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# A BILL FOR AN ACT

RELATING TO VOLUNTARY ASSISTED DYING.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The Hawaii Revised Statutes is amended by  
2 adding a new chapter to be appropriately designated and to read  
3 as follows:

4                               "CHAPTER

5                               VOLUNTARY ASSISTED DYING

6                               PART I. GENERAL PROVISIONS

7       § -1 Definitions. As used in this chapter, unless the  
8 context requires otherwise:

9       "Contact person" means the person appointed to return any  
10 unused or remaining voluntary assisted dying substance to the  
11 dispensing pharmacy.

12       "Decision-making capacity" means a person:

13       (1) Understands the information relevant to the decision  
14 relating to access to voluntary assisted dying and the  
15 effect of the decision;

16       (2) Retains that information to the extent necessary to  
17 make the decision;



(3) Uses or weighs that information as part of the process of making the decision; and

(4) Communicates the decision and the person's views and needs as to the decision in some way, including by speech, gestures, or other means.

"De-identified" means personal information or health information that no longer relates to an identifiable individual or an individual who can be reasonably identified.

"Director" means the director of health.

"Dispensing pharmacy" means the pharmacy that dispenses the voluntary assisted dying substance and whose pharmacists are all licensed under chapter 461.

"Ineligible witness" is a person who:

(1) Knows or believes oneself to:

(A) Be a beneficiary under a will of the person making the declaration requesting access to voluntary assisted dying; or

(B) Benefit financially or in any other material way from the death of the person making the declaration;



(2) Is an owner of, or is responsible for the day-to-day operation of, any health care facility at which:

(A) The person making the declaration requesting access to voluntary assisted dying is being treated; or

(B) The person making the declaration resides; or

(3) Is directly involved in providing health care services or professional care services to the person making the declaration requesting access to voluntary assisted dying.

"Second assessment physician" means the physician who accepts a referral to conduct a second assessment of the person requesting access to voluntary assisted dying.

"Treating physician" means the physician who accepts the preliminary request of a person requesting access to voluntary assisted dying or a second assessment physician for the person who accepts a transfer of the role of treating physician.

"Voluntary assisted dying" means the administration of a voluntary assisted dying substance.

"Voluntary assisted dying permit" includes a self-administration permit and a physician administration permit.



1 "Voluntary assisted dying substance" means a controlled  
2 substance specified in a voluntary assisted dying permit for the  
3 purpose of causing a person's death.

4 § -2 Eligible persons. No person shall be eligible to  
5 request and access voluntary assisted dying under this chapter  
6 unless the person:

7 (1) Is eighteen years of age or older;

8 (2) Is a citizen or permanent resident alien of the United  
9 States;

10 (3) Is a resident of the State for at least twelve  
11 consecutive months prior to making a preliminary  
12 request to access voluntary assisted dying under this  
13 chapter;

14 (4) Holds decision-making capacity in relation to  
15 voluntary assisted dying;

16 (5) Is diagnosed with a disease, illness, or medical  
17 condition that is:

18 (A) Incurable;

19 (B) Advanced, progressive, and is expected to cause  
20 death within six months; and



(C) Causing suffering to the person that cannot be relieved in a manner that the person considers tolerable; and

(6) Is voluntarily and without coercion seeking to access voluntary assisted dying under this chapter.

PART II. REQUESTING ACCESS TO VOLUNTARY ASSISTED DYING AND  
ASSESSMENT OF ELIGIBILITY

A. Preliminary Request

§ -3 Preliminary request. (a) No person shall make a request for access to voluntary assisted dying unless the person makes a preliminary request to a physician who is licensed under chapter 453.

(b) The preliminary request for access to voluntary assisted dying shall be:

(1) Clear and unambiguous; and

(2) Made by the person verbally or by gestures or other means of communication available to the person.

(c) A person who makes a preliminary request may decide at any time not to continue the request for access to voluntary assisted dying. The decision shall terminate continued access.



1 (d) No termination of the request under subsection (c)  
2 shall prohibit the person from making a new preliminary request  
3 for access to voluntary assisted dying.

4 § -4 Physician decision to accept preliminary request.

5 (a) Within seven days after receiving a preliminary request  
6 from a person, the physician to whom the request was made shall  
7 inform the person that the physician:

8 (1) Accepts the preliminary request; or

9 (2) Refuses the preliminary request, because the physician  
10 has a conscientious objection to voluntary assisted  
11 dying.

12 (b) A physician who accepts the preliminary request shall  
13 record the physician's decision to accept the preliminary  
14 request and the preliminary request in the person's medical  
15 record.

16 (c) Upon acceptance of a person's preliminary request, the  
17 physician to whom the request was made shall be deemed the  
18 treating physician for the person.

19 § -5 First assessment of the preliminary request. (a)

20 The treating physician shall assess whether the person



1 requesting access to voluntary assisted dying meets the  
2 eligibility criteria under section -2.

3 (b) The treating physician may use the services of  
4 consulting physicians licensed under chapter 453 in order to  
5 make the assessment under subsection (a).

6 (c) If the treating physician is satisfied that the person  
7 meets the eligibility criteria under section -2, the treating  
8 physician shall inform the person about the following matters:

- 9 (1) The person's diagnosis and prognosis;
- 10 (2) The treatment options available to the person and the  
11 likely outcomes of that treatment;
- 12 (3) Palliative care options available to the person and  
13 the likely outcomes of that care;
- 14 (4) The potential risks of taking a voluntary assisted  
15 dying substance;
- 16 (5) Death as the expected outcome of taking a voluntary  
17 assisted dying substance referred to in paragraph (4);  
18 and
- 19 (6) The person's freedom at any time to decide not to  
20 continue with voluntary assisted dying.



(d) No treating physician shall assess the person as eligible for access to voluntary assisted dying unless the treating physician is satisfied that:

(1) The person meets the eligibility criteria under section -2 for access to voluntary assisted dying; and

(2) The person understands the information provided under subsection (c).

(e) Within seven days after completing the first assessment, the treating physician shall:

(1) Notify the person requesting access to voluntary assisted dying of the treating physician's decision under subsection (d); and

(2) Complete the first assessment report on a form prescribed by the director and provide a copy of the report to the director.

**§ -6 Second assessment referral.** (a) If the treating physician assesses the person as eligible for access to voluntary assisted dying, the treating physician shall refer the person to another physician licensed under chapter 453 for a second assessment; provided that the physician from whom a





1 second assessment is sought is not a physician used as a  
2 consulting physician under section -5(b).

3 (b) Within seven days after receiving the referral from  
4 the treating physician, the physician to whom the referral for a  
5 second assessment was made shall inform the person requesting  
6 access to voluntary assisted dying and the treating physician  
7 that the physician:

8 (1) Accepts the referral; or

9 (2) Refuses the referral, because the physician has a  
10 conscientious objection to voluntary assisted dying.

11 (c) A physician who accepts the referral shall record the  
12 physician's decision to accept the referral and the referral in  
13 the person's medical record.

14 (d) Upon acceptance of the referral, the physician shall  
15 be deemed the second assessment physician for the person.

16 § -7 Second assessment; requirements. (a) The second  
17 assessment physician shall assess whether the person requesting  
18 access to voluntary assisted dying meets the eligibility  
19 criteria under section -2.



1 (b) The second assessment physician may use the services  
2 of consulting physicians licensed under chapter 453 in order  
3 make the assessment under subsection (a).

4 (c) If the second assessment physician is satisfied that  
5 the person meets the eligibility criteria under section -2,  
6 the second assessment physician shall inform the person about  
7 the matters listed in section -5(c).

8 (d) No second assessment physician shall assess the person  
9 as eligible for access to voluntary assisted dying unless the  
10 second assessment physician is satisfied that:

11 (1) The person meets the eligibility criteria under  
12 section -2 for access to voluntary assisted dying;  
13 and

14 (2) The person understands the information provided under  
15 section -5(c).

16 (e) Within seven days after completing the second  
17 assessment, the second assessment physician shall:

18 (1) Notify the person requesting access to voluntary  
19 assisted dying of the second assessment physician's  
20 decision under subsection (d); and



(2) Complete the second assessment report on a form prescribed by the director and provide a copy of the report to:

(A) The treating physician; and

(B) The director.

§ -8 Transfer of treating physician role. (a) The treating physician for a person may transfer the role of treating physician in accordance with this section at the request of either:

(1) The person; or

(2) The treating physician.

(b) The treating physician for a person may transfer the role of treating physician to the second assessment physician for the person, if:

(1) The second assessment physician has assessed the person as eligible for access to voluntary assisted dying; and

(2) The second assessment physician accepts the request of the treating physician to be transferred the role.

(c) Within seven days after being requested by the treating physician to accept a transfer of the treating



1 physician role, the second assessment physician shall inform the  
2 treating physician as to whether the second assessment physician  
3 accepts or refuses the transfer of the role.

4 (d) If the second assessment physician refuses the  
5 transfer of the role of treating physician, the treating  
6 physician for the person may:

7 (1) Refer the person to another physician licensed under  
8 chapter 453 to conduct another second assessment; and

9 (2) Transfer the role of treating physician to the other  
10 physician referenced under paragraph (1), if the other  
11 physician:

12 (A) Accepts the referral to conduct another second  
13 assessment;

14 (B) Assesses the person as eligible for access to  
15 voluntary assisted dying; and

16 (C) Accepts the transfer of the role.

17 (e) If the physician referenced under subsection (d) (1)  
18 accepts a referral to conduct another second assessment, the  
19 prior second assessment is voided.

20 B. Written Declaration



1       §   -9 Written declaration. (a) No person who is  
2 assessed as eligible for access to voluntary assisted dying  
3 shall continue with voluntary assisted dying unless the person  
4 makes a written declaration requesting access to voluntary  
5 assisted dying as required under this subpart.

6       (b) The written declaration shall:

7       (1) Specify that the person:

8           (A) Makes the declaration voluntarily and without  
9                coercion; and

10          (B) Understands the nature and the effect of the  
11                declaration the person is making; and

12       (2) Be signed by the person making the declaration, in the  
13                presence of two witnesses and the treating physician.

14       (c) Notwithstanding subsection (b), a person other than  
15 the person making the written declaration may sign the written  
16 declaration, if:

17       (1) The person making the declaration is unable to sign  
18                the declaration;

19       (2) The person who signs the declaration signs the  
20                declaration at the direction of, and on behalf of, the  
21                person making the declaration;



(3) The person who signs the declaration is:

(A) Eighteen years of age or older; and

(B) Not acting as a witness to the signing of the  
declaration; and

(4) The person who signs the declaration does so in the  
presence of the person making the declaration.

§ -10 **Witnesses.** (a) No person shall be eligible to  
witness the making of a written declaration unless the person:

(1) Is eighteen years of age or older; and

(2) Is not an ineligible witness.

(b) Not more than one witness may be a family member of  
the person making the declaration.

§ -11 **Certification of witness to signing of written  
declaration.** (a) Pursuant to section -9(b), a person who  
serves as a witness to a person who both makes and signs a  
written declaration shall certify in writing in the declaration  
that:

(1) The person making and signing the declaration appeared  
to freely and voluntarily make and sign the  
declaration;



1           (2) The person making and signing the declaration appeared  
2           to have decision-making capacity in relation to  
3           voluntary assisted dying;

4           (3) The person making and signing the declaration appeared  
5           to understand the nature and effect of making and  
6           signing the declaration; and

7           (4) The person serving as a witness is not knowingly an  
8           ineligible witness.

9           (b) Pursuant to section     -9(c), a person who serves as a  
10          witness to another person who signs a written declaration at the  
11          direction of, and on behalf of, the person who makes the  
12          declaration shall certify in writing in the declaration that:

13          (1) The person making the declaration appeared to freely  
14          and voluntarily direct the other person to sign the  
15          declaration;

16          (2) The other person signed the declaration in the  
17          presence of the person serving as a witness and the  
18          person making the declaration;

19          (3) The person making the declaration appeared to have  
20          decision-making capacity in relation to voluntary  
21          assisted dying;



1           (4) The person making the declaration appeared to  
2           understand the nature and effect of making the  
3           declaration; and

4           (5) The person serving as a witness is not knowingly an  
5           ineligible witness.

6           (c) A person who serves as a witness shall certify the  
7           declaration in the presence of the treating physician.

8                               C. Final Request

9           § -12 Final request. (a) No person who requests access  
10          to voluntary assisted dying and who makes a written declaration  
11          pursuant to section -9 shall continue with voluntary assisted  
12          dying unless the person makes a final request for access to  
13          voluntary assisted dying as required under this subpart.

14          (b) The person shall make the final request to the  
15          treating physician verbally or by gestures or other means of  
16          communication available to the person.

17          § -13 Timing of final request. A person shall make the  
18          final request under section -12 no earlier than one day after  
19          the date on which the second assessment physician assesses that  
20          the person is eligible to access voluntary assisted dying.





1       §   -14   Contact person.   (a)   After making a final request  
2   for access to voluntary assisted dying, a person shall appoint a  
3   person who is eighteen years of age or older as the contact  
4   person.

5       (b)   The contact person shall return any unused or  
6   remaining voluntary assisted dying substance to the dispensing  
7   pharmacy.

8       §   -15   Requirements for appointment of contact person.

9       (a)   An appointment of the contact person shall:

10       (1)   Be made on a contact person appointment form  
11       prescribed by the director; and

12       (2)   Be signed:

13           (A)   By the person making the appointment;

14           (B)   By the person being appointed; and

15           (C)   In the presence of another person who is eighteen  
16       years of age or older.

17       (b)   Notwithstanding subsection (a)(2)(A), the person  
18   making the appointment may direct another person to sign a  
19   contact person appointment form, if:

20       (1)   The person making the appointment is unable to sign  
21       the form; and



(2) The person signing the form:

(A) Is eighteen years of age or older;

(B) Is not acting as a witness to the signing of the form; and

(C) Is not the person to be appointed as the contact person.

(c) A person who signs a contact person appointment form on behalf of the person making the appointment shall do so in the presence of the person making the appointment.

§ -16 Final review of final request. (a) Upon receipt of a final request, the treating physician for the person requesting access to voluntary assisted dying shall perform the final review by:

(1) Reviewing the following forms completed under this part:

(A) The first assessment report form as referenced under section -5(e)(2);

(B) The second assessment report form as referenced under section -7(e)(2);

(C) The written declaration under section -9; and



1           (D) The contact person appointment form as referenced  
2                   under section     -15(a)(1);

3           (2) Completing the final review on a final review form  
4                   prescribed by the director; and

5           (3) Certifying whether or not the request for access to  
6                   voluntary assisted dying has been completed as  
7                   required under this chapter.

8           (b) The treating physician shall complete the final review  
9           form and, within seven days thereafter, provide a copy of the  
10          completed final review form to the director, accompanied by  
11          copies of all forms referred to in subsection (a)(1).

12          §   -17   Technical error not to invalidate request and  
13          assessment process. The validity of the request for access to  
14          voluntary assisted dying shall not be affected by any minor or  
15          technical error in a final review form or any form referred to  
16          in section     -16(a)(1).

17          §   -18   Application for voluntary assisted dying permit.  
18          Once the treating physician certifies in the final review form  
19          that the request for access to voluntary assisted dying has been  
20          completed as required under this chapter, the treating physician



1 shall apply under section -23 or -24 for a voluntary  
2 assisted dying permit for the person.

3 § -19 No obligation to continue access to voluntary  
4 assisted dying. A person whose final review is completed and  
5 certified may decide at any time not to continue with voluntary  
6 assisted dying.

7 PART III. VOLUNTARY ASSISTED DYING PERMITS

8 A. Types of Permits and the Scopes of their Authorization

9 § -20 Types of voluntary assisted dying permits. There  
10 shall be two types of voluntary assisted dying permits under  
11 this chapter:

12 (1) A self-administration permit, as set forth under  
13 section -21; and

14 (2) A physician administration permit, as set forth under  
15 section -22.

16 § -21 Self-administration permit. A self-administration  
17 permit, on a form prescribed by the director, shall authorize:

18 (1) The treating physician to prescribe and supply the  
19 voluntary assisted dying substance specified in the  
20 permit to the person who is the subject of the permit



for the purpose of causing the person's death;

provided that:

(A) The person is able to self-administer the  
voluntary assisted dying substance; and

(B) The voluntary assisted dying substance is of a  
sufficient dosage to cause death;

(2) The person who is the subject of the permit to obtain,  
possess, store, use, and self-administer the voluntary  
assisted dying substance;

(3) The contact person specified in the permit, upon the  
death of the person who is the subject of the permit,  
to:

(A) Possess and store the unused or remaining  
voluntary assisted dying substance, if any, for  
the purpose of returning the substance to the  
dispensing pharmacy; and

(B) Carry and transport the unused or remaining  
voluntary assisted dying substance, within  
fifteen days after the date of the person's  
death, to the dispensing pharmacy; and



1           (4) The contact person specified in the permit, upon the  
2           decision of the person who is the subject of the  
3           permit either to make a request under section     -29  
4           or to not self-administer, or upon the director  
5           ordering the return of the voluntary assisted dying  
6           substance to the dispensing pharmacy, to:

7           (A) Possess and store the voluntary assisted dying  
8           substance, if any, that was dispensed to the  
9           person; and

10          (B) Carry and transport the voluntary assisted dying  
11          substance to the dispensing pharmacy.

12          §   -22   Physician administration permit. A physician  
13   administration permit, on a form prescribed by the director,  
14   shall authorize the treating physician:

15          (1) To prescribe and supply to the person who is the  
16          subject of the permit the voluntary assisted dying  
17          substance specified in the permit in a sufficient dose  
18          to cause the death of the person;

19          (2) In the presence of a witness, to receive the final  
20          order under section     -41; and



(3) To possess, use, and administer, in the presence of a witness, the voluntary assisted dying substance; provided that:

(A) The person is physically incapable of the self-administration or digestion of the voluntary assisted dying substance;

(B) The person, when giving the final order, has decision-making capacity in relation to voluntary assisted dying;

(C) The person, in requesting access to voluntary assisted dying, is acting voluntarily and without coercion; and

(D) The person is administered the voluntary assisted dying substance immediately after the person gives the physician the final order under section -41.

B. Applying for Voluntary Assisted Dying Permits

§ -23 Applying for self-administration permit. (a)

Subject to subsection (c), the treating physician, on behalf of the person requesting access to voluntary assisted dying, shall apply to the director for a self-administration permit if the



1 person is physically able to self-administer and digest the  
2 voluntary assisted dying substance.

3 (b) An application for a self-administration permit shall:

4 (1) Be on a form prescribed by the director;

5 (2) Identify the person who is the subject of the permit;

6 (3) Specify the voluntary assisted dying substance that

7 the physician seeks to prescribe or supply in a

8 sufficient dose to the person, for the purpose of

9 self-administration to cause the person's death;

10 (4) Specify the contact person for the person;

11 (5) Be accompanied by a copy of the completed final review

12 form and all forms referred to in

13 section -16(a)(1); and

14 (6) Be accompanied by a statement that the physician is

15 satisfied regarding the matters specified in

16 subsection (c).

17 (c) The treating physician shall not apply for a self-

18 administration permit unless the treating physician is satisfied

19 that the person has decision-making capacity in relation to

20 voluntary assisted dying.





1           §    -24   Applying for physician administration permit.   (a)

2   Subject to subsection (c), the treating physician shall apply to  
3   the director for a physician administration permit, if the  
4   person requesting access to voluntary assisted dying intends the  
5   physician to supply and administer the voluntary assisted dying  
6   substance.

7           (b)   An application for a physician administration permit  
8   shall:

9           (1)   Be on a form prescribed by the director;

10          (2)   Identify the person who is the subject of the permit;

11          (3)   Specify the voluntary assisted dying substance that  
12                 the physician seeks to prescribe, supply, and  
13                 administer to the person in a sufficient dose to cause  
14                 the person's death;

15          (4)   Specify the contact person;

16          (5)   Be accompanied by a copy of the completed final review  
17                 form and all forms referred to in  
18                 section     -16(a)(1);

19          (6)   Be accompanied by a statement that the physician is  
20                 satisfied regarding the matters specified in  
21                 subsection (c); and



(7) If the person is the subject of a self-administration permit that is canceled under section -28, be accompanied by evidence to the satisfaction of the director that:

(A) The physician has destroyed any unfilled prescription under the self-administration permit; or

(B) The dispensing pharmacy has disposed of any voluntary assisted dying substance supplied under the self-administration permit.

(c) The treating physician shall not apply for a physician administration permit unless the treating physician is satisfied that:

(1) The person is physically incapable of the self-administration or digestion of a voluntary assisted dying substance; and

(2) The person has decision-making capacity in relation to voluntary assisted dying.

§ -25 Acceptance or rejection of application for a voluntary assisted dying permit; judicial review. (a) Within seven days of receiving an application for a voluntary assisted



1 dying permit under either section -23 or -24, the director  
2 shall issue or refuse to issue a voluntary assisted dying  
3 permit.

4 (b) If the director refuses to issue a voluntary assisted  
5 dying permit, the director shall provide the reasons for the  
6 decision in a written notification to the treating physician.

7 (c) The voluntary assisted dying permit shall be on a form  
8 to be prescribed by the director.

9 (d) Any person who is aggrieved by the decision of the  
10 director to refuse to issue a voluntary assisted dying permit  
11 under subsection (a) may obtain judicial review of the refusal  
12 in the circuit court of the circuit in which the person resides.

13 § -26 Operation of voluntary assisted dying permit. A  
14 voluntary assisted dying permit shall become valid from the date  
15 specified in the permit.

16 § -27 Amendment of voluntary assisted dying permit. (a)  
17 The director may amend a voluntary assisted dying permit in  
18 order to correct an administrative error or a minor defect, if  
19 the treating physician requests the correction.



1 (b) The director shall notify the treating physician in  
2 writing of any amendment made to the permit under subsection  
3 (a).

4 § -28 Cancellation of self-administration permit. A  
5 self-administration permit shall be deemed canceled, if:

6 (1) The treating physician destroys any unfilled  
7 prescription; or

8 (2) The dispensing pharmacy completes a voluntary assisted  
9 dying substance disposal form prescribed by the  
10 director, and provides a copy of the completed form to  
11 the director.

12 C. Later Physical Incapacity of Person to Self-Administer

13 Voluntary Assisted Dying Substance

14 § -29 Subsequent request for a physician administration  
15 permit. (a) A person who is the subject of a self-  
16 administration permit may request the treating physician to  
17 apply for a physician administration permit if the person loses  
18 the physical capacity to self-administer or digest the voluntary  
19 assisted dying substance specified in the self-administration  
20 permit.



1 (b) The person shall make the request verbally or by  
2 gestures or other means of communication available to the  
3 person.

4 § -30 Destruction of unfilled prescription by treating  
5 physician. The treating physician, upon receiving a request  
6 under section -29, shall destroy any unfilled prescription  
7 written for the self-administration permit.

8 § -31 Return of any dispensed voluntary assisted dying  
9 substance. Prior to making a request under section -29 and  
10 if the voluntary assisted dying substance has been supplied to  
11 the person, the person or the contact person shall return the  
12 voluntary assisted dying substance to the dispensing pharmacy.

13 § -32 Application for a physician administration permit  
14 upon cancellation of a self-administration permit. A request  
15 under section -29 shall be deemed a cancellation of the self-  
16 administration permit.

17 PART IV. ACCESSING VOLUNTARY ASSISTED DYING AND DEATH

18 A. Self-Administration

19 § -33 Information prior to prescription. The treating  
20 physician, before prescribing a voluntary assisted dying



1 substance in accordance with a self-administration permit, shall  
2 inform the person of the following:

- 3 (1) The methods of self-administering the voluntary  
4 assisted dying substance;
- 5 (2) The non-obligatory nature of obtaining the voluntary  
6 assisted dying substance and the freedom to return an  
7 unfilled prescription to the treating physician at any  
8 time;
- 9 (3) The requirement that the voluntary assisted dying  
10 substance shall be stored in a locked box;
- 11 (4) The non-obligatory nature of self-administering the  
12 voluntary assisted dying substance;
- 13 (5) The return for destruction of any unfilled  
14 prescription to the treating physician;
- 15 (6) The return for disposal of any dispensed voluntary  
16 assisted dying substance to the dispensing pharmacy if  
17 the person decides not to self-administer; and
- 18 (7) The contact person's duty, once the person dies, to  
19 return for disposal any dispensed but unused voluntary  
20 assisted dying substance to the dispensing pharmacy.



1           §   -34   **Prescription.**   (a)   The treating physician or an  
2   advanced practice registered nurse with prescriptive authority  
3   granted under section 457-8.6 who is acting under the direction  
4   of the treating physician shall prepare a prescription for a  
5   voluntary assisted dying substance in accordance with section  
6   329-38(i) and transmit it by facsimile to the dispensing  
7   pharmacy. The treating physician or the advanced practice  
8   registered nurse shall maintain the original prescription in  
9   accordance with section 329-36. The treating physician or the  
10   advanced practice registered nurse shall note on the  
11   prescription that the prescription is based upon a self-  
12   administration permit.

13           (b)   The dispensing pharmacy shall note on the face of the  
14   facsimile prescription in red ink "VAD" and this facsimile shall  
15   serve as the original written prescription for purposes of  
16   section 329-38 and the dispensing pharmacy shall maintain it in  
17   accordance with section 329-36.

18           §   -35   **Information upon dispensing.**   The dispensing  
19   pharmacy, upon dispensing a prescription for a voluntary  
20   assisted dying substance, shall inform the person to whom the  
21   voluntary assisted dying substance is being dispensed regarding



1 the matters contained under section -33(1), (3), (4), (6),  
2 and (7).

3 § -36 Labeling requirements on package or container.

4 (a) In addition to any other labeling requirements required by  
5 law, the dispensing pharmacy shall attach a labeling statement  
6 in writing to the relevant package or container that:

7 (1) Warns of the purpose of the voluntary assisted dying  
8 substance;

9 (2) States the dangers of self-administering the voluntary  
10 assisted dying substance;

11 (3) States that the voluntary assisted dying substance  
12 shall be stored in a locked box; and

13 (4) States that any unused or remaining voluntary assisted  
14 dying substance shall be returned to the dispensing  
15 pharmacy by the person to whom it was dispensed or by  
16 the contact person.

17 (b) A labeling statement shall be made on a form to be  
18 prescribed by the director.

19 § -37 Pharmacy recording and notification requirements.

20 (a) The dispensing pharmacy shall immediately record in a





1 voluntary assisted dying substance dispensing form prescribed by  
2 the director that:

3 (1) The voluntary assisted dying substance was dispensed;  
4 and

5 (2) The requirements of sections -35 and -36 were  
6 satisfied.

7 (b) Within seven days after dispensing the voluntary  
8 assisted dying substance, the dispensing pharmacy shall complete  
9 the voluntary assisted dying substance dispensing form and  
10 provide a copy of the form to the director.

11 § -38 Secure storage of voluntary assisted dying  
12 substance. The person to whom a voluntary assisted dying  
13 substance has been dispensed shall store the substance in a  
14 locked box.

15 § -39 Dispensing pharmacy to dispose of returned  
16 voluntary assisted dying substance. If a person who is the  
17 subject of a self-administration permit or the contact person  
18 specified in the self-administration permit returns any of the  
19 dispensed voluntary assisted dying substance to the dispensing  
20 pharmacy, the dispensing pharmacy shall dispose of the substance  
21 as soon as practicable.



1           §     -40   Dispensing pharmacy to record and notify of  
2   disposal of returned voluntary assisted dying substance. (a) A  
3   dispensing pharmacy that disposes of a voluntary assisted dying  
4   substance pursuant to section     -39 shall immediately record  
5   the disposal in a voluntary assisted dying substance disposal  
6   form prescribed by the director.

7           (b)   Within seven days after disposing of the voluntary  
8   assisted dying substance, the dispensing pharmacy shall complete  
9   the voluntary assisted dying substance disposal form and provide  
10   a copy of the form to the director.

11                               B.   Physician Administration

12           §     -41   Final order for physician administration. (a) No  
13   person shall give the final order to the treating physician to  
14   administer the voluntary assisted dying substance specified in  
15   the physician administration permit, unless:

16           (1)   The person is the subject of the physician  
17                   administration permit;

18           (2)   The person has decision-making capacity in relation to  
19                   voluntary assisted dying; and



(3) The person understands that the voluntary assisted dying substance shall be administered immediately after the final order is given.

(b) The person shall give the final order:

(1) Verbally or by gesture or other means of communication available to the person; and

(2) In the presence of a witness.

(c) The treating physician shall refuse to accept the person's final order if the treating physician is not satisfied of any matter listed under subsection (a).

§ -42 Witnessing the final order and administration of the voluntary assisted dying substance. (a) For the purposes of section -22(2) and (3) and section -41(b)(2), a witness to a person's giving the final order to administer the voluntary assisted dying substance and the treating physician's administration of the voluntary assisted dying substance shall be:

(1) Eighteen years of age or older; and

(2) Unrelated by blood or marriage to the treating physician who will administer the voluntary dying substance to the person.



1 (b) In the physician administration form prescribed by the  
2 director, the witness shall:

3 (1) Certify in writing that:

4 (A) The person giving the final order appeared at  
5 that time to have decision-making capacity in  
6 relation to voluntary assisted dying; and

7 (B) The person requesting access to voluntary  
8 assisted dying appeared to be acting voluntarily  
9 and without coercion when making that request;  
10 and

11 (2) State that the treating physician administered the  
12 voluntary assisted dying substance to the person.

13 § -43 Certification by treating physician following  
14 physician administration of voluntary assisted dying substance.

15 (a) The treating physician who has administered the voluntary  
16 assisted dying substance to the person requesting it shall  
17 certify in writing on the physician administration form that the  
18 treating physician is satisfied that:

19 (1) The person was physically incapable of the self-  
20 administration or digestion of the voluntary assisted  
21 dying substance;



(2) The person, when giving the final order to administer the voluntary assisted dying substance, had decision-making capacity in relation to voluntary assisted dying; and

(3) The person, when requesting access to voluntary assisted dying, acted voluntarily and without coercion.

(b) Within seven days after administering a voluntary assisted dying substance, the treating physician shall complete and certify the physician administration form and provide a copy to the director.

#### C. Notifications of Death and Reports

**§ -44 Notification of death to the director.** The treating physician shall notify the director on a form to be prescribed by the director of the death of a person who requested access to voluntary assisted dying; provided that the treating physician shall note:

(1) That the physician had knowledge that the person was the subject of a voluntary assisted dying permit;



(2) The disease, illness, or medical condition that was the grounds for the person to access voluntary assisted dying;

(3) Whether the person was the subject of a self-administration permit or a physician administration permit; and

(4) Whether or not the person accessed voluntary assisted dying from the administration of the voluntary assisted dying substance as specified in the permit.

§ -45 Filing and preparation of death certificates. In addition to the requirements under chapter 338, if a death results from voluntary assisted dying, the treating physician shall certify the cause of death as the disease, illness, or medical condition that was the grounds for the person to access voluntary assisted dying.

§ -46 Director to provide information to the contact person after notification of the person's death. Within seven days of notification by the treating physician of the person's death, the director shall provide information to the contact person that:



(1) Sets out the requirement under section -21(3) to return any unused or remaining voluntary assisted dying substance to the dispensing pharmacy; and

(2) Outlines the support services available to assist the contact person with the performance of the requirement referred to in paragraph (1).

§ -47 **Annual reports.** The director shall submit an annual report to the governor and legislature that includes an analysis of de-identified aggregated data collected by the director under this chapter.

**PART V. PROTECTIONS FROM LIABILITY AND RELATION TO OTHER LAWS**

§ -48 **Protections afforded to physicians, advanced practice registered nurses, and pharmacies.** No treating physician, second assessment physician, consulting physician, advanced practice registered nurse with prescriptive authority granted under section 457-8.6, or pharmacist in a dispensing pharmacy shall be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege as a result of assisting a person who requests access to, or is accessing, voluntary assisted dying; provided that the physician or pharmacist has complied with the requirements of this chapter.



1           §    -49   No duty to rescue.   (a)   No physician licensed  
2   under chapter 453, a nurse licensed under chapter 457, or an  
3   emergency ambulance personnel certified under section 453-32  
4   shall be subject to arrest or prosecution, penalized in any  
5   manner, or denied any right or privilege for failing to  
6   administer life saving or life sustaining medical treatment to a  
7   person dying after being administered or self-administering a  
8   voluntary assisted dying substance in accordance with this  
9   chapter.

10           (b)   This section shall not be construed to prohibit a  
11   physician licensed under chapter 453, a nurse licensed under  
12   chapter 457, or an emergency ambulance personnel certified under  
13   section 453-32 from providing comfort measures to the person who  
14   requests access to or accesses voluntary assisted dying medical  
15   care.

16           §    -50   Advanced practice registered nurses.   Nothing in  
17   this chapter shall be construed to limit the scope of practice  
18   of an advanced practice registered nurse with prescriptive  
19   authority granted under section 457-8.6.

20           §    -51   Insurance and annuities.   Death resulting from  
21   voluntary assisted dying under this chapter shall not for any





1 purpose constitute a suicide or homicide or legally impair or  
2 invalidate a policy of insurance or an annuity providing a death  
3 benefit, notwithstanding any term of the policy or annuity to  
4 the contrary.

5 PART VI. CRIMINAL OFFENSES

6 § -52 Offense not to comply with physician  
7 administration permit. (a) It is unlawful for a treating  
8 physician to administer to a person who is the subject of a  
9 physician administration permit a voluntary assisted dying  
10 substance specified in that permit, if the treating physician:

11 (1) Intends to cause the person's death by administering  
12 the voluntary assisted dying substance; and

13 (2) Knowingly administers the voluntary assisted dying  
14 substance other than as authorized by, and in  
15 accordance with, that permit.

16 (b) A treating physician who violates this section is  
17 guilty of a class C felony.

18 § -53 Offense not to comply with self-administration  
19 permit. (a) It is unlawful for any person other than the  
20 person who is the subject of a self-administration permit to  
21 knowingly administer to the person who is the subject of the



1 self-administration permit the voluntary assisted dying  
2 substance.

3 (b) A person who violates this section is guilty of a  
4 class C felony.

5 § -54 Offense to induce another person to request  
6 voluntary assisted dying. (a) It is unlawful for any person to  
7 induce another person to make a request for access to voluntary  
8 assisted dying.

9 (b) A person who violates this section is guilty of a  
10 misdemeanor.

11 (c) For the purposes of this section, the term "request  
12 for access" shall include:

- 13 (1) A preliminary request under section -3;
- 14 (2) A written declaration under section -9;
- 15 (3) A final request under section -12; or
- 16 (4) A final order for physician administration under  
17 section -41.

18 § -55 Offense to induce self-administration of a  
19 voluntary assisted dying substance. (a) It is unlawful for any  
20 person to induce another person to self-administer a voluntary



1 assisted dying substance dispensed in accordance with a self-  
2 administration permit.

3 (b) A person who violates this section is guilty of a  
4 misdemeanor.

5 § -56 Offense to falsify form or record. (a) It is  
6 unlawful for any person to falsify a form or record required to  
7 be made under this chapter.

8 (b) A person who violates this section is guilty of a  
9 misdemeanor.

10 (c) For the purposes of this section, the term "form or  
11 record" includes:

- 12 (1) A first assessment report form as referenced under  
13 section -5(e)(2);
- 14 (2) A second assessment report form as referenced under  
15 section -7(e)(2);
- 16 (3) A written declaration under section -9;
- 17 (4) A contact person appointment form as referenced under  
18 section -15(a)(1);
- 19 (5) A final review form as referenced under  
20 section -16(a)(2);



(6) A voluntary assisted dying substance dispensing form  
as referenced under section -37(a);

(7) A voluntary assisted dying substance disposal form as  
referenced under section -40(a); or

(8) A physician administration form as referenced under  
section -42(b).

§ -57 Offense to make a false statement. (a) It is  
unlawful to any person to knowingly make a false or misleading  
statement in a report or form with respect to another person who  
requests access to voluntary assisted dying.

(b) A person who violates this section is guilty of a  
misdemeanor.

(c) For the purposes of this section, the term "report or  
form" means:

(1) The items listed in section -56(c);

(2) An application for a self-administration permit under  
section -23;

(3) An application for a physician administration permit  
under section -24;

(4) A statement made under section -23(b)(6); or

(5) A statement made under section -24(b)(6).



1           §    -58   Offense for contact person to fail to return  
2   unused or remaining voluntary assisted dying substance.   (a)   It  
3   is unlawful for any person who serves as a contact person for a  
4   person who is the subject of a self-administration permit to  
5   fail, within fifteen days after the date of death of the person,  
6   to return to the dispensing pharmacy any unused or remaining  
7   voluntary assisted dying substance.

8           (b)   A contact person who violates this section is guilty  
9   of a petty misdemeanor.

10          §    -59   Offense to fail to give copies of forms to the  
11   director.   (a)   It is unlawful for any person who is required  
12   pursuant to this chapter to provide a copy of a form to the  
13   director to fail to do so.

14          (b)   A person who violates this section is guilty of a  
15   violation.

16          (c)   For the purposes of this section:

17          "Form" includes:

18          (1)   A first assessment report form as referenced under  
19                section    -5(e)(2);

20          (2)   A second assessment report form as referenced under  
21                section    -7(e)(2);



(3) A final review form as referenced under  
section -16(a)(2);

(4) A voluntary assisted dying substance dispensing form  
as referenced under section -37(a);

(5) A voluntary assisted dying substance disposal form as  
referenced under section -40(a); or

(6) A physician administration form as referenced under  
section -42(b).

"Violation" has the meaning given under section  
701-107(5)."

SECTION 2. Section 327E-13, Hawaii Revised Statutes, is  
amended to read as follows:

**"§327E-13 Effect of this chapter.** (a) This chapter shall  
not create a presumption concerning the intention of an  
individual who has not made or who has revoked an advance  
health-care directive.

(b) Death resulting from the withholding or withdrawal of  
health care in accordance with this chapter shall not for any  
purpose constitute a suicide or homicide or legally impair or  
invalidate a policy of insurance or an annuity providing a death



1 benefit, notwithstanding any term of the policy or annuity to  
2 the contrary.

3 (c) This chapter shall not authorize mercy killing,  
4 assisted suicide, euthanasia, or the provision, withholding, or  
5 withdrawal of health care, to the extent prohibited by other  
6 statutes of this State.

7 (d) This chapter shall not authorize or require a health-  
8 care provider or institution to provide health care contrary to  
9 generally accepted health-care standards applicable to the  
10 health-care provider or institution.

11 (e) This chapter shall not authorize an agent or surrogate  
12 to consent to the admission of an individual to a psychiatric  
13 facility as defined in chapter 334, unless the individual's  
14 written advance health-care directive expressly so provides.

15 (f) This chapter shall not affect other statutes of this  
16 State governing treatment for mental illness of an individual  
17 involuntarily committed to a psychiatric facility.

18 (g) In case of a conflict between this chapter and  
19 chapter regarding voluntary assisted dying, the latter  
20 chapter shall prevail."



1       SECTION 3. Section 327H-2, Hawaii Revised Statutes, is  
2 amended to read as follows:

3       "**§327H-2 Bill of rights.** (a) The pain patient's bill of  
4 rights includes the following:

5       (1) A patient who suffers from severe acute pain or severe  
6 chronic pain has the option to request or reject the  
7 use of any or all modalities to relieve the pain;

8       (2) A patient who suffers from severe acute pain or severe  
9 chronic pain has the option to choose from appropriate  
10 pharmacologic treatment options to relieve severe  
11 acute pain or severe chronic pain, including opiate  
12 medications, without first having to submit to an  
13 invasive medical procedure.

14       For purposes of this paragraph, "invasive medical  
15 procedure" means surgery, destruction of a nerve or  
16 other body tissue by manipulation, or the implantation  
17 of a drug delivery system or device;

18       (3) A patient's physician may refuse to prescribe opiate  
19 medication for a patient who requests a treatment for  
20 severe acute pain or severe chronic pain. However,  
21 that physician may inform the patient of physicians





1           who are qualified to treat severe acute pain and  
2           severe chronic pain employing methods that include the  
3           use of opiates;

4           (4) A physician who uses opiate therapy to relieve severe  
5           acute pain or severe chronic pain may prescribe a  
6           dosage deemed medically necessary to relieve the pain;

7           (5) A patient may voluntarily request that the patient's  
8           physician provide an identifying notice of the  
9           prescription for purposes of emergency treatment or  
10          law enforcement identification; ~~and~~

11          (6) With regard to pain patients, the application of this  
12          section shall be guided by the medical principle that  
13          physical tolerance and dependence are normal  
14          consequences of sustained use of opiate medication,  
15          distinguishable from psychological dependency or  
16          addiction that bears no relationship to pain  
17          experienced by a patient. For the purposes of this  
18          section, psychological dependency shall be  
19          characterized by a patient's compulsion to take a drug  
20          notwithstanding the fact that the patient knows the  
21          harmful and destructive effect of the drug on the



1 patient. The distinction is one of treatment of pain  
2 as opposed to feeding a psychological need. A patient  
3 who suffers severe acute pain or severe chronic pain  
4 secondary to a diagnosis in any form of disease and  
5 chronic conditions may be entitled to receive a  
6 prescription of opiate medication for the treatment of  
7 the pain, if requested by that patient; provided that:

8 (A) The particular opiate is appropriate to the  
9 treatment of that pain; and

10 (B) The patient is not addicted to the opiate. For  
11 the purposes of this subparagraph, the term  
12 "addicted" refers to a psychological dependence,  
13 rather than a progressive physical tolerance for  
14 the opiate to relieve the pain; provided that the  
15 term does not include a narcotic-dependent person  
16 as defined in section 329-40[-]; and

17 (7) A patient who meets eligibility criteria may request  
18 and access voluntary assisted dying under chapter .

19 (b) Nothing in this section shall be construed to:

20 (1) Expand the authorized scope of practice of any  
21 licensed physician;



- 1       (2) Limit any reporting or disciplinary provisions  
2       applicable to licensed physicians and surgeons who  
3       violate prescribing practices; and  
4       (3) Prohibit the discipline or prosecution of a licensed  
5       physician for:  
6       (A) Failing to maintain complete, accurate, and  
7       current records that document the physical  
8       examination and medical history of a patient, the  
9       basis for the clinical diagnosis of a patient,  
10      and the treatment plan for a patient;  
11      (B) Writing false or fictitious prescriptions for  
12      controlled substances scheduled in the Federal  
13      Comprehensive Drug Abuse Prevention and Control  
14      Act of 1970, 21 United States Code 801 et seq. or  
15      in chapter 329;  
16      (C) Prescribing, administering, or dispensing  
17      pharmaceuticals in violation of the provisions of  
18      the Federal Comprehensive Drug Abuse Prevention  
19      and Control Act of 1970, 21 United States Code  
20      801 et seq. or of chapter 329; and



1 (D) Diverting medications prescribed for a patient to  
2 the licensed physician's own personal use[, and  
3 ~~(E) Causing, or assisting in causing, the suicide,~~  
4 ~~euthanasia, or mercy killing of any individual,~~  
5 ~~provided that it is not "causing, or assisting in~~  
6 ~~causing, the suicide, euthanasia, or mercy~~  
7 ~~killing of any individual" to prescribe,~~  
8 ~~dispense, or administer medical treatment for the~~  
9 ~~purpose of treating severe acute pain or severe~~  
10 ~~chronic pain, even if the medical treatment may~~  
11 ~~increase the risk of death, so long as the~~  
12 ~~medical treatment is not also furnished for the~~  
13 ~~purpose of causing, or the purpose of assisting~~  
14 ~~in causing, death for any reason]."~~

15 SECTION 4. Section 329-41, Hawaii Revised Statutes, is  
16 amended by amending subsection (a) to read as follows:

17 "(a) It is unlawful for any person:

18 (1) Who is subject to part III to distribute, administer,  
19 prescribe, or dispense a controlled substance in  
20 violation of chapter , section 329-38, or rules  
21 authorized under section 329-31; however, a licensed



1 manufacturer or wholesaler may sell or dispense a  
2 controlled substance to a master of a transpacific  
3 ship or a person in charge of a transpacific aircraft  
4 upon which no physician is regularly employed, for the  
5 actual medical needs of persons on board such ship or  
6 aircraft when not in port; provided schedule I or II  
7 controlled substances shall be sold to the master of  
8 such ship or person in charge of such aircraft only in  
9 accordance with the provisions set forth in 21 Code of  
10 Federal Regulations, sections 1301, 1305, and 1307,  
11 adopted pursuant to Title 21, United States Code,  
12 section 821;

13 (2) Who is a registrant to manufacture a controlled  
14 substance not authorized by the registrant's  
15 registration or to distribute or dispense a controlled  
16 substance not authorized by the registrant's  
17 registration to another registrant or another  
18 authorized person;

19 (3) To refuse or fail to make available, keep, or furnish  
20 any record, notification, order form, prescription,  
21 statement, invoice, or information in patient charts



1 relating to the administration, dispensing, or  
2 prescribing of controlled substances;

3 (4) To refuse any lawful entry into any premises for any  
4 inspection authorized by this chapter;

5 (5) Knowingly to keep or maintain any store, shop,  
6 warehouse, dwelling, building, vehicle, boat,  
7 aircraft, or other structure or place for the purpose  
8 of using these substances or which is used for keeping  
9 or selling them in violation of this chapter or  
10 chapter 712, part IV;

11 (6) Who is a practitioner or pharmacist to dispense a  
12 controlled substance to any individual not known to  
13 the practitioner or pharmacist, except under the  
14 following circumstances:

15 (A) When dispensing a controlled substance directly  
16 to an individual, the practitioner or pharmacist  
17 shall first obtain and document, in a log book or  
18 an electronic database, the full name,  
19 identification number, identification type, and  
20 signature, whether by actual signature or by  
21 electronic signature capture device, of the



1 individual obtaining the controlled substance.

2 If the individual does not have any form of  
3 proper identification, the pharmacist shall  
4 verify the validity of the prescription and  
5 identity of the patient with the prescriber, or  
6 their authorized agent, before dispensing the  
7 controlled substance; and

8 (B) For mail order prescriptions, the practitioner or  
9 pharmacist shall not be subject to subparagraph  
10 (A); provided that all other requirements of  
11 chapter 329 shall apply and that the practitioner  
12 or pharmacist, as part of the initial  
13 registration process of an individual in a mail  
14 order prescription drug plan and prior to the  
15 controlled substance being dispensed, shall  
16 obtain all identification information, including  
17 the full name, identification number,  
18 identification type, signature, and a photocopy  
19 of a form of proper identification of the  
20 individual obtaining the controlled substance.



1           The practitioner or pharmacist shall also comply  
2           with other requirements set forth by rule.

3           For the purpose of this section, "proper  
4           identification" means government-issued identification  
5           containing the photograph, printed name,  
6           identification number, and signature of the individual  
7           obtaining the controlled substance;

8       (7) Who is a practitioner to predate or pre-sign  
9       prescriptions to facilitate the obtaining or attempted  
10      obtaining of controlled substances; or

11      (8) Who is a practitioner to facilitate the issuance or  
12      distribution of a written prescription or to issue an  
13      oral prescription for a controlled substance when not  
14      physically in the State."

15      SECTION 5. Section 431:10D-108, Hawaii Revised Statutes,  
16      is amended by amending subsection (b) to read as follows:

17      "(b) No policy of life insurance shall be delivered or  
18      issued for delivery in this State if it contains a provision  
19      which excludes or restricts liability for death caused in a  
20      certain specified manner or occurring while the insured has a  
21      specified status, except that the policy may contain provisions





1 excluding or restricting coverage as specified therein in event  
2 of death under any one or more of the following circumstances:

- 3 (1) Death as a result directly or indirectly of war,  
4 declared or undeclared, or of any act or hazard of  
5 such war;
- 6 (2) Death as a result of aviation under conditions  
7 specified in the policy;
- 8 (3) Death as a result of a specified hazardous occupation  
9 or occupations;
- 10 (4) Death while the insured is a resident outside of the  
11 United States and Canada; or
- 12 (5) Death within two years from the date of issue of the  
13 policy as a sole or exclusive result of suicide, while  
14 sane or insane."

15 SECTION 6. Section 703-308, Hawaii Revised Statutes, is  
16 amended by amending subsection (1) to read as follows:

17 "(1) The use of force upon or toward the person of another  
18 is justifiable when the actor believes that such force is  
19 immediately necessary to prevent the other person from  
20 committing suicide, inflicting serious bodily harm upon oneself,  
21 committing or consummating the commission of a crime involving



1 or threatening bodily injury, damage to or loss of property, or  
2 breach of the peace, except that:

3 (a) Any limitations imposed by the other provisions of  
4 this chapter on the justifiable use of force in self-  
5 protection, for the protection of others, the  
6 protection of property, the effectuation of an arrest,  
7 or the prevention of an escape from custody shall  
8 apply notwithstanding the criminality of the conduct  
9 against which such force is used; [and]

10 (b) The use of deadly force is not in any event  
11 justifiable under this section unless:

12 (i) The actor believes that there is a substantial  
13 risk that the person whom the actor seeks to  
14 prevent from committing a crime will cause death  
15 or serious bodily injury to another unless the  
16 commission or the consummation of the crime is  
17 prevented and that the use of such force presents  
18 no substantial risk of injury to innocent  
19 persons; or

20 (ii) The actor believes that the use of such force is  
21 necessary to suppress a riot after the rioters



1 have been ordered to disperse and warned, in any  
 2 particular manner that the law may require, that  
 3 deadly force will be used if they do not obey[-];  
 4 and

5 (c) This section shall not apply to voluntary assisted  
 6 dying under chapter ."

7 SECTION 7. This Act does not affect rights and duties that  
 8 matured, penalties that were incurred, and proceedings that were  
 9 begun before its effective date.

10 SECTION 8. Statutory material to be repealed is bracketed  
 11 and stricken. New statutory material is underscored.

12 SECTION 9. This Act shall take effect on July 1, 2019.

13 INTRODUCED BY:

Andy Evans

John M. P. [Signature]

Jim Smith

[Signature]

[Signature]



Nadine K. Nakamura  
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H.B. NO. 2218

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JAN 22 2018



# H.B. NO. 2218

**Report Title:**

Voluntary Assisted Dying; Rights; Established

**Description:**

Establishes the right of certain terminally ill adults to request and access the process of voluntary assisted dying through self-administration or physician administration of a voluntary assisted dying substance. Effective 7/1/2019.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

