



State of Wisconsin
2021 - 2022 LEGISLATURE

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2021 ASSEMBLY BILL 1078

March 7, 2022 - Introduced by Representatives POPE, HESSELBEIN, SUBECK, BALDEH, SPREITZER, CONLEY, VRUWINK, SINICKI, SNODGRASS, B. MEYERS, OHNSTAD and ANDERSON, cosponsored by Senators AGARD, BEWLEY, CARPENTER, SMITH and ROYS. Referred to Committee on Constitution and Ethics.

1 **AN ACT** *to create* chapter 156 and 979.01 (1j) of the statutes; **relating to:**
2 permitting certain qualified individuals to make a request for medication for
3 the purpose of ending their lives and providing a penalty.

Analysis by the Legislative Reference Bureau

This bill permits an individual who is at least 18 years of age, mentally capable, and has a terminal disease with a prognosis of less than six months to live to voluntarily request a prescription for medication for the purpose of ending his or her life. Under the bill, “terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months. The bill authorizes the individual’s attending provider to issue a prescription for the medication if specified requirements are met. Under the bill, an attending or consulting provider must be a licensed physician, an advanced practice registered nurse, or a physician assistant. Death following self-administering medication in accordance with the requirements of the bill does not alone constitute grounds for post-mortem inquiry and such a death may not be designated as suicide or homicide.

The bill requires that the Department of Health Services develop and distribute certain standard forms to be used for reporting by attending providers in the context of requests for medication under the provisions of the bill.

The bill establishes certain requirements that must be met before an attending provider may issue a prescription in response to an individual’s request for a prescription for medication to end his or her life. With certain exceptions for an

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individual who is determined to be within 15 days of death, a qualified individual must make an oral request and a written request, and reiterate the oral request to his or her attending provider no less than 15 days after making the initial oral request. The oral and written requests for medical aid in dying may only be made by the requesting individual and not by any surrogate decision-maker, health care proxy, attorney-in-fact for health care, or through an advance health care directive. The written request must be substantially in the form provided in the bill. It must be signed and dated by the individual and witnessed by at least one individual who meets certain qualifications and attests that the individual is capable, acting voluntarily, and is not being coerced or unduly influenced to sign the request.

The bill requires an attending provider to comply with certain requirements with respect to requests for medication under the bill, including 1) determining whether an individual has a terminal disease with a prognosis of six months or less to live and is mentally capable; 2) confirming that the individual's request does not arise from coercion or undue influence; 3) informing the individual of certain information specified in the bill, including the potential risks, benefits, and probable result of self-administering the prescribed medication; 4) informing the individual that there is no obligation to fill the prescription nor an obligation to self-administer the medication, even if obtained; 6) providing a referral for comfort care, palliative care, hospice care, pain control, or other end-of-life treatment options as requested or as medically indicated; 7) referring the individual to a consulting provider for medical confirmation that the individual requesting medication under the bill both has a terminal disease with a prognosis of six months or less to live and is mentally capable; and 8) before providing a prescription, confirming that the individual has made an informed decision to obtain medication under the bill, offering the individual an opportunity to rescind the request, and educating the individual on the recommended procedure for self-administration of the medication, the safe-keeping and proper disposal of unused medication, the importance of having another person present when the person self-administers the medication, and not taking the medication in a public place. Under the bill, a consulting provider must evaluate an individual making a request for medication under the provisions of the bill and confirm, in writing, to the attending provider that the individual has a terminal disease with a prognosis of six months or less to live; that the individual is mentally capable or that the consulting provider has referred the individual to a licensed mental health provider for further evaluation; and that the individual is acting voluntarily, free from coercion or undue influence. The bill requires that if either the attending provider or the consulting provider is unable to confirm that the individual is capable of making an informed decision, the attending provider or the consulting provider must refer the individual to a licensed mental health provider for determination regarding mental capability.

The bill specifies that a provider may choose whether or not to practice medical aid in dying under the provisions of the bill, but if a provider is unable or unwilling to fulfill an individual's request for medication under the bill, the provider must still document the date of the individual's request in the patient's medical record and, if requested, transfer the individual's medical records to a new provider. The bill also

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1 **156.03 Definitions.** In this chapter:

2 **(1)** “Adult” means an individual who is 18 years of age or older.

3 **(2)** “Attending provider” means the provider who has primary responsibility
4 for the care of an individual and treatment of that individual’s terminal disease.

5 **(3)** “Coercion or undue influence” means the willful attempt, whether by
6 deception, intimidation, or any other means, to do any of the following:

7 (a) Cause an individual to request, obtain, or self-administer medication under
8 this chapter with intent to cause the death of the individual.

9 (b) Prevent a qualified individual from obtaining or self-administering
10 medication under this chapter.

11 **(4)** “Consulting provider” means a provider who is qualified by specialty or
12 experience to make a professional diagnosis and prognosis regarding an individual’s
13 disease.

14 **(5)** “Department” means the department of health services.

15 **(6)** “Health care facility” means a general hospital, medical clinic, nursing
16 home, or in-patient hospice facility or any other entity regulated under ch. 50. A
17 health care facility does not include individual providers.

18 **(7)** “Informed decision” means a decision by a qualified individual to request
19 and obtain a prescription for medication under this chapter that the qualified
20 individual may self-administer to bring about his or her peaceful death, after being
21 fully informed by the individual’s attending provider of all of the following:

22 (a) The individual’s diagnosis and prognosis.

23 (b) The potential risks associated with taking the medication to be prescribed.

24 (c) The probable result of taking the medication to be prescribed.

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1 (d) The feasible end-of-life care and treatment options for the individual's
2 terminal disease, including comfort care, palliative care, hospice care and pain
3 control, and the risks and benefits of each.

4 (e) The individual's right to withdraw a request under this chapter or consent
5 for any other treatment at any time.

6 **(8)** Notwithstanding sub. (13), "licensed mental health care provider" means
7 a psychiatrist, psychologist, clinical social worker, psychiatric nurse practitioner,
8 clinical mental health counselor, or clinical professional counselor licensed, certified,
9 or otherwise credentialed in this state.

10 **(9)** "Medical aid in dying" means the practice of evaluating a request,
11 determining qualification, and providing a prescription to a qualified individual
12 under this chapter.

13 **(10)** "Medically confirmed" means that a consulting provider, after performing
14 a medical evaluation, has confirmed an attending provider's medical opinion that an
15 individual is eligible to receive medication under this chapter.

16 **(11)** "Mentally capable" means that in the opinion of an attending provider or
17 consulting provider, or a licensed mental health care provider if a determination is
18 requested under s. 156.17, an individual requesting medication under this chapter
19 has the ability to make and communicate an informed decision.

20 **(12)** "Prognosis of six months or less" means an individual's terminal disease
21 will, within reasonable medical judgment, result in the death of that individual
22 within six months.

23 **(13)** "Provider" means a person licensed, certified, or otherwise authorized or
24 permitted by this state to diagnose and treat medical conditions and prescribe and

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1 dispense medication, including controlled substances, but does not include a health
2 care facility. Provider includes any of the following:

3 (a) A physician licensed under ch. 448.

4 (b) An advanced practice registered nurse, as defined in s. 154.01 (1g).

5 (c) A physician assistant licensed under subch. VIII of ch. 448.

6 (14) "Qualified individual" means a mentally capable adult who has satisfied
7 the requirements of this chapter in order to obtain a prescription for medication to
8 bring about a peaceful death. No person will be considered a "qualified individual"
9 under this chapter solely because of advanced age or disability.

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

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

17 **156.05 Informed consent.** (1) Nothing in this chapter may be construed to
18 limit the information a provider must provide to an individual in order to comply
19 with the medical standard of care and with informed consent requirements under
20 state law.

21 (2) If a provider is unable or unwilling to fulfill a request for medication under
22 this chapter, the provider shall proceed as required under s. 156.21 (2).

23 (3) Failure by a provider to provide information about medical aid in dying to
24 an individual who requests it, or failure to refer the individual to another provider

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1 who can provide the information upon request, shall constitute a failure to obtain
2 informed consent for subsequent medical treatments.

3 **156.07 Standard of care.** (1) Care that complies with the requirements of
4 this chapter meets the medical standard of care.

5 (2) Nothing in this chapter exempts a provider or other medical personnel from
6 meeting the medical standard of care for the treatment of individuals with a terminal
7 disease.

8 **156.09 Qualification.** (1) A mentally capable adult with a terminal disease
9 and a prognosis of six months or less may request a prescription for medication under
10 this chapter. A qualified individual shall have made an oral request and a written
11 request, and reiterated the oral request to the individual's attending provider no less
12 than 15 days after making the initial oral request.

13 (2) The attending provider and consulting provider of a qualified individual
14 shall have met each of their respective requirements as set forth in ss. 156.13 and
15 156.15.

16 (3) Notwithstanding sub. (1), if an individual's attending provider has
17 medically determined that the individual will, within reasonable medical judgment,
18 die within 15 days after making an initial oral request under sub. (1), the 15-day
19 waiting period set forth in sub. (1) is waived and the individual may reiterate the oral
20 request to the attending provider as required under sub. (1) at any time after making
21 the initial oral request.

22 (4) At the time an individual makes the second oral request, the individual's
23 attending provider shall offer the individual an opportunity to rescind the request.

24 (5) Oral and written requests for medical aid in dying may be made only by the
25 requesting individual and may not be made by the individual's surrogate

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1 decision-maker, health care proxy, attorney-in-fact for health care, or through an
2 advance health care directive.

3 (6) If an individual decides to transfer care to another provider, the former
4 provider shall transfer all relevant medical records, including written
5 documentation of the date of the individual's request or requests concerning medical
6 aid in dying.

7 **156.11 Form of written request.** (1) A valid written request for medication
8 under this chapter shall be signed and dated by the requesting individual, and
9 witnessed by at least one person who, in the presence of the requesting individual,
10 attests that, to the best of the witness's knowledge and belief, the individual is
11 capable, acting voluntarily, and is not being coerced nor unduly influenced to sign the
12 request.

13 (2) The witness required under this section must be a person who is not any
14 of the following:

15 (a) A relative of the requesting individual by blood, marriage, or adoption.

16 (b) A person who at the time the request is signed would be entitled to any
17 portion of the estate of the requesting individual upon death under any will or by
18 operation of law.

19 (c) An owner, operator, or employee of a health care facility where the
20 requesting individual is receiving medical treatment or is a resident.

21 (3) The requesting individual's attending provider at the time the request is
22 signed may not be a witness.

23 (4) The requesting individual's interpreter may not be a witness.

24 (5) The written request for medication shall be in substantially the following
25 form:

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REQUEST FOR MEDICATION

TO END MY LIFE IN A

PEACEFUL MANNER

1
2
3
4 I, (insert name), am an adult of sound mind. I have been diagnosed with
5 (insert description of terminal disease), and given a prognosis of six months or less
6 to live.

7 I have been fully informed of the feasible alternatives, concurrent or additional
8 treatment opportunities for my terminal disease, including comfort care, palliative
9 care, hospice care, or pain control and the potential risks and benefits of each. I have
10 been offered or received resources or referrals to pursue these alternative,
11 concurrent or additional treatment opportunities for my terminal disease.

12 I have been fully informed of the nature of the medication to be prescribed and
13 the risks and benefits, including that the likely outcome of self-administering the
14 medication is death. I understand that I can rescind this request at any time, that
15 I am under no obligation to fill the prescription once written nor to self-administer
16 the medication if I obtain it.

17 I request that my attending provider furnish a prescription for medication that
18 will end my life in a peaceful manner if I choose to self-administer it, and I authorize
19 my attending provider to contact a pharmacist to dispense the prescription at a time
20 of my choosing.

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

22 Signed:

23 Dated:

24 Witness Signature:

25 Dated:

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1 **156.13 Attending provider responsibilities. (1)** The attending provider
2 for an individual shall do all of the following with regard to requests for medication
3 under this chapter:

4 (a) Determine whether the individual has a terminal disease with a prognosis
5 of six months or less and is mentally capable.

6 (b) Confirm that the individual's request for medication under this chapter does
7 not arise from coercion or undue influence by asking the individual about coercion
8 and influence, outside the presence of other persons and except for an interpreter as
9 necessary.

10 (c) Inform the individual of all of the following:

11 1. The individual's diagnosis.

12 2. The individual's prognosis.

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

15 4. The potential benefits and risks of feasible alternatives, including
16 concurrent or additional treatment options for the individual's terminal disease,
17 palliative care, comfort care, hospice care, and pain control.

18 5. The individual's right to rescind the request for medication under this
19 chapter at any time and in any manner.

20 (d) Inform the individual that there is no obligation to fill the prescription nor
21 an obligation to self-administer the medication, if it is obtained.

22 (e) Provide the individual with a referral for comfort care, palliative care,
23 hospice care, pain control, or any other end-of-life treatment option as requested or
24 as clinically indicated.

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1 (f) Refer the individual to a consulting provider for medical confirmation that
2 the individual requesting medication under this chapter both has a terminal disease
3 with a prognosis of six months or less and is mentally capable.

4 (g) Include the consulting provider's written determination, as provided under
5 s. 156.15, in the individual's medical record.

6 (h) Refer the individual to a licensed mental health care provider if the
7 attending provider observes signs that the individual may not be capable of making
8 an informed decision.

9 (i) Include the licensed mental health care provider's written determination,
10 as provided under s. 156.17, in the individual's medical record, if such determination
11 was requested.

12 (j) Inform the individual of the benefits of notifying the next of kin of the
13 individual's decision to request medication under this chapter.

14 (k) Fulfill all medical record documentation requirements.

15 (L) Ensure that all procedures required in order to fulfill a request for
16 medication under this chapter are followed before providing a prescription to a
17 qualified individual for medication under this chapter, including all of the following:

18 1. Confirm that the individual has made an informed decision to obtain a
19 prescription for medication under this chapter.

20 2. Offer the individual an opportunity to rescind the request for medication
21 under this chapter.

22 3. Educate the individual on the recommended procedure for
23 self-administering the medication to be prescribed; the safe-keeping and proper
24 disposal of unused medication in accordance with state and federal law; the

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1 importance of having another person present when the individual self-administers
2 the medication to be prescribed; and not taking the medication in a public place.

3 (m) Deliver the prescription personally, by mail, or through an authorized
4 electronic transmission to a licensed pharmacist who will dispense the medication,
5 including any ancillary medications, to the attending provider, to the qualified
6 individual, or to an individual expressly designated by the qualified individual in
7 person or with a signature required on delivery, by mail service or by messenger
8 service, or if authorized by the federal drug enforcement agency, dispense the
9 prescribed medication, including any ancillary medications, to the qualified
10 individual or an individual expressly designated by the qualified individual in
11 person.

12 (n) Document in the qualified individual's medical record the individual's
13 diagnosis and prognosis, determination of mental capability, the date of the oral
14 request or requests, a copy of the written request, a notation that the requirements
15 under this chapter have been completed, and identification of the medication and
16 ancillary medications prescribed to the qualified individual under this chapter.

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

19 **156.15 Consulting provider responsibilities.** A consulting provider for an
20 individual shall do all of the following with regard to requests for medication under
21 this chapter:

22 (1) Evaluate the individual and the individual's relevant medical records.

23 (2) Confirm, in writing, to the individual's attending provider that all of the
24 following are true:

25 (a) The individual has a terminal disease with prognosis of six months or less.

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1 (b) The individual is mentally capable. If the consulting provider is unable to
2 confirm that the individual is mentally capable, the consulting provider shall provide
3 documentation that the consulting provider has referred the individual for further
4 evaluation in accordance with s. 157.17.

5 (c) The individual is acting voluntarily, free from coercion or undue influence.

6 **156.17 Referral for confirmation that the requesting individual is**
7 **mentally capable. (1)** If either an attending provider or a consulting provider is
8 unable to confirm that an individual making a request for medication under this
9 chapter is capable of making an informed decision, the attending provider or the
10 consulting provider shall refer the individual to a licensed mental health care
11 provider for determination regarding mental capability.

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

15 (3) If the licensed mental health care provider determines that the individual
16 is not mentally capable, the individual may not be deemed a qualified individual and
17 the attending provider may not prescribe medication to the individual under this
18 chapter.

19 **156.19 Safe disposal of unused medications.** A person who has custody or
20 control of medication prescribed under this chapter after a qualified individual's
21 death shall dispose of the medication by lawful means in accordance with state and
22 federal guidelines.

23 **156.21 No duty to provide medical aid in dying. (1)** A provider shall
24 provide sufficient information to an individual with a terminal disease regarding
25 available options, the alternatives, and the foreseeable risks and benefits of each

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1 option so that the individual is able to make informed decisions regarding his or her
2 end-of-life health care, but a provider may choose whether or not to practice medical
3 aid in dying under this chapter.

4 (2) If a provider is unable or unwilling to fulfill an individual's request for
5 medication under this chapter, the provider shall do all of the following:

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

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

10 (3) A provider may not engage in false, misleading, or deceptive practices
11 relating to a willingness to qualify an individual or provide a prescription to a
12 qualified individual under this chapter. Intentionally misleading an individual
13 constitutes coercion.

14 **156.23 Health care facility permissible prohibitions and duties.** (1) A
15 health care facility may prohibit providers from qualifying, prescribing, or
16 dispensing medication under this chapter while performing duties for the facility.
17 A prohibiting facility must provide express advance notice in writing at the time of
18 hiring, contracting with, or privileging providers and staff, and on a yearly basis
19 thereafter. A health care facility that fails to provide advance notice in writing
20 waives the right to enforce the prohibition or prohibitions.

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

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1 **(3)** No health care facility may prohibit a provider from doing any of the
2 following in fulfilling the requirements of informed consent and meeting the medical
3 of standard of care:

4 (a) Providing information to an individual regarding the individual's health
5 status, including diagnosis, prognosis, recommended treatment, treatment
6 alternatives, and any potential risks to the individual's health.

7 (b) Providing information about available services, relevant community
8 resources, and how to access those resources to obtain the care of the individual's
9 choice. Providing information about available services, including health care
10 services available under this chapter, information about relevant community
11 resources, and information about how to access those resources to obtain the care of
12 the individual's choice.

13 (c) Prescribing medication under this chapter for a qualified individual outside
14 the scope of the provider's employment or contract with the prohibiting facility and
15 off the premises of the prohibiting facility.

16 (d) Being present when a qualified individual self-administers medication
17 prescribed under this chapter or at the time of death, if requested by the qualified
18 individual or his or her representative and outside the scope of the provider's
19 employment or contractual duties with the prohibiting facility.

20 **(4)** A health care facility may not engage in false, misleading, or deceptive
21 practices relating to its policy regarding end-of-life care services, including whether
22 it has a policy that prohibits affiliated providers from determining an individual's
23 qualification for medical aid in dying or writing a prescription for a qualified
24 individual under this chapter, or intentionally denying an individual access to
25 medication under this chapter by failing to transfer an individual and the

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1 individual's medical records to another provider in a timely manner. Intentionally
2 misleading an individual or deploying misinformation to obstruct access to services
3 under this chapter constitutes coercion or undue influence.

4 (5) If any part of this chapter is found to be in conflict with federal requirements
5 that are a prescribed condition to receipt of federal funds, the conflicting part of this
6 chapter is inoperative solely to the extent of the conflict with respect to the facility
7 directly affected, and such finding or determination does not affect the operation of
8 the remainder of the chapter.

9 **156.25 Immunities for actions in good faith; prohibition against**
10 **reprisals. (1)** No person or health care facility shall be subject to civil or criminal
11 liability or professional disciplinary action, including censure, suspension, loss of
12 license, loss of privileges, loss of membership, or any other penalty, for engaging in
13 good faith compliance with this chapter.

14 (2) No provider, health care facility, professional organization, or association
15 shall subject a provider to discharge, demotion, censure, discipline, suspension, loss
16 of license, loss of privileges, loss of membership, discrimination, or any other penalty
17 for providing medical aid in dying in accordance with the medical standard of care
18 and in good faith under this chapter, except if a provider acts in violation of a health
19 care facility's valid prohibition or prohibitions as set forth under s. 156.23.

20 (3) No provider, health care facility, professional organization, or association
21 shall subject a provider to discharge, demotion, censure, discipline, suspension, loss
22 of license, loss of privileges, loss of membership, discrimination, or any other penalty
23 for providing medical aid in dying in accordance with the medical standard of care
24 and in good faith under this chapter while engaged in the outside practice of medicine

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1 and off the facility premises or for providing scientific and accurate information
2 about medical aid in dying to an individual when discussing end-of-life care options.

3 (4) An individual is not subject to civil or criminal liability or professional
4 discipline if, at the request of a qualified individual, the individual is present outside
5 the scope of the individual's employment contract and off the facility premises when
6 the qualified individual self-administers medication under this chapter or at the
7 time of death. An individual who is present may, without civil or criminal liability,
8 assist the qualified individual by preparing the medication prescribed under this
9 chapter.

10 (5) A request by an individual for and the provision of medication under this
11 chapter alone does not constitute neglect or elder abuse for any purpose of law, nor
12 shall it be the sole basis for appointment of a guardian or conservator.

13 (6) This chapter does not limit civil liability for intentional or negligent
14 misconduct.

15 **156.27 Reporting requirements.** (1) The department shall create a
16 checklist form and a follow up form for attending providers to facilitate collection of
17 the information described in this chapter and post these forms to the department's
18 Internet site.

19 (2) Within 30 calendar days of providing a prescription for medication under
20 this chapter, an attending provider shall submit to the department a completed
21 checklist form, as provided under sub. (1), with all of the following information:

22 (a) The qualified individual's name and date of birth.

23 (b) The qualified individual's terminal diagnosis and prognosis.

24 (c) Notice that the requirements under this chapter have been completed.

25 (d) Notice that medication has been prescribed under this chapter.

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1 **(3)** Within 60 calendar days of notification of a qualified individual's death from
2 self-administration of medication prescribed under this chapter, the attending
3 provider shall submit to the department a follow up form, as provided under sub. (1),
4 with all of the following information:

5 (a) The qualified individual's name and date of birth.

6 (b) The date of the qualified individual's death.

7 (c) A notation of whether or not the qualified individual was enrolled in hospice
8 services at the time of the qualified individual's death.

9 **(4)** The department shall annually review a sample of records related to
10 requests under this chapter to ensure compliance and issue a public statistical report
11 of nonidentifying information. The report shall be limited to the following statistical
12 information:

13 (a) The number of prescriptions for medication written under this chapter.

14 (b) The number of providers who wrote prescriptions for medication under this
15 chapter.

16 (c) The number of qualified individuals who died following self-administration
17 of medication prescribed and dispensed under this chapter.

18 **(5)** Except as otherwise required by law, the information collected by the
19 department that is related to requests under this chapter is not a public record and
20 is not available for public inspection under s. 19.35.

21 **(6)** Willful failure or refusal to timely submit records required under this
22 chapter nullifies protections under s. 156.25.

23 **156.29 Effect on construction of will, contracts, and statutes.** (1) No
24 provision in a contract, will, or other agreement, whether written or oral, that would

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1 determine whether an individual may make or rescind a request under this chapter
2 is valid.

3 (2) No obligation owing under any existing contract may be conditioned or
4 affected by an individual's act of making or rescinding a request under this chapter.

5 (3) It is unlawful for an insurer to deny or alter health care benefits otherwise
6 available to an individual with a terminal disease based on the availability of
7 medical aid in dying or to otherwise attempt to coerce an individual with a terminal
8 disease to make a request for medical aid-in-dying medication.

9 **156.31 Insurance or annuity policies.** (1) The sale, procurement, or
10 issuance of a life, health, or accident insurance policy, or an annuity policy, or the rate
11 charged for a policy may not be conditioned upon or affected by an individual's act
12 of making or rescinding a request for medication under this chapter.

13 (2) A qualified individual's act of self-administering medication under this
14 chapter does not invalidate any part of a life, health, or accident insurance policy, or
15 an annuity policy.

16 (3) An insurance plan, including the Medical Assistance program under subch.
17 IV of ch. 49, may not deny or alter benefits to an individual with a terminal disease
18 who is a covered beneficiary of an insurance plan based on the availability of medical
19 aid in dying, the individual's request for medication under this chapter, or the
20 absence of a request for medication under this chapter. Failure to meet this
21 requirement shall constitute a violation of the insurance code of this state.

22 **156.33 Death certificate.** (1) Unless otherwise prohibited by law, an
23 attending provider or a hospice medical director may sign the death certificate of a
24 qualified individual who obtained and self-administered a prescription for
25 medication under this chapter.

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1 (2) When a death has occurred in accordance with this chapter, the death shall
2 be attributed to the underlying terminal disease.

3 (3) A death following self-administering medication under this chapter does
4 not alone constitute grounds for post-mortem inquiry.

5 (4) A death in accordance with this chapter may not be designated as suicide
6 or homicide.

7 (5) A qualified individual's act of self-administering medication prescribed
8 under this chapter may not be indicated on the individual's death certificate.

9 (6) A coroner may conduct a preliminary investigation to determine whether
10 an individual received a prescription for medication under this chapter.

11 **156.35 Liabilities and penalties.** (1) Intentionally or knowingly altering
12 or forging an individual's request for medication under this chapter or concealing or
13 destroying a rescission of a request for medication under this chapter is a Class F
14 felony.

15 (2) Intentionally or knowingly coercing or exerting undue influence on an
16 individual with a terminal disease to request or use medication under this chapter
17 is a Class F felony.

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

21 (4) The penalties specified in this chapter do not preclude criminal penalties
22 applicable under other laws for conduct inconsistent with this chapter.

23 (5) For purposes of this chapter, "intentionally" and "knowingly" have the
24 meaning under s. 939.23.

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1 **156.37 Claims by governmental entity for costs incurred.** Any
2 governmental entity that incurs costs resulting from self-administration of
3 medication prescribed under this chapter in a public place has a claim against the
4 estate of the qualified individual to recover those costs and, notwithstanding s.
5 814.04 (1), reasonable attorney fees and costs incurred in enforcing the claim.

6 **156.39 Construction. (1)** Nothing in this chapter authorizes a provider or
7 any other person, including a qualified individual, to end the qualified individual's
8 life by intravenous or other parenteral injection or infusion, mercy killing, homicide,
9 murder, manslaughter, euthanasia, or any other criminal act.

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

14 **SECTION 2.** 979.01 (1j) of the statutes is created to read:

15 979.01 **(1j)** Subsection (1) does not apply to a death that results from taking
16 medication under a fulfilled request for medication that meets the requirements of
17 ch. 156.

18 **SECTION 3. Nonstatutory provisions.**

19 (1) No later than 45 days after the effective date of this subsection, the
20 department of health services shall create the checklist form and the follow up form
21 required under s. 156.27 (1).

22 **SECTION 4. Effective date.**

23 (1) This act takes effect on April 1, 2022, or the first day of the first month
24 beginning after publication, whichever is later.

25

(END)