

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**S. B. No. 249**

**Senator Tavares**

**Cosponsors: Senators Yuko, Schiavoni**

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**A BILL**

To amend sections 3795.03 and 3795.04 and to enact 1  
sections 3792.01, 3792.02, 3792.03, 3792.04, 2  
3792.05, 3792.06, 3792.07, 3792.08, 3792.09, 3  
3792.10, 3792.11, 3792.12, 3792.13, 3792.14, 4  
3792.15, 3792.16, 3792.17, 3792.18, 3792.19, 5  
3792.20, 3792.21, 3792.22, 3792.23, 3792.24, 6  
3792.25, 3792.26, 3792.27, 3792.28, 3792.29, and 7  
4729.97 of the Revised Code to authorize an 8  
individual with a terminal condition and the 9  
capacity to make medical decisions to request a 10  
prescription for an aid-in-dying medication. 11

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3795.03 and 3795.04 be amended 12  
and sections 3792.01, 3792.02, 3792.03, 3792.04, 3792.05, 13  
3792.06, 3792.07, 3792.08, 3792.09, 3792.10, 3792.11, 3792.12, 14  
3792.13, 3792.14, 3792.15, 3792.16, 3792.17, 3792.18, 3792.19, 15  
3792.20, 3792.21, 3792.22, 3792.23, 3792.24, 3792.25, 3792.26, 16  
3792.27, 3792.28, 3792.29, and 4729.97 of the Revised Code be 17  
enacted to read as follows: 18

<u>Sec. 3792.01. As used in this chapter:</u>	19
<u>(A) "Adult" means an individual who is eighteen years of age or older.</u>	20 21
<u>(B) "Aid-in-dying medication" means a drug prescribed by a physician for a qualified individual that the qualified individual may choose to self-administer to bring about the individual's death due to a terminal condition.</u>	22 23 24 25
<u>(C) "Attending physician" means the physician to whom a qualifying individual, or the family of a qualifying individual, has assigned primary responsibility for the treatment or care of the individual, or, if the responsibility has not been assigned, the physician who has accepted that responsibility.</u>	26 27 28 29 30
<u>(D) "Attending physician follow-up form" means the form specified in section 3792.29 of the Revised Code.</u>	31 32
<u>(E) "Attending physician checklist and compliance form" means the form specified in section 3792.27 of the Revised Code.</u>	33 34
<u>(F) "Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or psychologist, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.</u>	35 36 37 38 39 40 41
<u>(G) "Consulting physician" means a physician who is independent from the attending physician and who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual's terminal condition.</u>	42 43 44 45
<u>(H) "Consulting physician compliance form" means the form</u>	46

specified in section 3792.28 of the Revised Code. 47

(I) "Informed decision" means a decision by an individual 48  
with a terminal condition to request and obtain a prescription 49  
for a medication that the individual may self-administer to end 50  
the individual's life, that is based on an understanding and 51  
acknowledgment of the relevant facts, and that is made after 52  
being fully informed by the attending physician of all of the 53  
following: 54

(1) The individual's medical diagnosis and prognosis; 55

(2) The potential risks associated with taking the 56  
medication to be prescribed; 57

(3) The probable result of taking the medication to be 58  
prescribed; 59

(4) The possibility that the individual may choose not to 60  
obtain the medication or may obtain the medication but may 61  
decide not to ingest it. 62

(5) The feasible alternatives or additional treatment 63  
opportunities, including comfort care, hospice care, palliative 64  
care, and pain control. 65

(J) "Life-sustaining treatment" has the same meaning as in 66  
section 2133.01 of the Revised Code. 67

(K) "Medically confirmed" means that the medical diagnosis 68  
and prognosis of the attending physician has been confirmed by a 69  
consulting physician who has examined the individual and the 70  
individual's relevant medical records. 71

(L) "Mental health specialist assessment" means one or 72  
more consultations between an individual and a psychiatrist or 73  
licensed psychologist for the purpose of determining that the 74

individual has the capacity to make medical decisions and is not 75  
suffering from impaired judgment due to a mental disorder. 76

(M) "Physician" means an individual authorized under 77  
Chapter 4731. of the Revised Code to practice medicine and 78  
surgery or osteopathic medicine and surgery. 79

(N) "Qualified individual" means an adult who has the 80  
capacity to make medical decisions, is a resident of this state, 81  
and has satisfied the requirements of this chapter to obtain a 82  
prescription for a medication to end the adult's life. An 83  
individual shall not be considered a "qualified individual" 84  
solely because of age or disability. 85

(O) "Self-administer" means a qualified individual's 86  
affirmative, conscious, and physical act of administering and 87  
ingesting an aid-in-dying medication to bring about the 88  
individual's death. 89

(P) "Terminal condition" means an irreversible, incurable, 90  
and untreatable condition caused by disease, illness, or injury 91  
from which, to a reasonable degree of medical certainty as 92  
determined in accordance with reasonable medical standards by a 93  
qualified individual's attending physician and a consulting 94  
physician, both of the following apply: 95

(1) There can be no recovery. 96

(2) Death is likely to occur within a relatively short 97  
time if life-sustaining treatment is not administered. 98

**Sec. 3792.02.** (A) An adult with the capacity to make 99  
medical decisions and who has a terminal condition may request 100  
to receive a prescription for an aid-in-dying medication if all 101  
of the following are the case: 102

<u>(1) The individual's attending physician has diagnosed the</u>	103
<u>individual with a terminal condition.</u>	104
<u>(2) The individual has voluntarily expressed the wish to</u>	105
<u>receive a prescription for an aid-in-dying medication.</u>	106
<u>(3) The individual is a resident of this state and able to</u>	107
<u>prove residency by presenting any of the following to the</u>	108
<u>individual's attending physician:</u>	109
<u>(a) A valid driver's license or identification card issued</u>	110
<u>under Chapter 4507. of the Revised Code;</u>	111
<u>(b) Evidence that the individual is registered to vote in</u>	112
<u>this state;</u>	113
<u>(c) Evidence that the individual owns or leases property</u>	114
<u>in this state;</u>	115
<u>(d) Evidence that the individual filed a tax return in</u>	116
<u>this state for the most recent tax year.</u>	117
<u>(4) The individual has documented the individual's request</u>	118
<u>in accordance with section 3792.03 of the Revised Code.</u>	119
<u>(5) The individual has the physical and mental ability to</u>	120
<u>self-administer the aid-in-dying medication.</u>	121
<u>(B) A request for a prescription for an aid-in-dying</u>	122
<u>medication shall be made solely and directly by the individual</u>	123
<u>diagnosed with the terminal condition and shall not be made on</u>	124
<u>the individual's behalf through a guardian, an attorney in fact</u>	125
<u>under a durable power of attorney for health care, or any other</u>	126
<u>person authorized to make health care decisions on the</u>	127
<u>individual's behalf.</u>	128
<u>Sec. 3792.03. (A) An individual seeking to obtain a</u>	129

prescription for an aid-in-dying medication shall submit two 130  
oral requests, a minimum of fifteen days apart, and a written 131  
request to the individual's attending physician. The written 132  
request shall be submitted at least fifteen days after the 133  
initial oral request is submitted. All requests shall be 134  
submitted directly to the attending physician. 135

(B) A valid written request for an aid-in-dying medication 136  
shall meet all of the following conditions: 137

(1) Be in the form specified in section 3792.12 of the 138  
Revised Code; 139

(2) Subject to division (C) of this section, be signed and 140  
dated in the presence of two unrelated adults by the individual 141  
seeking the aid-in-dying medication; 142

(3) Be witnessed by at least two additional adults (who 143  
are not the adults described in division (B)(2) of this section, 144  
the attending physician, the consulting physician, or a 145  
psychiatrist or licensed psychologist who conducted a mental 146  
health special assessment on the individual) who attest that, to 147  
the best of their knowledge and belief, the individual 148  
requesting the aid-in-dying medication is all of the following: 149

(a) An individual who is personally known to them or has 150  
provided proof of identity; 151

(b) An individual who voluntarily signed this request in 152  
their presence; 153

(c) An individual whom they believe to be of sound mind 154  
and not under duress, fraud, or undue influence. 155

(C) Only one of the two witnesses described in division 156  
(B)(2) of this section may meet either of the following 157

criteria: 158

(1) Be related to the qualified individual by blood, 159  
marriage, or adoption or be entitled to a portion of the 160  
individual's estate upon death; 161

(2) Own, operate, or be employed at a health care facility 162  
where the individual is receiving medical treatment or resides. 163

(D) The attending physician, consulting physician, or 164  
mental health specialist shall not be related to the qualified 165  
individual by blood, marriage, or adoption or be entitled to a 166  
portion of the individual's estate upon death. 167

Sec. 3792.04. An individual may at any time withdraw or 168  
rescind a request for an aid-in-dying medication or decide not 169  
to ingest an aid-in-dying medication. 170

Sec. 3792.05. (A) An individual's attending physician is 171  
the only person authorized to issue a prescription for an aid- 172  
in-dying medication to the individual; that authority shall not 173  
be delegated. If such a prescription is requested, the attending 174  
physician shall offer the requesting individual an opportunity 175  
to withdraw or rescind the request. 176

(B) The attending physician shall wait at least forty- 177  
eight hours after a written request for an aid-in-dying 178  
medication has been signed in accordance with division (B) of 179  
section 3792.03 of the Revised Code before issuing a 180  
prescription for an aid-in-dying medication in response to the 181  
request. The attending physician also shall do all of the 182  
following before issuing the prescription: 183

(1) Subject to division (C) of this section, determine 184  
whether the requesting individual has the capacity to make 185  
medical decisions; 186

<u>(2) Determine whether the requesting individual has a</u>	187
<u>terminal disease;</u>	188
<u>(3) Determine whether the requesting individual has</u>	189
<u>voluntarily made the request for an aid-in-dying medication in</u>	190
<u>accordance with sections 3792.02 and 3792.03 of the Revised</u>	191
<u>Code.</u>	192
<u>(4) Confirm that the individual is making an informed</u>	193
<u>decision by discussing with the individual all of the following:</u>	194
<u>(a) The individual's medical diagnosis and prognosis;</u>	195
<u>(b) The potential risks associated with ingesting the</u>	196
<u>requested aid-in-dying medication;</u>	197
<u>(c) The probable result of ingesting the aid-in-dying</u>	198
<u>medication;</u>	199
<u>(d) The possibility that the individual may choose to</u>	200
<u>obtain the aid-in-dying medication but not ingest it.</u>	201
<u>(e) The feasible alternatives or additional treatment</u>	202
<u>options, including comfort care, hospice care, palliative care,</u>	203
<u>and pain control.</u>	204
<u>(5) Refer the individual to a consulting physician for</u>	205
<u>medical confirmation of the diagnosis and prognosis, as well as</u>	206
<u>for a determination that the individual has the capacity to make</u>	207
<u>medical decisions and has complied with this chapter;</u>	208
<u>(6) Confirm that the individual's request does not arise</u>	209
<u>from coercion or undue influence by another person;</u>	210
<u>(7) Counsel the individual about the importance of all of</u>	211
<u>the following:</u>	212
<u>(a) Having another person present when the individual</u>	213



<u>ingests the aid-in-dying medication;</u>	214
<u>(b) Not ingesting the aid-in-dying medication in a public place;</u>	215 216
<u>(c) Notifying the individual's next of kin (if reasonably available) of the individual's request for an aid-in-dying medication;</u>	217 218 219
<u>(d) Participating in a hospice care program;</u>	220
<u>(e) Maintaining the aid-in-dying medication in a safe and secure location until the time the qualified individual ingests it.</u>	221 222 223
<u>(8) Inform the qualified individual that the individual may withdraw or rescind the request for an aid-in-dying medication at any time and in any manner;</u>	224 225 226
<u>(9) Offer the qualified individual an opportunity to withdraw or rescind the request for an aid-in-dying medication before prescribing that medication;</u>	227 228 229
<u>(10) Verify, immediately before issuing the prescription for an aid-in-dying medication, that the qualified individual is making an informed decision;</u>	230 231 232
<u>(11) Confirm that all requirements are met and all appropriate steps are carried out in accordance with this chapter before issuing a prescription for an aid-in-dying medication;</u>	233 234 235 236
<u>(12) Fulfill the record documentation required by section 3792.09 and 3792.24 of the Revised Code;</u>	237 238
<u>(13) Complete the attending physician checklist and compliance form, as specified in section 3792.27 of the Revised</u>	239 240

Code, insert it and the consulting physician compliance form in 241  
the qualified individual's medical record, and submit both forms 242  
to the department of health. 243

(C) If the attending physician determines that the 244  
requesting individual may have a mental disorder, the physician 245  
shall refer the individual for a mental health specialist 246  
assessment. 247

**Sec. 3792.06.** If the conditions specified in division (B) 248  
of section 3792.05 of the Revised Code are satisfied, a 249  
qualified individual may receive one or more aid-in-dying 250  
medications from a pharmacist who dispenses such medications 251  
pursuant to written prescriptions from the attending physician. 252  
The physician may include a separate prescription for a 253  
medication intended to minimize the individual's discomfort. 254

**Sec. 3792.07.** A consulting physician shall do all of the 255  
following before a qualified individual receives a prescription 256  
for an aid-in-dying medication from the attending physician: 257

(A) Examine the individual and the individual's relevant 258  
medical records; 259

(B) Confirm in writing the attending physician's diagnosis 260  
and prognosis; 261

(C) Determine that the individual has the capacity to make 262  
medical decisions, is acting voluntarily, and has made an 263  
informed decision; 264

(D) Refer the individual for a mental health specialist 265  
assessment if there is an indication that the individual has a 266  
mental disorder; 267

(E) Fulfill the record documentation requirements in this 268

<u>chapter;</u>	269
<u>(F) Submit the consulting physician compliance form to the attending physician.</u>	270 271
<u>Sec. 3792.08. If an attending physician or consulting physician refers a qualified individual to a psychiatrist or licensed psychologist for a mental health specialist assessment, the psychiatrist or licensed psychologist shall do all of the following:</u>	272 273 274 275 276
<u>(A) Examine the qualified individual and the individual's relevant medical records;</u>	277 278
<u>(B) Determine that the qualified individual has the mental capacity to make medical decisions, is able to act voluntarily, and is able to make an informed decision;</u>	279 280 281
<u>(C) Determine that the individual is not suffering from impaired judgment due to a mental disorder;</u>	282 283
<u>(D) Fulfill the record documentation requirements in this chapter.</u>	284 285
<u>Sec. 3792.09. All of the following shall be documented in an individual's medical record:</u>	286 287
<u>(A) All oral and written requests for aid-in-dying medications;</u>	288 289
<u>(B) The attending physician's diagnosis and prognosis, as well as the determination that a qualified individual has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision, or that the attending physician has determined that the individual is not a qualified individual;</u>	290 291 292 293 294 295

(C) The consulting physician's diagnosis and prognosis, as 296  
well as verification that the qualified individual has the 297  
capacity to make medical decisions, is acting voluntarily, and 298  
has made an informed decision, or that the consulting physician 299  
has determined that the individual is not a qualified 300  
individual; 301

(D) A report of the outcome and determinations made during 302  
a mental health specialist's assessment, if performed; 303

(E) The attending physician's offer to the qualified 304  
individual to withdraw or rescind the individual's request at 305  
the time of the individual's second oral request; 306

(F) A note by the attending physician indicating that all 307  
requirements under division (B) of section 3792.05 and section 308  
3792.06 of the Revised Code have been met and the steps taken to 309  
carry out the request, including a notation of the aid-in-dying 310  
medication prescribed. 311

**Sec. 3792.10.** (A) Not later than thirty days after issuing 312  
a prescription for an aid-in-dying medication, the attending 313  
physician shall submit to the department of health a copy of the 314  
qualifying patient's written request, the attending physician 315  
checklist and compliance form, and consulting physician 316  
compliance form. 317

(B) Not later than thirty days after a qualified 318  
individual's death from ingesting an aid-in-dying medication or 319  
from any other cause, the attending physician shall submit the 320  
attending physician follow-up form to the department of health. 321

**Sec. 3792.11.** A qualified individual shall not receive a 322  
prescription for an aid-in-dying medication under this chapter 323  
unless the individual has made an informed decision. Immediately 324

before issuing a prescription for an aid-in-dying medication, 325  
the attending physician shall verify that the individual is 326  
making an informed decision. 327

**Sec. 3792.12.** (A) A request for an aid-in-dying medication 328  
shall be in the following form: 329

REQUEST FOR AN AID-IN-DYING MEDICATION TO END MY LIFE IN A 331  
HUMANE AND DIGNIFIED MANNER 332

I, ....., am an adult of sound mind and a 333  
resident of the State of Ohio. I am suffering 334  
from ....., which my attending physician has 335  
determined is in its terminal phase and which has been medically 336  
confirmed. 337

I have been fully informed of my diagnosis and prognosis, the 339  
nature of the aid-in-dying medication to be prescribed and 340  
potential associated risks, the expected result, and the 341  
feasible alternatives or additional treatment options, including 342  
comfort care, hospice care, palliative care, and pain control. 343

I request that my attending physician prescribe an aid-in-dying 345  
medication that will end my life in a humane and dignified 346  
manner if I choose to take it, and I authorize my attending 347  
physician to contact any pharmacist about my request. 348

INITIAL ONE: 349

.....I have informed one or more members of my family of my 350  
decision and have taken their opinions into consideration. 351

.....I have decided not to inform my family of my decision. 352

.....I have no family to inform of my decision. 353

354

I understand that I have the right to withdraw or rescind this 355

request at any time. 356

357

I understand the full import of this request and I expect to die 358

if I take the aid-in-dying medication to be prescribed. My 359

attending physician has counseled me about the possibility that 360

my death may not be immediate on my consumption of the 361

medication. 362

363

I make this request voluntarily, without reservation, and 364

without being coerced. 365

366

Signed:..... 367

Dated:..... 368

369

DECLARATION OF WITNESSES 370

We declare that the person signing this request: 371

--Is personally known to us or has provided proof of identity; 372

--Voluntarily signed this request in our presence; 373

--Is an individual whom we believe to be of sound mind and not 374

under duress, fraud, or undue influence; and 375

--Is not an individual for whom either of us is the attending 376

physician, consulting physician, or psychiatrist or licensed 377

psychologist who conducted a mental health specialist assessment 378

on the person. 379

380

.....(Signature of Witness 1 and date) 381

382

.....(Signature of Witness 2 and date) 383

384

NOTE: Only one of the two witnesses may be a relative (by blood, 385

marriage, or adoption) of a person signing this request or be 386

entitled to a portion of the person's estate on death. Only one 387

of the two witnesses may own, operate, or be employed at a 388

health care facility where the person is a patient or resident. 389

390

(B) (1) The written language of the request shall be in the 391

same language as any conversations, consultations, or 392

interpreted conversations or consultations between a patient and 393

the patient's attending and consulting physicians. 394

(2) Notwithstanding division (B) (1) of this section, the 395

written request may be prepared in English even when the 396

conversations or consultations or interpreted conversations or 397

consultations were conducted in a language other than English if 398

the English language form includes an attached interpreter's 399

declaration that is signed under penalty of perjury. The 400

interpreter's declaration shall be in the following form: 401

402

I, .....(name of interpreter), am fluent in 403

English and .....(insert target language). 404

405

On .....(insert date) at approximately .....(insert 406

time), I read the "Request for an Aid-in-Dying Medication to End 407

<u>My Life" to .....(insert name of</u>	408
<u>individual/patient) in .....(target language).</u>	409
	410
<u>Mr./Ms. ....(insert name of patient/qualified</u>	411
<u>individual) affirmed to me that he/she understood the content of</u>	412
<u>this form and affirmed his/her desire to sign this form under</u>	413
<u>his/her power and volition and that the request to sign the form</u>	414
<u>followed consultations with an attending and consulting</u>	415
<u>physician.</u>	416
	417
<u>I declare that I am fluent in English and .....</u>	418
<u>(target language) and further declare under penalty of perjury</u>	419
<u>that the foregoing is true and correct.</u>	420
	421
<u>Executed at .....(insert city,</u>	422
<u>county, and state) on .....(date)</u>	423
	424
<u>X.....Interpreter signature</u>	425
<u>X.....Interpreter printed name</u>	426
<u>X.....Interpreter address</u>	427
	428
<u>(3) An interpreter whose services are provided pursuant to</u>	428
<u>this division shall not be related to the qualified individual</u>	429
<u>by blood, marriage, or adoption or be entitled to a portion of</u>	430
<u>the person's estate on death. An interpreter whose services are</u>	431
<u>provided pursuant to division (B) of this section shall meet the</u>	432
<u>standards promulgated by the national council on interpreting in</u>	433
<u>health care or standards approved by the department of health.</u>	434
	435
<u>Sec. 3792.13. (A) A provision in a contract, will, or</u>	435
<u>other agreement that is executed on or after thirty days</u>	436
<u>following the effective date of this section, to the extent the</u>	437



provision would affect whether a person may make, withdraw, or 438  
rescind a request for an aid-in-dying medication, is invalid. 439

(B) An obligation owing under any contract executed on or 440  
after thirty days following the effective date of this section 441  
shall not be conditioned upon or affected by a qualified 442  
individual making, withdrawing, or rescinding a request for an 443  
aid-in-dying medication. 444

**Sec. 3792.14.** (A) Neither of the following shall be 445  
conditioned upon or affected by an individual making or 446  
rescinding a request for an aid-in-dying medication in 447  
accordance with this chapter: 448

(1) The sale, procurement, or issuance of a life 449  
insurance, health insurance, or annuity policy, contract, or 450  
plan that is delivered, issued for delivery, or renewed in this 451  
state; 452

(2) The rate charged for such a policy, contract, or plan. 453

(B) Pursuant to section 3792.23 of the Revised Code, no 454  
life insurance, health insurance, or annuity policy, contract, 455  
or plan that is delivered, issued for delivery, or renewed in 456  
this state shall exclude coverage for an insured individual 457  
solely on the basis that the individual's self-administration of 458  
an aid-in-dying medication in accordance with this chapter is 459  
suicide. 460

(C) Notwithstanding any provision in the Revised Code to 461  
the contrary, a qualified individual's act of self-administering 462  
an aid-in-dying medication shall not have an effect upon an 463  
insurance policy other than that of a natural death from the 464  
underlying disease. 465

(D) As used in this division, "health plan issuer" has the 466

same meaning as in section 3922.01 of the Revised Code. 467

(1) A health plan issuer shall not provide any information 468  
in communications made by the plan issuer to an insured 469  
individual about the availability of coverage for an aid-in- 470  
dying medication absent a request for such information by either 471  
of the following: 472

(a) The insured individual; 473

(b) The insured individual's attending physician, at the 474  
request of the individual. 475

(2) No single communication made by a health plan issuer 476  
to an insured individual shall include both of the following: 477

(a) A denial of coverage for treatment for the 478  
individual's terminal condition; 479

(b) Information about the availability of coverage for an 480  
aid-in-dying medication. 481

**Sec. 3792.15.** (A) No person shall be subject to any of the 482  
following, as applicable, because the person was present when 483  
the qualified individual self-administers an aid-in-dying 484  
medication, assists a qualified individual by preparing an aid- 485  
in-dying medication, participates in good faith compliance with 486  
this chapter, refuses to participate in activities authorized by 487  
this chapter, refuses to inform an individual regarding the 488  
individual's rights under this chapter, or refuses to refer an 489  
individual to a physician who participates in activities 490  
authorized by this chapter: 491

(1) Criminal prosecution; 492

(2) Liability for damages in a tort or other civil action 493  
for injury, death, or loss to person or property; 494

<u>(3) Professional disciplinary action by a state regulatory board;</u>	495 496
<u>(4) Employment, credentialing, or medical staff action, sanction, or penalty;</u>	497 498
<u>(5) Discipline by a professional association.</u>	499
<u>(B) This section shall not be construed to limit the application of, or provide immunity from, section 3792.20 or 3792.22 of the Revised Code.</u>	500 501 502
<u>Sec. 3792.16. A request by a qualified individual to an attending physician to provide an aid-in-dying medication in good faith compliance with this chapter shall not be the sole basis for the appointment of a guardian or conservator.</u>	503 504 505 506
<u>Sec. 3792.17. No action taken in compliance with this chapter shall constitute or provide the basis for any claim of neglect or elder abuse.</u>	507 508 509
<u>Sec. 3792.18. A person shall not be required to take any action in support of an individual's decision to ingest an aid-in-dying medication.</u>	510 511 512
<u>Sec. 3792.19. (A) (1) As used in this section, "participating, or entering into an agreement to participate, in activities under this chapter" means doing, or entering into an agreement to do, any one or more of the following:</u>	513 514 515 516
<u>(a) Performing the duties of an attending physician as specified in section 3792.05 of the Revised Code;</u>	517 518
<u>(b) Performing the duties of a consulting physician as specified in section 3792.07 of the Revised Code;</u>	519 520
<u>(c) Performing the duties of a psychiatrist or licensed</u>	521

psychologist as specified in section 3792.08 of the Revised 522  
Code; 523

(d) Delivering the prescription for, dispensing, or 524  
delivering a dispensed aid-in-dying medication; 525

(e) Being present when the qualified individual takes an 526  
aid-in-dying medication. 527

(2) "Participating, or entering into an agreement to 528  
participate, in activities under this chapter" does not include 529  
doing, or entering into an agreement to do, any of the 530  
following: 531

(a) Diagnosing whether a patient has a terminal condition, 532  
informing the patient of the medical prognosis, or determining 533  
whether a patient has the capacity to make medical decisions; 534

(b) Providing information to a patient about this chapter; 535

(c) Providing a patient, on the patient's request, with a 536  
referral to another health care provider for the purpose of 537  
participating in activities authorized by this chapter. 538

(B) A health care provider may prohibit its employees, 539  
independent contractors, or other persons or entities, including 540  
other health care providers, from participating in activities 541  
under this chapter while on premises owned or under the 542  
management or direct control of the prohibiting provider or 543  
while acting within the course or scope of any employment by, or 544  
contract with, the prohibiting provider. 545

(C) A health care provider that elects to prohibit a 546  
person from participating in activities under this chapter, as 547  
described in division (B) of this section, shall first give 548  
notice of the prohibition to the person. A health care provider 549

that fails to provide notice as required by this division shall 550  
not enforce its policy against the person. 551

(D) A health care provider that determines that a person 552  
violated a prohibition implemented under this section may take 553  
action against that person, including imposing any of the 554  
following sanctions: 555

(1) Revocation of privileges or membership or other action 556  
authorized by the bylaws or rules and regulations of the medical 557  
staff; 558

(2) Suspension, loss of employment, or other action 559  
authorized by the policies and practices of the prohibiting 560  
provider; 561

(3) Termination of any lease or other contract between the 562  
prohibiting provider and the person that violated the policy; 563

(4) Imposition of any other non-monetary remedy provided 564  
for in any lease or contract between the prohibiting provider 565  
and the person in violation of the policy. 566

(E) This section shall not be construed to prevent, or to 567  
allow a health care provider to prohibit, any other health care 568  
provider, employee, independent contractor, or other person from 569  
either of the following: 570

(1) Participating, or entering into an agreement to 571  
participate, in activities under this chapter as an attending 572  
physician or consulting physician while on premises that are not 573  
owned or under the management or direct control of the 574  
prohibiting provider; 575

(2) Participating, or entering into an agreement to 576  
participate, in activities under this chapter while on premises 577

that are not owned or under the management or direct control of 578  
the prohibiting provider or while acting outside the course and 579  
scope of the participant's duties as an employee of, or an 580  
independent contractor for, the prohibiting provider. 581

**Sec. 3792.20.** A physician shall not be subject to 582  
disciplinary action by the state medical board under section 583  
4731.22 of the Revised Code solely for any of the following: 584

(A) Making an initial determination pursuant to the 585  
standard of care that an individual has a terminal disease and 586  
informing the individual of the medical prognosis; 587

(B) Providing information about this chapter to an 588  
individual on the individual's request; 589

(C) Providing an individual, on request, with a referral 590  
to another physician. 591

**Sec. 3792.21.** A health care provider that prohibits 592  
activities under this chapter in accordance with section 3792.19 593  
of the Revised Code shall not sanction a physician for 594  
contracting with a qualified individual to engage in activities 595  
authorized by this chapter if the physician is acting outside of 596  
the course and scope of the physician's capacity as an employee 597  
or independent contractor of the prohibiting provider. 598

**Sec. 3792.22.** (A) No person shall knowingly do either of 599  
the following with the purpose or effect of causing an 600  
individual's death: 601

(1) Alter or forge a request for an aid-in-dying 602  
medication to end an individual's life without the individual's 603  
authorization; 604

(2) Conceal or destroy a withdrawal or rescission of a 605

request for an aid-in-dying medication. 606

(B) No person shall knowingly do any of the following: 607

(1) Coerce or exert undue influence on an individual to 608  
request or ingest an aid-in-dying medication for the purpose of 609  
ending the individual's life; 610

(2) Coerce or exert undue influence on an individual to 611  
destroy a withdrawal or rescission of an individual's request 612  
for an aid-in-dying medication; 613

(3) Administer an aid-in-dying medication to an individual 614  
without the individual's knowledge or consent. 615

(C) Whoever violates division (A) or (B) of this section 616  
is guilty of a felony of the third degree. 617

(D) A person acts "knowingly" under this section if the 618  
person acts with the culpable mental state specified in division 619  
(B) of section 2901.22 of the Revised Code. 620

**Sec. 3792.23.** Nothing in this chapter shall be construed 621  
to authorize a physician or any other person to end an 622  
individual's life by lethal injection, mercy killing, or active 623  
 euthanasia. Actions taken in accordance with this chapter do 624  
not, for any purpose, constitute suicide, assisted suicide, 625  
 euthanasia, homicide, or elder abuse. 626

**Sec. 3792.24.** (A) The department of health shall collect 627  
and review the information submitted under section 3792.10 of 628  
the Revised Code. The information shall be collected in a manner 629  
that protects the privacy of the patient, the patient's family, 630  
and any medical provider or pharmacist involved with the patient 631  
under this chapter. The information is confidential and not a 632  
public record under section 149.43 of the Revised Code. The 633

information is not subject to discovery or admissible as 634  
evidence in any judicial proceeding. 635

(B) Not later than December 31 of each year beginning in 636  
2018, the department shall prepare a report summarizing 637  
information collected from the attending physician follow-up 638  
forms submitted to it during the prior twelve months. The report 639  
shall be posted on the department's web site. The report shall 640  
include all of the following for the immediately preceding 641  
twelve months: 642

(1) The number of people for whom a prescription for an 643  
aid-in-dying medication was issued; 644

(2) The number of individuals who died for whom a 645  
prescription for an aid-in-dying medication was issued, as well 646  
as the cause of death of those individuals; 647

(3) The total number of prescriptions for aid-in-dying 648  
medications issued, the number of individuals who died as a 649  
result of ingesting an aid-in-dying medication, and the number 650  
of individuals who died and were enrolled in a hospice care 651  
program at the time of death; 652

(4) The number of known deaths in this state from the use 653  
of aid-in-dying medications per ten thousand deaths in this 654  
state; 655

(5) The number of physicians who issued prescriptions for 656  
aid-in-dying medications; 657

(6) Of people who died from using an aid-in-dying 658  
medication, demographic percentages organized by the following 659  
characteristics: 660

(a) Age at death; 661



<u>(b) Education level;</u>	662
<u>(c) Race;</u>	663
<u>(d) Sex;</u>	664
<u>(e) Type of insurance, including whether or not they had insurance;</u>	665 666
<u>(f) Underlying illness.</u>	667
<u>Sec. 3792.25. A person who has custody or control of an unused aid-in-dying medication after the death of a qualified individual shall personally deliver the unused medication to a location identified by the state board of pharmacy in rules adopted under section 4729.97 of the Revised Code.</u>	668 669 670 671 672
<u>Sec. 3792.26. A government entity that incurs costs resulting from a qualified individual who terminates the individual's life, pursuant to this chapter, in a public place shall have a claim against the estate of the qualified individual to recover those costs and reasonable attorney fees related to enforcing the claim.</u>	673 674 675 676 677 678
<u>Sec. 3792.27. An attending physician checklist and compliance form shall be substantially in the following form:</u>	679 680
<u>ATTENDING PHYSICIAN CHECKLIST &amp; COMPLIANCE FORM</u>	681
<u>(A) PATIENT INFORMATION</u>	682
<u>.....</u>	683
<u>PATIENT'S NAME (LAST, FIRST, M.I.)</u>	684
<u>.....</u>	685
<u>DATE OF BIRTH</u>	686
<u>.....</u>	687
<u>PATIENT RESIDENTIAL ADDRESS (STREET, CITY, ZIP CODE)</u>	688

<u>(B) ATTENDING PHYSICIAN INFORMATION</u>	689
.....	690
<u>PHYSICIAN'S NAME (LAST, FIRST, M.I.)</u>	691
<u>(...)...-....</u>	692
<u>TELEPHONE NUMBER</u>	693
.....	694
<u>MAILING ADDRESS (STREET, CITY, ZIP CODE)</u>	695
.....	696
<u>PHYSICIAN'S CERTIFICATE NUMBER</u>	697
<u>(C) CONSULTING PHYSICIAN INFORMATION</u>	698
.....	699
<u>PHYSICIAN'S NAME (LAST, FIRST, M.I.)</u>	700
<u>(...)...-....</u>	701
<u>TELEPHONE NUMBER</u>	702
.....	703
<u>MAILING ADDRESS (STREET, CITY, ZIP CODE)</u>	704
.....	705
<u>PHYSICIAN'S CERTIFICATE NUMBER</u>	706
<u>(D) ELEGIBILITY DETERMINATION</u>	707
.....	708
<u>(1) TERMINAL DISEASE</u>	709
<u>(2) CHECK BOXES FOR COMPLIANCE:</u>	710
<u>[ ] 1. Determination that the patient has a terminal condition.</u>	711
	712
<u>[ ] 2. Determination that patient is a resident of Ohio.</u>	713

<u>[ ] 3. Determination that patient has the capacity to make medical decisions.</u>	714 715
<u>[ ] 4. Determination that patient is acting voluntarily.</u>	716
<u>[ ] 5. Determination of capacity by psychiatrist or licensed psychologist, if necessary.</u>	717 718
<u>[ ] 6. Determination that patient has made his/her decision after being fully informed of:</u>	719 720
<u>[ ] a. His or her medical diagnosis; and</u>	721
<u>[ ] b. His or her prognosis; and</u>	722
<u>[ ] c. The potential risks associated with ingesting the requested aid-in-dying medication;</u>	723 724
<u>[ ] d. The probable result of ingesting the aid-in-dying medication;</u>	725 726
<u>[ ] e. The possibility that he or she may choose to obtain the aid-in-dying medication but not take it.</u>	727 728
<u>(E) ADDITIONAL COMPLIANCE REQUIREMENTS</u>	729
<u>[ ] 1. Counseled patient about the importance of all of the following:</u>	730 731
<u>[ ] a. Maintaining the aid-in-dying medication in a safe and secure location until the time the qualified individual will ingest it;</u>	732 733 734
<u>[ ] b. Having another person present when he or she ingests the aid-in-dying medication;</u>	735 736
<u>[ ] c. Not ingesting the aid-in-dying medication in a public place;</u>	737 738
<u>[ ] d. Notifying the next of kin of his or her request for</u>	739

an aid-in-dying medication. (An individual who declines or is 740  
unable to notify next of kin shall not have his or her request 741  
denied for that reason); and 742

[ ] e. Participating in a hospice program or palliative 743  
care program. 744

[ ] 2. Informed patient of right to rescind request (1st 745  
time). 746

[ ] 3. Discussed the feasible alternatives, including 747  
comfort care, hospice care, palliative care, and pain control. 748

[ ] 4. Met with patient one-on-one, except in the presence 749  
of an interpreter, to confirm the request is not coming from 750  
coercion. 751

[ ] 5. First oral request for aid-in-dying 752  
medication: ../../.... 753

Attending physician initials: ..... 754

[ ] 6. Second oral request for aid-in-dying 755  
medication: ../../.... 756

Attending physician initials: ..... 757

[ ] 7. Written request submitted: ../../.... 758

Attending physician initials: ..... 759

[ ] 8. Offered patient right to rescind (2nd time). 760

(F) PATIENT'S MENTAL STATUS 761

Check one of the following (required): 762

[ ] I have determined that the individual has the capacity 763  
to make medical decisions and is not suffering from impaired 764  
judgment due to a mental disorder. 765

[ ] I have referred the patient to the psychiatrist or 766  
licensed psychologist listed below for one or more consultations 767  
to determine that the individual has the capacity to make 768  
medical decisions and is not suffering from impaired judgment 769  
due to a mental disorder. 770

[ ] If a referral was made to a psychiatrist or licensed 771  
psychologist, that person has determined that the patient is not 772  
suffering from impaired judgment due to a mental disorder. 773

Psychiatrist or licensed psychologist's information, if 774  
applicable: 775

..... 776

NAME 777

..... 778

TITLE & LICENSE NUMBER 779

..... 780

ADDRESS (STREET, CITY, ZIP CODE) 781

(G) MEDICATION PRESCRIBED 782

..... 783

PHARMACIST NAME 784

(...)-..... 785

TELEPHONE NUMBER 786

1. Aid-in-dying medication prescribed: 787

[ ] a. Name: ..... 788

[ ] b. Dosage: ..... 789

2. Antiemetic medication prescribed: 790

[ ] a. Name: ..... 791

<u>    <input type="checkbox"/> b. Dosage: .....</u>	792
<u>3. Method prescription was delivered:</u>	793
<u>    <input type="checkbox"/> a. In person</u>	794
<u>    <input type="checkbox"/> b. By mail</u>	795
<u>    <input type="checkbox"/> c. Electronically</u>	796
<u>4. Date medication was prescribed: ../../....</u>	797
<u>.....</u>	798
<u>PHYSICIAN'S SIGNATURE</u>	799
<u>.....</u>	800
<u>DATE</u>	801
<u>.....</u>	802
<u>NAME (PLEASE PRINT)</u>	803
<u>    <b>Sec. 3792.28. A consulting physician compliance form shall</b></u>	804
<u>be substantially in the following form:</u>	805
<u>        CONSULTING PHYSICIAN COMPLIANCE FORM</u>	806
<u>            (A) PATIENT INFORMATION</u>	807
<u>.....</u>	808
<u>PATIENT'S NAME (LAST, FIRST, M.I.)</u>	809
<u>.....</u>	810
<u>DATE OF BIRTH</u>	811
<u>        (B) ATTENDING PHYSICIAN</u>	812
<u>.....</u>	813
<u>PHYSICIAN'S NAME (LAST, FIRST, M.I.)</u>	814
<u>(...)-.....</u>	815
<u>TELEPHONE NUMBER</u>	816

<u>(C) CONSULTING PHYSICIAN'S REPORT</u>	817
.....	818
<u>(1) TERMINAL CONDITION</u>	819
.....	820
<u>DATE OF EXAMINATION(S)</u>	821
<u>(2) Check boxes for compliance. (Both the attending and consulting physicians must make these determinations.)</u>	822
<u>[ ] 1. Determination that the patient has a terminal condition.</u>	824
	825
<u>[ ] 2. Determination that patient has the mental capacity to make medical decisions.</u>	826
	827
<u>[ ] 3. Determination that patient is acting voluntarily.</u>	828
<u>[ ] 4. Determination that patient has made his/her decision after being fully informed of:</u>	829
	830
<u>[ ] a. His or her medical diagnosis; and</u>	831
<u>[ ] b. His or her prognosis; and</u>	832
<u>[ ] c. The potential risks associated with taking the medication to be prescribed; and</u>	833
	834
<u>[ ] d. The potential result of taking the medication to be prescribed; and</u>	835
	836
<u>[ ] e. The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care, and pain control.</u>	837
	838
	839
<u>(D) PATIENT'S MENTAL STATUS</u>	840
<u>Check one of the following (required):</u>	841

[ ] I have determined that the individual has the capacity 842  
to make medical decisions and is not suffering from impaired 843  
judgment due to a mental disorder. 844

[ ] I have referred the patient to the psychiatrist or 845  
licensed psychologist listed below for one or more consultations 846  
to determine that the individual has the capacity to make 847  
medical decisions and is not suffering from impaired judgment 848  
due to a mental disorder. 849

[ ] If a referral was made to a psychiatrist or licensed 850  
psychologist, that person has determined that the patient is not 851  
suffering from impaired judgment due to a mental disorder. 852

Psychiatrist or licensed psychologist's information, if 853  
applicable: 854

..... 855

NAME 856

(...)...-.... 857

TELEPHONE NUMBER 858

..... 859

DATE 860

(E) CONSULTANT'S INFORMATION 861

..... 862

PHYSICIAN'S SIGNATURE 863

..... 864

DATE 865

..... 866

NAME (PLEASE PRINT) 867

..... 868



MAILING ADDRESS 869

..... 870

CITY, STATE, AND ZIP CODE 871

(...)-...-.... 872

TELEPHONE NUMBER 873

NOTE: "Capacity to make medical decisions" means that, in the 874  
opinion of an individual's attending physician, consulting 875  
physician, psychiatrist, or licensed psychologist, the 876  
individual has the ability to understand the nature and 877  
consequences of a health care decision, the ability to 878  
understand its significant benefits, risks, and alternatives, 879  
and the ability to make and communicate an informed decision to 880  
health care providers. 881

**Sec. 3792.29.** An attending physician follow-up form shall 882  
be substantially in the following form: 883

ATTENDING PHYSICIAN FOLLOW-UP FORM 884

The End of Life Option Act requires physicians who write a 885  
prescription for an aid-in-dying medication to complete this 886  
follow-up form within 30 calendar days of a patient's death, 887  
whether from ingestion of the aid-in-dying medication obtained 888  
under the Act or from any other cause. 889

For the Ohio Department of Health to accept this form, it 890  
must be signed by the attending physician, whether or not he or 891  
she was present at the patient's time of death. 892

This form should be mailed or sent electronically to the 893  
Ohio Department of Health. All information is kept strictly 894  
confidential. 895

Date: ../../.... 896

<u>Patient name: .....</u>	897
<u>Attending physician name: .....</u>	898
<u>Did the patient die from ingesting the aid-in-dying medication,</u>	899
<u>from their underlying illness, or from another cause such as</u>	900
<u>terminal sedation or ceasing to eat or drink?</u>	901
<u>[ ] Aid-in-dying medication (lethal dose) Please sign</u>	902
<u>below and go to next page.</u>	903
<u>Attending physician signature: .....</u>	904
<u>[ ] Underlying illness There is no need to complete</u>	905
<u>the rest of the form. Please sign below.</u>	906
<u>Attending physician signature: .....</u>	907
<u>[ ] Other There is no need to complete the rest of the</u>	908
<u>form. Please specify the circumstances surrounding the patient's</u>	909
<u>death and sign.</u>	910
<u>Please specify:</u>	911
<u>.....</u>	912
<u>.....</u>	913
<u>Attending physician signature: .....</u>	914
<u>PART A and PART B should only be completed if the patient died</u>	915
<u>from ingesting the lethal dose of the aid-in-dying medication.</u>	916
<u>Please read carefully the following to determine which situation</u>	917
<u>applies. Check the box that indicates the scenario and complete</u>	918
<u>the remainder of the form accordingly.</u>	919
<u>[ ] The attending physician was present at the time of</u>	920
<u>death.</u>	921

<u>The attending physician must complete this form in its</u>	922
<u>entirety and sign Part A and Part B.</u>	923
<u>[ ] The attending physician was not present at the time of</u>	924
<u>death, but another licensed health care provider was present.</u>	925
<u>The licensed health care provider must complete and sign</u>	926
<u>Part A of this form. The attending physician must complete and</u>	927
<u>sign Part B of the form.</u>	928
<u>[ ] Neither the attending physician nor another licensed</u>	929
<u>health care provider was present at the time of death.</u>	930
<u>Part A may be left blank. The attending physician must</u>	931
<u>complete and sign Part B of the form.</u>	932
<u>PART A: To be completed and signed by the attending physician or</u>	933
<u>another licensed health care provider present at death:</u>	934
<u>1. Was the attending physician at the patient's bedside when the</u>	935
<u>patient took the aid-in-dying medication?</u>	936
<u>[ ] Yes</u>	937
<u>[ ] No</u>	938
<u>If no: Was another physician or trained health care provider</u>	939
<u>present when the patient ingested the aid-in-dying medication?</u>	940
<u>[ ] Yes, another physician</u>	941
<u>[ ] Yes, a trained health-care provider/volunteer</u>	942
<u>[ ] No</u>	943
<u>[ ] Unknown</u>	944
<u>2. Was the attending physician at the patient's bedside at the</u>	945
<u>time of death?</u>	946

<input type="checkbox"/> <u>Yes</u>	947
<input type="checkbox"/> <u>No</u>	948
<u>If no: Was another physician or a licensed health care provider</u>	949
<u>present at the patient's time of death?</u>	950
<input type="checkbox"/> <u>Yes, another physician or licensed health care</u>	951
<u>provider</u>	952
<input type="checkbox"/> <u>No</u>	953
<input type="checkbox"/> <u>Unknown</u>	954
<u>3. On what day did the patient consume the lethal dose of the</u>	955
<u>aid-in-dying medication?</u>	956
<u>../../.... (month/day/year) <input type="checkbox"/> Unknown</u>	957
<u>4. On what day did the patient die after consuming the lethal</u>	958
<u>dose of the aid-in-dying medication?</u>	959
<u>../../.... (month/day/year) <input type="checkbox"/> Unknown</u>	960
<u>5. Where did the patient ingest the lethal dose of the aid-in-</u>	961
<u>dying medication?</u>	962
<input type="checkbox"/> <u>Private home</u>	963
<input type="checkbox"/> <u>Assisted-living residence</u>	964
<input type="checkbox"/> <u>Nursing home</u>	965
<input type="checkbox"/> <u>Hospital in-patient unit</u>	966
<input type="checkbox"/> <u>In-patient hospice facility</u>	967
<input type="checkbox"/> <u>Other (specify) .....</u>	968
<input type="checkbox"/> <u>Unknown</u>	969
<u>6. What was the time between the ingestion of the lethal dose of</u>	970

<u>aid-in-dying medication and unconsciousness?</u>	971
<u>Minutes ..... and/or Hours ..... [ ] Unknown</u>	972
<u>7. What was the time between lethal medication ingestion and death?</u>	973
	974
<u>Minutes ..... and/or Hours ..... [ ] Unknown</u>	975
<u>8. Were there any complications that occurred after the patient took the lethal dose of the aid-in-dying medication?</u>	976
	977
<u>[ ] Yes - vomiting, emesis</u>	978
<u>[ ] Yes - regained consciousness</u>	979
<u>[ ] No Complications</u>	980
<u>[ ] Other - Please describe: .....</u>	981
<u>[ ] Unknown</u>	982
<u>9. Was the Emergency Medical System activated for any reason after ingesting the lethal dose of the aid-in-dying medication?</u>	983
	984
<u>[ ] Yes - Please describe: _____</u>	985
<u>[ ] No</u>	986
<u>[ ] Unknown</u>	987
<u>10. At the time of ingesting the lethal dose of the aid-in-dying medication, was the patient receiving hospice care?</u>	988
	989
<u>[ ] Yes</u>	990
<u>[ ] No, refused care</u>	991
<u>[ ] No, other (specify) .....</u>	992
<u>.....</u>	993
<u>Signature of attending physician present at time of death</u>	994

<u>.....</u>	995
<u>Name of Licensed Health Care Provider present at time of death</u>	996
<u>if not attending physician</u>	997
<u>.....</u>	998
<u>Signature of Licensed Health Care Provider</u>	999
 <u>PART B: To be completed and signed by the attending physician</u>	1000
 <u>11. On what date was the prescription written for the aid-in-</u>	1001
<u>dying medication? ../../....</u>	1002
 <u>12. When the patient initially requested a prescription for the</u>	1003
<u>aid-in-dying medication, was the patient receiving hospice care?</u>	1004
 <u>[ ] Yes</u>	1005
 <u>[ ] No, refused care</u>	1006
 <u>[ ] No, other (specify) .....</u>	1007
 <u>13. What type of health care coverage did the patient have for</u>	1008
<u>their underlying illness? (Check all that apply.)</u>	1009
 <u>[ ] Medicare</u>	1010
 <u>[ ] Medicaid</u>	1011
 <u>[ ] V.A.</u>	1012
 <u>[ ] Private Insurance</u>	1013
 <u>[ ] No insurance</u>	1014
 <u>[ ] Had insurance, don't know type</u>	1015
 <u>14. Possible concerns that may have contributed to the patient's</u>	1016
<u>decision to request a prescription for aid-in-dying medication.</u>	1017
<u>Please check "yes," "no," or "Don't know," depending on whether</u>	1018
<u>or not you believe that concern contributed to their request</u>	1019

<u>(Please check as many boxes as you think may apply).</u>	1020
<u>A concern about...</u>	1021
<u>His or her terminal condition representing a steady loss</u>	1022
<u>of autonomy</u>	1023
<input type="checkbox"/> <u>Yes</u>	1024
<input type="checkbox"/> <u>No</u>	1025
<input type="checkbox"/> <u>Don't know</u>	1026
<u>The decreasing ability to participate in activities that</u>	1027
<u>made life enjoyable</u>	1028
<input type="checkbox"/> <u>Yes</u>	1029
<input type="checkbox"/> <u>No</u>	1030
<input type="checkbox"/> <u>Don't know</u>	1031
<u>The loss of control of bodily functions</u>	1032
<input type="checkbox"/> <u>Yes</u>	1033
<input type="checkbox"/> <u>No</u>	1034
<input type="checkbox"/> <u>Don't know</u>	1035
<u>Persistent and uncontrollable pain and suffering</u>	1036
<input type="checkbox"/> <u>Yes</u>	1037
<input type="checkbox"/> <u>No</u>	1038
<input type="checkbox"/> <u>Don't know</u>	1039
<u>A loss of Dignity</u>	1040
<input type="checkbox"/> <u>Yes</u>	1041
<input type="checkbox"/> <u>No</u>	1042

<u>[ ] Don't know</u>	1043
<u>Other concerns (specify) .....</u>	1044
<u>Signature of attending physician: .....</u>	1045
<b>Sec. 3795.03.</b> Nothing in section 3795.01, 3795.02, or	1046
3795.04 of the Revised Code shall do any of the following:	1047
(A) Prohibit or preclude a physician, certified nurse	1048
practitioner, certified nurse-midwife, or clinical nurse	1049
specialist who carries out the responsibility to provide comfort	1050
care to a patient in good faith and while acting within the	1051
scope of the physician's or nurse's authority from prescribing,	1052
dispensing, administering, or causing to be administered any	1053
particular medical procedure, treatment, intervention, or other	1054
measure to the patient, including, but not limited to,	1055
prescribing, personally furnishing, administering, or causing to	1056
be administered by judicious titration or in another manner any	1057
form of medication, for the purpose of diminishing the patient's	1058
pain or discomfort and not for the purpose of postponing or	1059
causing the patient's death, even though the medical procedure,	1060
treatment, intervention, or other measure may appear to hasten	1061
or increase the risk of the patient's death;	1062
(B) Prohibit or preclude health care personnel acting	1063
under the direction of a person authorized to prescribe a	1064
patient's treatment and who carry out the responsibility to	1065
provide comfort care to the patient in good faith and while	1066
acting within the scope of their authority from dispensing,	1067
administering, or causing to be administered any particular	1068
medical procedure, treatment, intervention, or other measure to	1069
the patient, including, but not limited to, personally	1070
furnishing, administering, or causing to be administered by	1071



judicious titration or in another manner any form of medication, 1072  
for the purpose of diminishing the patient's pain or discomfort 1073  
and not for the purpose of postponing or causing the patient's 1074  
death, even though the medical procedure, treatment, 1075  
intervention, or other measure may appear to hasten or increase 1076  
the risk of the patient's death; 1077

(C) Prohibit or affect the use or continuation, or the 1078  
withholding or withdrawal, of life-sustaining treatment, CPR, or 1079  
comfort care under Chapter 2133. of the Revised Code; 1080

(D) Prohibit or affect the provision or withholding of 1081  
health care, life-sustaining treatment, or comfort care to a 1082  
principal under a durable power of attorney for health care or 1083  
any other health care decision made by an attorney in fact under 1084  
sections 1337.11 to 1337.17 of the Revised Code; 1085

(E) Affect or limit the authority of a physician, a health 1086  
care facility, a person employed by or under contract with a 1087  
health care facility, or emergency service personnel to provide 1088  
or withhold health care to a person in accordance with 1089  
reasonable medical standards applicable in an emergency 1090  
situation; 1091

(F) Affect or limit the authority of a person to refuse to 1092  
give informed consent to health care, including through the 1093  
execution of a durable power of attorney for health care under 1094  
sections 1337.11 to 1337.17 of the Revised Code, the execution 1095  
of a declaration under sections 2133.01 to 2133.15 of the 1096  
Revised Code, or authorizing the withholding or withdrawal of 1097  
CPR under sections 2133.21 to 2133.26 of the Revised Code. 1098

(G) Affect or limit the authority of a person to perform 1099  
any action in good faith compliance with Chapter 3792. of the 1100

<u>Revised Code.</u>	1101
<b>Sec. 3795.04.</b> (A) Except as provided in section 3795.03 of the Revised Code, no person shall knowingly cause another person to commit or attempt to commit suicide by doing either of the following:	1102 1103 1104 1105
(1) Providing the physical means by which the other person commits or attempts to commit suicide;	1106 1107
(2) Participating in a physical act by which the other person commits or attempts to commit suicide.	1108 1109
(B) Whoever violates division (A) of this section is guilty of assisting suicide, a felony of the third degree.	1110 1111
<u>(C) Any action taken in good faith compliance with Chapter 3792. of the Revised Code is not a violation of division (A) of this section.</u>	1112 1113 1114
<b>Sec. 4729.97.</b> <u>For purposes of section 3792.25 of the Revised Code, the state board of pharmacy shall adopt rules to identify the locations to which a person who has custody or control of an unused aid-in-dying medication may personally deliver the medication. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.</u>	1115 1116 1117 1118 1119 1120
<b>Section 2.</b> That existing sections 3795.03 and 3795.04 of the Revised Code are hereby repealed.	1121 1122
<b>Section 3.</b> This act shall be known as the "End of Life Option Act."	1123 1124