirty (30) calendar days after the issuing of the  
22 prescription for or the dispensing of medication;

23 (d) Require an attending health care provider to submit an Attending Health  
24 Care Provider Checklist Form and Attending Health Care Provider Follow-  
25 Up Form within sixty (60) days of notification of a qualified individual's  
26 death from self-administration of medication prescribed pursuant to  
27 Sections 1 to 16 of this Act; and

1 (e) The Attending Health Care Provider Checklist Form and Attending Health  
 2 Care Provider Follow-Up Form shall include:

- 3 1. The qualifying individual's name and date of birth;  
 4 2. The qualifying individual's terminal diagnosis and prognosis;  
 5 3. Notice that the requirements pursuant to Sections 1 to 16 of this Act  
 6 were completed;  
 7 4. Notice that medication has been prescribed;  
 8 5. The qualifying individual's date of death, if deceased; and  
 9 6. A notation of whether or not the qualified individual was enrolled in  
 10 hospice services at the time of the qualified individual's death.

11 (2) Within sixty (60) days of the effective date of this Act, the Cabinet for Health and  
 12 Family Services shall promulgate administrative regulations to facilitate the  
 13 collection of information relating to compliance with Sections 1 to 16 of this Act.  
 14 The information collected on individual persons and health care providers shall  
 15 be confidential, not a public record, and shall not be made available for  
 16 inspection by the public.

17 (4) The Cabinet for Health and Family Services shall submit an annual report  
 18 summarizing information collected under this section to the Interim Joint  
 19 Committee on Health and Welfare by December 1 of each year. The report shall  
 20 not include identifying information for individuals or entities. The report shall  
 21 include the number of prescriptions for medication written, the number of  
 22 providers who wrote prescriptions for medication, and the number of qualified  
 23 individuals who died following self-administration of medication prescribed and  
 24 dispensed pursuant to Sections 1 to 16 of this Act.

25 ➔SECTION 13. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
 26 READ AS FOLLOWS:

27 (1) Any provision in a contract, will, or other agreement, whether written or oral, to

1 the extent the provision would affect whether a person may make or rescind a  
2 request for medication to self-administer to end the person's life in a humane and  
3 dignified manner, shall be void as against public policy. Any obligation owing  
4 under any currently existing contract shall not be conditioned upon or affected by  
5 the making or rescinding of a request by a person for medication to end the  
6 person's life in a humane and dignified manner.

7 (2) The sale, procurement, or issuance of any life, health, or accident insurance or  
8 annuity policy or the rate charged for any life, health, or accident insurance or  
9 annuity policy shall not be conditioned upon or affected by the making or  
10 rescinding of a request by a qualified individual for medication that the  
11 individual may self-administer to end the individual's life in accordance with  
12 Sections 1 to 16 of this Act.

13 (3) A qualified individual whose life is insured under a life insurance policy and the  
14 beneficiaries of the policy shall not be denied benefits on the basis of self-  
15 administration of medication by the qualified individual in accordance with  
16 Sections 1 to 16 of this Act.

17 ➔SECTION 14. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
18 READ AS FOLLOWS:

19 (1) Unless otherwise prohibited by law, the attending health care provider or the  
20 hospice medical director may sign the death certificate of a qualified individual  
21 who obtained and self-administered a prescription for medication pursuant to  
22 Sections 1 to 16 of this Act.

23 (2) When a death has occurred in accordance with Sections 1 to 16 of this Act, the  
24 death shall be attributed to the underlying terminal disease.

25 (3) Death following self-administering medication under Sections 1 to 16 of this Act  
26 alone does not constitute grounds for post-mortem inquiry.

27 (4) Death in accordance with Sections 1 to 16 of this Act shall not be designated



1 suicide, assisted suicide, mercy killing, homicide, or euthanasia.

2 (5) A qualified individual's act of self-administering medication prescribed pursuant  
3 to Sections 1 to 16 of this Act shall not be indicated on the death certificate.

4 (6) The coroner may conduct a preliminary investigation to determine whether an  
5 individual received a prescription for medication pursuant to Sections 1 to 16 of  
6 this Act.

7 ➔SECTION 15. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
8 READ AS FOLLOWS:

9 (1) Intentionally altering or forging an individual's request for medication pursuant  
10 to Sections 1 to 16 of this Act or concealing or destroying a rescission of a request  
11 for medication pursuant to Sections 1 to 16 of this Act is a Class D felony.

12 (2) Intentionally coercing or exerting undue influence on an individual with a  
13 terminal disease to request medication pursuant to Sections 1 to 16 of this Act or  
14 to request or utilize medication pursuant to Sections 1 to 16 of this Act is a Class  
15 D felony.

16 (3) Nothing in this section limits civil liability nor damages arising from negligent  
17 conduct or intentional misconduct, including failure to obtain informed consent  
18 by any person, provider, or health care facility.

19 (4) The penalties specified in this section do not preclude criminal penalties  
20 applicable under other laws for conduct inconsistent with Sections 1 to 16 of this  
21 Act.

22 (5) For purposes of this section "intentionally" has the same meaning as in KRS  
23 501.020.

24 ➔SECTION 16. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
25 READ AS FOLLOWS:

26 Any governmental entity that incurs costs resulting from self-administration of  
27 medication prescribed under Section 1 to 16 of this Act in a public place will have a

1 claim against the estate of the qualified individual to recover these costs and  
 2 reasonable attorney fees related to enforcing the claim.

3       ➔SECTION 17. A NEW SECTION OF SUBTITLE 12 OF KRS CHAPTER 304  
 4 IS CREATED TO READ AS FOLLOWS:

5 No insurer shall:

6 (1) Issue or renew an insurance policy, contract, or annuity that violates the  
 7 provisions of Section 13 of this Act; or

8 (2) Deny benefits on the basis of terms in an existing policy, contract, or annuity that  
 9 are in violation of the provisions of Section 13 of this Act.

10       ➔Section 18. KRS 507.020 is amended to read as follows:

11 (1) A person is guilty of murder when:

12 (a) With intent to cause the death of another person, he causes the death of such  
 13 person or of a third person; except that in any prosecution a person shall not  
 14 be guilty under this subsection if he acted under the influence of extreme  
 15 emotional disturbance for which there was a reasonable explanation or excuse,  
 16 the reasonableness of which is to be determined from the viewpoint of a  
 17 person in the defendant's situation under the circumstances as the defendant  
 18 believed them to be. However, nothing contained in this section shall  
 19 constitute a defense to a prosecution for or preclude a conviction of  
 20 manslaughter in the first degree or any other crime; or

21 (b) Including, but not limited to, the operation of a motor vehicle under  
 22 circumstances manifesting extreme indifference to human life, he wantonly  
 23 engages in conduct which creates a grave risk of death to another person and  
 24 thereby causes the death of another person.

25 (2) Murder is a capital offense.

26 (3) It shall be an affirmative defense to a charge of murder that the person's conduct  
 27 was expressly authorized by Sections 1 to 16 of this Act.

1           ➔Section 19. KRS 507.030 is amended to read as follows:

- 2       (1) A person is guilty of manslaughter in the first degree when:
- 3           (a) With intent to cause serious physical injury to another person, he causes the
- 4                 death of such person or of a third person;
- 5           (b) With intent to cause the death of another person, he causes the death of such
- 6                 person or of a third person under circumstances which do not constitute
- 7                 murder because he acts under the influence of extreme emotional disturbance,
- 8                 as defined in subsection (1)(a) of KRS 507.020; or
- 9           (c) Through circumstances not otherwise constituting the offense of murder, he or
- 10                 she intentionally abuses another person or knowingly permits another person
- 11                 of whom he or she has actual custody to be abused and thereby causes death to
- 12                 a person twelve (12) years of age or less, or who is physically helpless or
- 13                 mentally helpless.
- 14       (2) Manslaughter in the first degree is a Class B felony.
- 15       **(3) It shall be an affirmative defense to a charge of murder that the person's conduct**
- 16                 **was expressly authorized by Sections 1 to 16 of this Act.**

17           ➔Section 20. If any section, subsection, or any provision of this Act is found by a

18       court of competent jurisdiction in a final, unappealable order to be invalid or

19       unconstitutional, the decision of the courts shall not affect or impair any of the remaining

20       sections, subsections, or provisions of this Act. The General Assembly specifically states

21       its intention that it would have enacted the Act, or any section or subsection of this Act,

22       without the severed part.

23           ➔Section 21. Sections 1 to 16 of this Act may be cited as the "Kentucky Our

24       Care, Our Options Act."