

1 AN ACT relating to patient-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 11 of this Act:*

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

7 (2) "Advanced practice registered nurse" has the same meaning as in KRS 314.011

8 (3) "Attending provider" means the physician, advanced practice registered nurse, or
9 physician assistant licensed in Kentucky who has primary responsibility for the
10 treatment and care of the patient's terminal disease;

11 (4) "Consulting provider" means a physician, advanced practice registered nurse,
12 physician assistant licensed in Kentucky who is qualified by specialty or
13 experience to make a professional diagnosis and prognosis regarding a patient's
14 terminal disease;

15 (5) "Counseling" means one (1) or more consultations between a state-licensed
16 psychiatrist, psychologist, clinical social worker, or clinical professional
17 counselor and a patient for the purpose of determining that the patient is
18 mentally capable and not experiencing impaired judgment;

19 (6) "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 (7) "Health care provider" means a health care facility or a health care provider
23 licensed under KRS Chapter 311, 314, 315, 319, or 335;

24 (8) "Informed decision" means a decision by a qualified patient to request and
25 obtain a prescription for medication that the qualified patient may self-administer
26 to end the qualified patient's life in a humane and dignified manner that is based
27 on an appreciation of the relevant facts and that is made after being fully

1 *informed by the attending provider of the:*

2 *(a) Qualified patient's medical diagnosis;*

3 *(b) Qualified patient's prognosis;*

4 *(c) Potential risks associated with taking the medication to be prescribed;*

5 *(d) Probable result of taking the medication to be prescribed; and*

6 *(e) Feasible alternatives to taking the medication to be prescribed, including*

7 *palliative care, comfort care, hospice care, pain control, and terminal*

8 *disease-directed treatment options;*

9 *(9) "Medically confirmed" means the medical opinion of an attending provider has*

10 *been confirmed by a consulting provider who has examined the patient and the*

11 *patient's relevant medical records;*

12 *(10) "Mentally capable" means that, in the opinion of the patient's attending provider,*

13 *consulting provider, psychiatrist, psychologist, clinical social worker, or clinical*

14 *professional counselor, a patient has the ability to make and communicate an*

15 *informed decision to health care providers, including communication through*

16 *persons familiar with the patient's manner of communicating if those persons are*

17 *available;*

18 *(11) "Notice" means a separate statement in writing advising of a health care*

19 *provider's policy with respect to prohibiting participation in activities under*

20 *Sections 1 to 11 of this Act;*

21 *(12) "Participating, or entering into an agreement to participate, in activities" means*

22 *doing or entering into an agreement to:*

23 *(a) Perform the duties of a health care provider under Sections 1 to 11 of this*

24 *Act;*

25 *(b) Deliver the prescription for or dispensing or delivering the dispensed*

26 *medication pursuant to Sections 1 to 11 of this Act; or*

27 *(c) Be present when the qualified patient takes the medication prescribed*

1 *pursuant to Sections 1 to 11 of this Act;*

2 *(13) "Patient" means an adult who is under the care of an attending provider;*

3 *(14) "Physician" has the same meaning as in KRS 311.550;*

4 *(15) "Physician assistant" has the same meaning as in KRS 311.840;*

5 *(16) "Qualified patient" means a mentally capable adult who has satisfied the*
6 *requirements of Sections 1 to 11 of this Act in order to obtain a prescription for*
7 *medication that the qualified patient may self-administer to end the qualified*
8 *patient's life in a humane and dignified manner;*

9 *(17) "Self-administer":*

10 *(a) Means, for a qualified patient, to voluntarily ingest medication to end the*
11 *qualified patient's life in a humane and dignified manner; and*

12 *(b) Does not include administration by parenteral injection or infusion; and*

13 *(18) "Terminal disease" means an incurable and irreversible disease that has been*
14 *medically confirmed and will, within reasonable medical judgment, result in*
15 *death within six (6) months.*

16 ➔ SECTION 2. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO

17 READ AS FOLLOWS:

18 *(1) A patient has a right to information regarding all treatment options reasonably*
19 *available for the care of the patient, including but not limited to information in*
20 *response to specific questions about the foreseeable risks and benefits of*
21 *medication, without an attending provider's withholding requested information*
22 *regardless of the purpose of the questions or the nature of the information.*

23 *(2) A patient who is mentally capable, is a resident of Kentucky, has been determined*
24 *by an attending provider and a consulting provider to be suffering from a*
25 *terminal disease, and has voluntarily expressed the wish to die may make a*
26 *written request for medication that the patient may self-administer in accordance*
27 *with Sections 1 to 11 of this Act. A patient shall not qualify under Sections 1 to 11*

1 of this Act solely because of age or disability.

2 (3) A valid written request for medication under Sections 1 to 11 of this Act shall be
3 substantially in the form described in Section 8 of this Act, signed and dated by
4 the patient and witnessed by at least two (2) individuals who, in the presence of
5 the patient, attest that to the best of their knowledge and belief the patient is
6 mentally capable, acting voluntarily, and not being coerced to sign the request.

7 (4) The language of a written request for medication under Sections 1 to 11 of this
8 Act shall be the language in which any conversations or consultations or
9 interpreted conversations or consultations between a patient and the patient's
10 attending provider or consulting provider are held.

11 (5) Notwithstanding subsection (4) of this section, the language of a written request
12 for medication under Sections 1 to 11 of this Act may be in English when the
13 conversations or consultations or interpreted conversations or consultations
14 between a patient and the patient's attending provider or consulting provider were
15 conducted in a language other than English, if the form described in Section 8 of
16 this Act contains the attachment described in Section 9 of this Act.

17 (6) At least one (1) of the witnesses and the interpreter, if an interpreter is required,
18 shall be a person who is not:

19 (a) A relative of the patient by blood, marriage, or adoption;
20 (b) A person who at the time the request is signed would be entitled to any
21 portion of the estate of the qualified patient upon death under any will or
22 state law; or
23 (c) An owner, operator, or employee of a health care facility where the
24 qualified patient is receiving medical treatment or is a resident.

25 (7) The patient's attending provider at the time the written request is signed shall not
26 be a witness.

27 (8) If the patient is a patient in a long-term care facility at the time the patient makes

1 *the written request, one (1) of the witnesses shall be a medical director of the*
2 *facility.*

3 *(9) A patient may rescind a request for medication prescribed under Sections 1 to 11*
4 *of this Act at any time and in any manner without regard to the patient's mental*
5 *state.*

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

8 *(1) Notwithstanding any state law to the contrary, an attending provider may provide*
9 *medication to a qualified patient to end the qualified patient's life upon a request*
10 *made by the qualified patient under Sections 1 to 11 of this Act.*

11 *(2) The attending provider shall:*

12 *(a) Make the initial determination of whether a patient has a terminal disease,*
13 *is mentally capable, and has made the written request for medication that*
14 *the patient may self-administer voluntarily;*

15 *(b) Inform the patient of:*

16 *1. The patient's medical diagnosis;*
17 *2. The patient's prognosis;*
18 *3. The potential risks associated with taking the medication to be*
19 *prescribed;*
20 *4. The probable result of taking the medication to be prescribed; and*
21 *5. The feasible alternatives to taking the medication to be prescribed,*
22 *including palliative care, comfort care, hospice care, pain control, and*
23 *terminal disease-directed treatment options;*

24 *(c) Refer the patient to a consulting provider for medical confirmation of the*
25 *diagnosis and for a determination that the patient is mentally capable and*
26 *acting voluntarily;*

27 *(d) Confirm that the patient's request does not arise from coercion or undue*

1 *influence by another individual by discussing with the patient, outside the*
2 *presence of any other individual except for an interpreter, whether the*
3 *patient is feeling coerced or unduly influenced;*

4 *(e) Refer the patient for counseling, if appropriate, as described in subsection*
5 *(4) of this section;*

6 *(f) Recommend that the patient notify the patient's next of kin;*

7 *(g) Counsel the patient about the importance of having another person present*
8 *when the patient takes the medication prescribed under Sections 1 to 11 of*
9 *this Act, and counsel the patient about not taking the medication prescribed*
10 *in a public place;*

11 *(h) Inform the patient that the patient has an opportunity to rescind the request*
12 *at any time and in any manner and offer the patient an opportunity to*
13 *rescind the request pursuant to subsection (6) of this section;*

14 *(i) Verify, immediately before writing the prescription for medication under*
15 *Sections 1 to 11 of this Act, that the patient is making an informed decision;*

16 *(j) Fulfill the medical record documentation requirements of subsection (7) of*
17 *this section;*

18 *(k) Ensure that all appropriate steps are carried out in accordance with*
19 *Sections 1 to 11 of this Act before writing a prescription for medication to*
20 *enable a qualified patient to end the qualified patient's life in a humane and*
21 *dignified manner; and*

22 *(l) Dispense medications directly, including ancillary medications intended to*
23 *minimize the patient's discomfort, if appropriate, or with the patient's*
24 *written consent:*

25 *1. Contact a pharmacist and inform the pharmacist of the prescription;*
26 *and*

27 *2. Deliver the written prescription personally, by mail, or electronically to*

the pharmacist, who may dispense the medications in person to the patient, the attending provider, or an expressly identified agent of the patient.

4 (3) Before a patient is determined to be a qualified patient under Sections 1 to 11 of
5 this Act, a consulting provider shall examine the patient and the patient's relevant
6 medical records and confirm, in writing, the attending provider's diagnosis that
7 the patient is suffering from a terminal disease and that the patient is mentally
8 capable, is acting voluntarily, and has made an informed decision.

9 (4) If, in the opinion of the attending provider or the consulting provider, a patient
10 may be suffering from a psychiatric or psychological disorder or depression
11 causing impaired judgment, the attending provider shall refer the patient for
12 counseling. Medication for the qualified patient to self-administer shall not be
13 prescribed until the person performing the counseling determines that the patient
14 is not experiencing impaired judgment.

15 **(5) An attending provider shall not deny medication to self-administer to a qualified**
16 **patient who declines or is unable to notify the qualifying patient's next of kin.**

17 **(6) An attending provider shall not prescribe medication to a qualified patient to self-**
18 **administer unless the qualified patient has:**

19 (a) Made an oral request;

20 **(b) Made and signed a written request at least fifteen (15) days after the initial**
21 **oral request;**

22 (c) Reiterated the oral request at least fifteen (15) days after making the initial
23 oral request; and

26 (7) An attending provider shall document in a patient's medical record:

27 (a) *All oral requests by the patient for medication;*

1 **(b) All written requests by the patient for medication;**

2 **(c) The attending provider's diagnosis and prognosis and the attending**

3 **provider's determination that the patient is mentally capable, is acting**

4 **voluntarily, and has made an informed decision;**

5 **(d) The consulting provider's diagnosis and prognosis of the patient's terminal**

6 **disease and the consulting provider's verification that the patient is mentally**

7 **capable, is acting voluntarily, and has made an informed decision;**

8 **(e) A report of the outcome and determinations made during counseling, if**

9 **counseling is provided as described in subsection (4) of this section;**

10 **(f) The attending provider's offer to the patient to rescind the patient's request**

11 **at the time of the patient's second oral request; and**

12 **(g) A note by the attending provider indicating that all requirements under**

13 **Sections 1 to 11 of this Act have been met and indicating the steps taken to**

14 **carry out the patient's request, including a notation of the medication**

15 **prescribed for self-administration.**

16 **(8) A person who has custody of or control over any unused medications prescribed**

17 **pursuant to Sections 1 to 11 of this Act after the death of the qualified patient**

18 **shall personally deliver the unused medications to the nearest facility qualified to**

19 **dispose of controlled substances or, if such delivery is impracticable, personally**

20 **dispose of the unused medications by any lawful means.**

21 → SECTION 4. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO

22 READ AS FOLLOWS:

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

24 **(a) Annually review all records maintained under Section 3 of this Act and**

25 **collected pursuant to this section; and**

26 **(b) Require an attending provider to submit a copy of the prescription or**

27 **dispensing record upon issuing a prescription or dispensing medication**

1 under Section 3 of this Act, and other documentation required under
2 Section 3 of this Act associated with issuing the prescription or dispensing
3 the medication, to the cabinet within:

4 1. Thirty (30) calendar days after the issuance of the prescription or the
5 dispensing of medication; or

6 2. Thirty (30) calendar days after the date of the death of the qualified
7 patient.

8 (2) In the event that an attending provider who is required to report information to
9 the cabinet provides an inadequate or incomplete report, the cabinet shall contact
10 the attending provider to request an adequate or complete report.

11 (3) Within six (6) months of the effective date of this Act, the cabinet shall
12 promulgate administrative regulations in accordance with KRS Chapter 13A to
13 facilitate the collection of information relating to compliance with Sections 1 to
14 11 this Act. The information collected on individual persons and health care
15 providers shall be confidential, not a public record, and shall not be made
16 available for inspection by the public.

17 (4) The cabinet shall submit an annual report summarizing information collected
18 under this section to the Legislative Research Commission for referral to the
19 Interim Joint Committee on Health Services by March 1 of each year. The report
20 shall not refer to actions taken under Sections 1 to 11 of this Act as suicide or
21 assisted suicide. Consistent with the provisions of Sections 1 to 11 of this Act, the
22 report shall refer to actions taken under Sections 1 to 11 of this Act as obtaining
23 and self-administering life-ending medication.

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

26 (1) Any provision in a contract, will, or other agreement, whether written or oral, to
27 the extent the provision would affect whether a person may make or rescind a

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

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

12 *(3) A qualified patient whose life is insured under a life insurance policy and the*
13 *beneficiaries of the policy shall not be denied benefits on the basis of self-*
14 *administration of medication by the qualified patient in accordance with Sections*
15 *1 to 11 of this Act.*

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

18 *(1) Nothing in Sections 1 to 11 of this Act shall require a health care provider to*
19 *provide medication to a qualified patient to end the qualified patient's life. If a*
20 *health care provider is unable or unwilling to carry out the qualified patient's*
21 *request under Sections 1 to 11 of this Act, the health care provider shall transfer*
22 *any relevant medical records for the patient to a new health care provider upon*
23 *request by the patient.*

24 *(2) (a) A health care provider may adopt a policy to prohibit a person or entity*
25 *from participating, or entering into an agreement to participate, in activities*
26 *under Sections 1 to 11 of this Act while on premises owned, under*
27 *management, or under direct control of that health care provider or while*

1 acting within the course and scope of any employment by, or contract with,
2 the health care provider.

3 (b) A health care provider that adopts a policy described in paragraph (a) of
4 this subsection shall give notice of the policy prohibiting participation to a
5 person or entity prior to that person or entity participating in activities
6 under Sections 1 to 11 of this Act. A health care provider that fails to
7 provide notice to a person or entity shall not enforce the policy against a
8 person or entity.

9 (c) A health care provider shall not report an action taken pursuant to this
10 subsection to a state licensing board.

11 (3) A health care provider shall not prohibit a person or entity from participating, or
12 entering into an agreement to participate, in activities under Sections 1 to 11 of
13 this Act while on premises that are not owned or under the management or direct
14 control of the health care provider or while acting outside the course and scope of
15 the participant's duties as an employee of, or an independent contractor for, the
16 health care provider.

17 (4) The fact that a health care provider participates in activities under Sections 1 to
18 11 of this Act shall not be the sole basis for a complaint or report by another
19 health care provider to a state licensing board.

20 → SECTION 7. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO
21 READ AS FOLLOWS:

22 (1) Nothing in Sections 1 to 11 of this Act shall authorize a health care provider or
23 any other person to end a patient's life by lethal injection, mercy killing, or active
24 euthanasia.

25 (2) Actions taken by any person or entity in participating in activities, including
26 acting as a witness or interpreter under Sections 1 to 11 of this Act, shall not for
27 any purpose constitute suicide, assisted suicide, mercy killing, or homicide under

1 state law.

2 (3) The cause of death recorded on a certificate of death under KRS 213.076 for the
3 death of a qualified patient under Sections 1 to 11 of this Act shall be related to
4 the terminal disease of the qualifying patient and shall not be recorded as suicide,
5 assisted suicide, mercy killing, or homicide under state law.

6 (4) Actions taken in good faith by any person, health facility, or facility that provides
7 counseling in accordance with Sections 1 to 11 of this Act shall not be subject to
8 criminal or civil liability, licensing sanctions, or other professional disciplinary
9 action.

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

12 A request for medication as authorized by Sections 1 to 11 of this Act shall be in
13 substantially the following form:

14 "REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND
15 DIGNIFIED MANNER

16 I,, am an adult of sound mind. I am suffering from,
17 which my attending provider has determined is a terminal disease and which has been
18 medically confirmed by a consulting provider.

19 I have been fully informed of my diagnosis and prognosis, the nature of medication to
20 be prescribed and potential associated risks, the expected result and feasible
21 alternatives, including palliative care and comfort care, hospice care, pain control, and
22 terminal disease-directed treatment options.

23 I request that my attending provider prescribe medication that I may self-administer to
24 end my life in a humane and dignified manner and contact any pharmacist to fill the
25 prescription.

26 INITIAL ONE:

27 I have informed my family of my decision and taken their opinions into

1 consideration.

2I have decided not to inform my family of my decision.

3I have no family to inform of my decision.

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

5 I understand the full import of this request, and I expect to die when I take the
6 medication to be prescribed. I further understand that, although most deaths occur
7 within 3 hours, my death may take longer and my attending provider has counseled me
8 about this possibility.

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

11 Signed:.....

12 Dated:.....

13 **DECLARATION OF WITNESSES**

14 By initialing and signing below on or after the date the person named above signs, we
15 declare that the person making and signing the above request:

16 Initials of Witness 1:

171. Is personally known to us or has provided proof of identity;

182. Signed this request in our presence on the date of the person's signature;

193. Appears to be of sound mind and not under duress, fraud, or undue influence;
20 and

214. Is not a patient for whom either of us is the attending provider.

22 Printed Name of Witness 1:.....

23 Signature of Witness 1/Date:.....

24 Initials of Witness 2:

251. Is personally known to us or has provided proof of identity;

262. Signed this request in our presence on the date of the person's signature;

273. Appears to be of sound mind and not under duress, fraud, or undue influence;

1 and

24. Is not a patient for whom either of us is the attending provider.

3 Printed Name of Witness 2:.....

4 Signature of Witness 2/Date:.....

5 NOTE: One witness must be a person who is not a relative by blood, marriage, or
6 adoption of the person signing this request, is not entitled to any portion of the person's
7 estate upon death, and does not own or operate or is not employed at a health care
8 facility where the person is a patient or resident. The person's attending provider at the
9 time the request is signed may not be a witness. If the person is an inpatient at a long-
10 term care facility, one of the witnesses must be the medical director of the facility."

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

13 The form of an attachment for purposes of an interpreter providing services as
14 described in Section 2 of this Act shall be in substantially the following form:

15 "I,, am fluent in English and (language of patient).

16 On (date) at approximately (time) I read the "REQUEST FOR MEDICATION TO
17 END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" to (name of patient)
18 in (language of patient).

19 Mr./Ms. (name of patient) affirmed to me that he/she understands the content of this
20 form, that he/she desires to sign this form under his/her own power and volition and
21 that he/she requested to sign the form after consultations with an attending provider
22 and a consulting provider.

23 Under penalty of perjury, I declare that I am fluent in English and (language of
24 patient) and that the contents of this form, to the best of my knowledge, are true and
25 correct.

26 Executed at (name of city, county and state) on (date).

27 Interpreter's signature:

1 Interpreter's printed name:

2 Interpreter's address:".

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

5 (1) A person commits a Class B felony if the person knowingly or intentionally
6 causes an individual's death by:

7 (a) Forging or altering a request for medication pursuant to Sections 1 to 11 of
8 this Act; or

9 (b) Concealing or destroying a rescission of a request for medication pursuant
10 to Sections 1 to 11 of this Act.

11 (2) A person commits a Class B felony if the person knowingly or intentionally
12 coerces or exerts undue influence on an individual with a terminal illness to
13 request or utilize medication pursuant to Sections 1 to 11 of this Act.

14 (3) Nothing in Sections 1 to 11 of this Act limits civil liability for civil damages from
15 other negligent conduct or intentional misconduct by any health care facility or
16 health care provider.

17 (4) The penalties specified in Sections 1 to 11 of this Act do not preclude criminal
18 penalties applicable under the Kentucky Penal Code for conduct that is
19 inconsistent with Sections 1 to 11 of this Act.

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

22 If any provision of Sections 1 to 11 of this Act or the application thereof to any person
23 or circumstance is held invalid, the invalidity shall not affect other provisions or
24 applications of the Act that can be given effect without the invalid provision or
25 application, and to this end the provisions of this Act are severable.

26 ➔ SECTION 12. A NEW SECTION OF SUBTITLE 12 OF KRS CHAPTER 304
27 IS CREATED TO READ AS FOLLOWS:

1 **To the extent allowed by law, no insurer shall:**

2 **(1) Issue or renew an insurance policy, contract, or annuity that violates the**
3 **provisions of Section 5 of this Act; or**

4 **(2) Deny benefits on the basis of terms in an existing policy, contract, or annuity that**
5 **are in violation of the provisions of Section 5 of this Act.**

6 ➔ Section 13. KRS 507.020 is amended to read as follows:

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

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

17 (b) Including, but not limited to, the operation of a motor vehicle under
18 circumstances manifesting extreme indifference to human life, he **or she**
19 wantonly engages in conduct which creates a grave risk of death to another
20 person and thereby causes the death of another person.

21 (2) Murder is a capital offense.

22 **(3) It shall be an affirmative defense to a charge of murder that the person's conduct**
23 **was expressly authorized by Sections 1 to 11 of this Act.**

24 ➔ Section 14. KRS 507.030 is amended to read as follows:

25 (1) A person is guilty of manslaughter in the first degree when:

26 (a) With intent to cause serious physical injury to another person, he or she
27 causes the death of such person or of a third person;

1 (b) With intent to cause the death of another person, he or she causes the death of
2 such person or of a third person under circumstances which do not constitute
3 murder because he or she acts under the influence of extreme emotional
4 disturbance, as defined in subsection (1)(a) of KRS 507.020;

5 (c) Through circumstances not otherwise constituting the offense of murder, he or
6 she intentionally abuses another person or knowingly permits another person
7 of whom he or she has actual custody to be abused and thereby causes death
8 to a person twelve (12) years of age or less, or who is physically helpless or
9 mentally helpless; or

10 (d) He or she knowingly sells fentanyl or a fentanyl derivative to another person,
11 and the injection, ingestion, inhalation, or other introduction of the fentanyl or
12 fentanyl derivative causes the death of the person.

13 (2) Manslaughter in the first degree is a Class B felony.

14 **(3) *It shall be an affirmative defense to a charge of manslaughter in the first degree***
15 ***that the person's conduct was expressly authorized by Sections 1 to 11 of this Act.***

16 ➔ Section 15. Sections 1 to 11 of this Act may be cited as Rena's Law.