

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1109 Session of  
2025

INTRODUCED BY HILL-EVANS, KHAN, SHUSTERMAN, RABB, GIRAL,  
SANCHEZ, MADDEN, MAYES, KRAJEWSKI, PROBST, CERRATO,  
D. WILLIAMS AND GREEN, APRIL 3, 2025

REFERRED TO COMMITTEE ON JUDICIARY, APRIL 3, 2025

AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the  
2 Pennsylvania Consolidated Statutes, providing for  
3 compassionate aid in dying; and imposing penalties.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Title 20 of the Pennsylvania Consolidated  
7 Statutes is amended by adding a chapter to read:

8 CHAPTER 54B

9 COMPASSIONATE AID IN DYING

10 Sec.

11 54B01. Definitions.

12 54B02. Qualified patient requirements.

13 54B03. Request for medication.

14 54B04. Right and opportunity to rescind request.

15 54B05. Form of written request.

16 54B06. Waiting periods.

17 54B07. Attending provider responsibilities.

18 54B08. Confirmation of terminal illness.

54B09. Counseling referral.  
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54B12. Reporting requirements.  
54B13. Effect on construction of wills and contracts.  
54B14. Insurance and annuity policies.  
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permissible sanctions.  
54B16. Claims by governmental entity for costs incurred.  
54B17. Construction.  
54B18. Immunity.  
54B19. Liability.  
54B20. Prohibitions and penalties.  
§ 54B01. Definitions.

The following words and phrases when used in this chapter  
shall have the meanings given to them in this section unless the  
context clearly indicates otherwise:

"Attending provider." A provider who has primary  
responsibility for the care of a patient with a terminal illness  
and treatment of the patient's terminal illness.

"Capable." The ability of a patient to make and communicate  
informed health care decisions without impaired judgment to  
health care providers, including communication through  
individuals familiar with the patient's manner of communicating,  
as determined by a court or a patient's attending provider,  
consulting provider, mental health care professional or clinical  
social worker.

"Confirmation of terminal illness." A written confirmation  
from a consulting provider of a patient's terminal illness.

"Consulting provider." A provider who is qualified by

specialty or experience to make a professional diagnosis and prognosis regarding a patient's terminal illness.

"Counseling." One or more consultations between a mental health care provider and a patient for the purpose of determining if the patient is capable.

"Department." The Department of Health of the Commonwealth.

"End-of-life medication." A medication determined and prescribed by an attending provider to a qualified patient for the purpose of ending the qualified patient's life, which the qualified patient may administer.

"Health care facility." A health care facility as defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Health care provider." A person licensed, certified or otherwise authorized or permitted by the laws of this Commonwealth to administer health care services or dispense medication in the ordinary course of business or practice of a profession.

"Informed decision." A decision by a patient to request and obtain a prescription for end-of-life medication that is based on an appreciation of the relevant facts after being fully informed by the attending provider of the information required under section 54B07 (relating to attending provider responsibilities).

"Long-term care facility." A long-term care nursing facility as defined in section 802.1 of the Health Care Facilities Act.

"Medical confirmation." Confirmation by a consulting provider who has examined a patient and the patient's relevant medical records that the patient has a terminal illness, is capable and is voluntarily making an informed decision.

1 "Mental health care provider." A person who is licensed,  
2 certified or otherwise authorized by the laws of this  
3 Commonwealth to administer or provide mental health care in the  
4 ordinary course of business or practice of a profession.

5 "Participate under this chapter." To perform the duties of  
6 an attending provider under section 54B07, the consulting  
7 provider function under section 54B08 (relating to confirmation  
8 of terminal illness) or the consultation function under section  
9 54B09 (relating to counseling referral). The term does not  
10 include:

11 (1) making an initial determination that a patient has a  
12 terminal illness and informing the patient of the medical  
13 prognosis;

14 (2) providing information about end-of-life medication  
15 and related information to a patient upon request;

16 (3) providing, upon the request of the patient, a  
17 referral to another provider; or

18 (4) contracting by a patient with the patient's  
19 attending provider and consulting provider to act outside of  
20 the course and scope of the health care provider's capacity  
21 as an employee or independent contractor of the sanctioning  
22 health care provider.

23 "Patient." An individual who is:

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

25 (2) under the care of an attending provider.

26 "Provider." The following:

27 (1) A doctor of medicine or osteopathy licensed to  
28 practice by the State Board of Medicine or State Board of  
29 Osteopathic Medicine.

30 (2) An advanced practice registered nurse practitioner

1 licensed to practice by the State Board of Nursing.

2 "Qualified patient." A patient who meets the requirements of  
3 section 54B02 (relating to qualified patient requirements).

4 "Terminal illness." An incurable and irreversible illness  
5 that will, within reasonable medical judgment, produce death  
6 within six months.

7 § 54B02. Qualified patient requirements.

8 To qualify to receive end-of-life medication under this  
9 chapter, a patient must:

10 (1) Have a terminal illness, as determined by an  
11 attending provider and a consulting provider.

12 (2) Be capable of making an informed decision, as  
13 determined under sections 54B07 (relating to attending  
14 provider responsibilities) and 54B08(3) (relating to  
15 confirmation of terminal illness).

16 (3) Be a resident of this Commonwealth.

17 § 54B03. Request for medication.

18 (a) Request.--A qualified patient may make a request under  
19 subsection (b) for end-of-life medication for the purpose of  
20 ending the qualified patient's life in a compassionate, humane  
21 and dignified manner under this chapter.

22 (b) Request requirements.--In order to receive a  
23 prescription for end-of-life medication, a qualified patient  
24 must:

25 (1) Make an oral request to the attending provider.

26 (2) Except as provided for under section 54B06 (relating  
27 to waiting periods), reiterate the oral request by making a  
28 second oral request to the attending provider no less than 15  
29 days after making the initial oral request.

30 (3) Make a written request to the attending provider in

1 the form required under section 54B05 (relating to form of  
2 written request).

3 § 54B04. Right and opportunity to rescind request.

4 (a) Rescission.--A qualified patient may rescind the request  
5 to end the qualified patient's life at any time and in any  
6 manner without regard to mental state.

7 (b) Opportunity required.--At the time a qualified patient  
8 makes the qualified patient's second oral request under section  
9 54B06 (relating to waiting periods), the attending provider must  
10 offer the qualified patient an opportunity to rescind the  
11 request.

12 (c) Prohibition.--A prescription for end-of-life medication  
13 under this chapter may not be written without the attending  
14 provider offering the qualified patient an opportunity to  
15 rescind the request.

16 § 54B05. Form of written request.

17 (a) Signature, date and attestation.--A valid request for  
18 end-of-life medication under this chapter shall be in  
19 substantially the form under subsection (e), signed and dated by  
20 the qualified patient and witnessed by at least two individuals  
21 who, in the presence of the qualified patient, attest to the  
22 best of the witnesses' knowledge and belief that the qualified  
23 patient is capable, acting voluntarily and not being coerced to  
24 sign the request.

25 (b) Witness.--One of the witnesses shall be an individual  
26 who is not:

27 (1) a relative of the qualified patient by blood,  
28 marriage or adoption;

29 (2) someone with whom the qualified patient has had a  
30 significant relationship;

1       (3) an individual who, at the time the request is  
2       signed, would be entitled to a portion of the estate of the  
3       qualified patient upon death under a will or by operation of  
4       law; or

5       (4) an owner, operator or employee of a health care  
6       facility where the qualified patient is receiving medical  
7       treatment or is a resident.

8       (c) Prohibition.--The qualified patient's attending  
9       provider, consulting provider or an individual who has conducted  
10      an evaluation of the qualified patient at the time the request  
11      is signed shall not be a witness.

12      (d) Long-term care patient.--If the qualified patient is in  
13      a long-term care facility at the time the written request is  
14      made, one of the witnesses shall be an individual designated by  
15      the long-term care facility and who has the qualifications  
16      required by the department by rule.

17      (e) Form.--A request for end-of-life medication as  
18      authorized under this chapter shall be in substantially the  
19      following form:

20                               REQUEST FOR MEDICATION

21                               TO END MY LIFE IN A COMPASSIONATE,

22                               HUMANE AND DIGNIFIED MANNER

23       I, \_\_\_\_\_, am an adult of sound mind.

24       I am suffering from \_\_\_\_\_, which my  
25       attending provider has determined is a terminal illness and  
26       which has been medically confirmed by a consulting provider.

27       I have been fully informed of my diagnosis and prognosis, the  
28       nature of medication to be prescribed and potential associated  
29       risks, the expected result and the feasible alternatives,  
30       including comfort care, hospice care, palliative care and pain

1 control.

2 I request that my attending provider prescribe medication  
3 that will end my life in a compassionate, humane and dignified  
4 manner.

5 INITIAL ONE:

6 ( ) I have informed my family or significant other of my  
7 decision and have taken their opinions into consideration.

8 ( ) I have decided not to inform my family or  
9 significant other of my decision.

10 ( ) I have no family or significant other to inform of  
11 my decision.

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

14 I understand that this request will supersede any provision  
15 of an advance directive in conflict with the provisions of this  
16 request.

17 I understand the full import of this request and I expect to  
18 die when I take the medication to be prescribed. I further  
19 understand that although most deaths occur within three hours,  
20 my death may take longer and my provider has counseled me about  
21 this possibility.

22 I am not being coerced by another individual to make this  
23 decision.

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

26 Signed:

27 Dated:

28 DECLARATION OF WITNESSES

29 We declare that the person signing this request:

30 (a) Is personally known to us or has provided proof of



identity.

(b) Signed this request in our presence on the date of the person's signature.

(c) Appears to be of sound mind and not under duress, fraud or undue influence, such as being coerced by another individual.

(d) Is not a patient for whom either of us is an attending provider.

Date:

Witness' printed name:

Witness' signature:

Number and Street:

City, State and Zip Code:

Date:

Witness' printed name:

Witness' signature:

Number and Street:

City, State and Zip Code:

NOTE: One witness shall not be a relative by blood, marriage or adoption of the person signing this request, shall not be someone with whom the person has a significant relationship, shall not be entitled to any portion of the person's estate upon death and shall not own, operate or be employed at a health care facility where the person is receiving medical treatment or a resident. If the patient is an inpatient at a long-term care facility, one of the witnesses shall be a person designated by the facility.

§ 54B06. Waiting periods.

(a) General rule.--Except as provided under subsection (b):

(1) At least 15 days shall elapse between a qualified

1 patient's initial oral request and the writing of a  
2 prescription for end-of-life medication under this chapter.

3 (2) At least 48 hours shall elapse between the qualified  
4 patient's written request and the writing of a prescription  
5 for end-of-life medication under this chapter.

6 (b) Exceptions.--

7 (1) If a qualified patient's attending provider has  
8 determined, and a medical confirmation is received under  
9 section 54B08 (relating to confirmation of terminal illness),  
10 that the qualified patient will, within reasonable medical  
11 judgment, die within 15 days of making the initial oral  
12 request, the qualified patient may reiterate the second oral  
13 request to the attending provider at any time after making  
14 the initial oral request.

15 (2) If the qualified patient's attending provider has  
16 determined, and a medical confirmation is received under  
17 section 54B08, that the qualified patient will, within  
18 reasonable medical judgment, die before the expiration of at  
19 least one of the waiting periods described under subsection  
20 (a), the attending provider may write the prescription for  
21 end-of-life medication under this chapter at any time  
22 following the later of the qualified patient's written  
23 request or second oral request.

24 § 54B07. Attending provider responsibilities.

25 (a) Responsibilities.--If a patient requests end-of-life  
26 medication, an attending provider shall:

27 (1) Determine if the patient has a terminal illness, is  
28 capable and has made the request for end-of-life medication  
29 voluntarily.

30 (2) Ensure that the patient is making an informed

1 decision and inform the patient of:

2 (i) The patient's medical diagnosis.

3 (ii) The patient's prognosis.

4 (iii) The potential risks associated with taking the  
5 end-of-life medication to be prescribed.

6 (iv) The probable result of taking the end-of-life  
7 medication to be prescribed.

8 (v) The feasible alternatives, including comfort  
9 care, hospice care, palliative care and pain control.

10 (3) Refer the patient to a consulting provider for  
11 medical confirmation of the diagnosis and for a determination  
12 that the patient is capable and acting voluntarily.

13 (4) Refer the patient for counseling, if appropriate,  
14 under section 54B09 (relating to counseling referral).

15 (5) Recommend to the patient that the patient notify  
16 next of kin or someone with whom the patient has a  
17 significant relationship.

18 (6) Counsel the patient about the importance of:

19 (i) having another individual present when the  
20 patient takes end-of-life medication prescribed under  
21 this chapter; and

22 (ii) not taking the end-of-life medication in a  
23 public place.

24 (7) Inform the patient that the patient has an  
25 opportunity to rescind the request at any time and in any  
26 manner under section 54B04 (relating to right and opportunity  
27 to rescind request) and offer the patient an opportunity to  
28 rescind at the end of the 15-day waiting period or at the  
29 time the patient makes the patient's second oral request  
30 under section 54B06 (relating to waiting periods).

1       (8) Immediately prior to writing a prescription for end-  
2 of-life medication under this chapter, verify that the  
3 patient is making an informed decision.

4       (9) Fulfill the medical record documentation  
5 requirements under section 54B11 (relating to medical record  
6 documentation requirements).

7       (10) If the patient fulfills all the requirements under  
8 this chapter, approve the qualified patient's request to  
9 receive end-of-life medication.

10       (11) (i) Dispense end-of-life medications directly,  
11 including ancillary medications intended to facilitate  
12 the desired effect to minimize the qualified patient's  
13 discomfort if the attending provider is authorized to  
14 prescribe medications in this Commonwealth, has a current  
15 Drug Enforcement Administration certificate and complies  
16 with applicable administrative rules; or

17       (ii) with the qualified patient's written consent:

18           (A) contact a pharmacist and inform the  
19 pharmacist of the prescription; and

20           (B) deliver the written prescription personally,  
21 electronically, by facsimile or by mail to the  
22 pharmacist, who shall dispense the end-of-life  
23 medications to the qualified patient, the attending  
24 provider or an expressly identified agent of the  
25 qualified patient.

26       (b) Death certificate.--The attending provider may sign the  
27 qualified patient's death certificate.

28 § 54B08. Confirmation of terminal illness.

29       A patient must receive a confirmation of terminal illness  
30 before the patient may be determined to be a qualified patient

1 under this chapter. The consulting provider performing the  
2 confirmation of terminal illness shall physically examine a  
3 patient requesting end-of-life medication under section 54B03  
4 (relating to request for medication) and the patient's relevant  
5 medical records to confirm the attending provider's diagnosis  
6 that the patient is suffering from a terminal illness. The  
7 consulting provider must also verify the patient is:

8 (1) Capable.

9 (2) Acting voluntarily.

10 (3) Making an informed decision.

11 § 54B09. Counseling referral.

12 If the opinion of the attending provider or the consulting  
13 provider is that the patient may not be capable, at the time a  
14 written request is made under section 54B03 (relating to request  
15 for medication), either the attending provider or consulting  
16 provider shall refer the patient to a mental health care  
17 provider for counseling. End-of-life medication may not be  
18 prescribed until the mental health care provider performing the  
19 counseling determines that the patient is capable and able to  
20 make a voluntary informed decision without impaired judgment.

21 § 54B10. Family notification.

22 The attending provider shall recommend that the qualified  
23 patient notify the next of kin or an individual with whom the  
24 qualified patient has a significant relationship of the  
25 qualified patient's request for end-of-life medication under  
26 this chapter. An attending provider may not deny a request for  
27 end-of-life medication solely because a qualified patient  
28 declines or is unable to notify the next of kin or an individual  
29 with whom the qualified patient has a significant relationship.

30 § 54B11. Medical record documentation requirements.

1     The following shall be documented or filed in the qualified  
2 patient's medical record:

3         (1) All oral requests by a qualified patient for end-of-  
4 life medication.

5         (2) All written requests by a qualified patient for end-  
6 of-life medication.

7         (3) The attending provider's diagnosis of terminal  
8 illness and determination that the qualified patient is  
9 capable, acting voluntarily and making an informed decision.

10        (4) All medical confirmations of terminal illness.

11        (5) Documentation that the qualified patient is capable  
12 and acting voluntarily and has made an informed decision.

13        (6) A report of the outcome and determinations made  
14 during counseling.

15        (7) A certification of the imminence of the qualified  
16 patient's death.

17        (8) Documentation of the attending provider's offer to  
18 the qualified patient to rescind the qualified patient's  
19 request at the time of the qualified patient's second oral  
20 request under section 54B03 (relating to request for  
21 medication).

22        (9) Documentation by the attending provider that the  
23 requirements under this chapter have been met and the steps  
24 taken to carry out the request, including a notation of the  
25 end-of-life medication prescribed.

26 § 54B12. Reporting requirements.

27        (a) Review and rulemaking.--The department shall:

28           (1) Annually review a sample of records maintained under  
29 this chapter.

30           (2) Require a health care provider to file a copy of the

1 prescription or the dispensing record with the department  
2 upon writing the prescription or dispensing end-of-life  
3 medication under this chapter.

4 (3) Issue guidelines and promulgate regulations to  
5 facilitate the collection of information regarding compliance  
6 with this chapter.

7 (b) Records.--Information collected under subsection (a)  
8 shall not be a public record and may not be made available for  
9 inspection by the public.

10 (c) Report.--The department shall generate and make  
11 available to the public, to the extent that doing so would not  
12 be reasonably expected to violate the privacy of any person, an  
13 annual statistical report of information collected under  
14 subsection (a).

15 § 54B13. Effect on construction of wills and contracts.

16 (a) Effect on existing agreements.--A provision in a  
17 contract, will or other agreement, whether written or oral,  
18 shall not be valid to the extent that the provision would  
19 condition or restrict an individual's decision to make or  
20 rescind a request for end-of-life medication.

21 (b) Obligations under an existing contract.--An obligation  
22 under an existing contract shall not be affected by an  
23 individual's making or rescinding of a request for end-of-life  
24 medication.

25 § 54B14. Insurance and annuity policies.

26 The sale, procurement or issuance of a life, health or  
27 accident insurance or annuity policy or the rate charged for a  
28 policy shall not be conditioned upon or affected by the making  
29 or rescinding of a request by a qualified patient for end-of-  
30 life medication. A qualified patient's act of ingesting end-of-

life medication may not have an effect upon a life, health or  
accident insurance or an annuity policy.

§ 54B15. Health care provider participation, notification and  
permissible sanctions.

(a) Participation not required.--A health care provider may  
not be under any duty, whether by contract, statute or other  
legal requirement, to prescribe or administer end-of-life  
medication to a qualified patient. If a health care provider is  
unable or unwilling to carry out a qualified patient's request  
under this chapter and the qualified patient transfers care to  
another health care provider, the prior health care provider  
shall transfer, upon request, a copy of the qualified patient's  
relevant medical records to the new health care provider.

(b) Prohibiting participation.--A health care facility may  
prohibit a health care provider from participating in actions  
under this chapter if the prohibiting health care facility has  
notified the health care provider of the prohibiting health care  
facility's policy regarding participation under this chapter.  
Nothing in this subsection shall prevent a health care provider  
from providing health care services to a patient that does not  
constitute participation under this chapter.

(c) Notification requirement.--A health care facility shall  
notify a health care provider of a policy prohibiting  
participation under this chapter. A health care facility that  
fails to provide notice prohibiting participation under this  
chapter may not enforce sanctions against a health care provider  
under subsection (d).

(d) Sanctions.--Notwithstanding subsection (a) or section  
54B18 (relating to immunity), a health care facility may subject  
a health care provider to the sanctions under this subsection if



1 the health care provider violated the health care facility's  
2 policy prohibiting participation under this chapter and  
3 notification was provided as required under subsection (c). The  
4 available sanctions shall include:

5 (1) Loss of privileges, loss of membership or other  
6 sanctions provided under the medical staff bylaws, policies  
7 and procedures if the health care provider is a member of the  
8 health care facility's medical staff and participates under  
9 this chapter while on the premises, which shall not include  
10 the private medical office of a provider or other health care  
11 provider.

12 (2) Termination of lease or other property contract or  
13 other nonmonetary remedies provided by lease contract, not  
14 including loss or restriction of medical staff privileges or  
15 exclusion from the health care facility panel, if the health  
16 care provider participates under this chapter while on the  
17 premises of or on property that is owned by or under the  
18 direct control of the health care facility.

19 (3) Termination of contract or other nonmonetary  
20 remedies provided by contract if the health care provider  
21 participates under this chapter while acting in the course  
22 and scope of the health care provider's capacity as an  
23 employee or independent contractor of the health care  
24 facility. Nothing in this paragraph may be construed to  
25 prevent:

26 (i) a health care provider from participating under  
27 this chapter while acting outside the course and scope of  
28 the health care provider's capacity as an employee or  
29 independent contractor; or

30 (ii) a patient from contracting with the patient's

1 attending provider and consulting provider to act outside  
2 the course and scope of the health care provider's  
3 capacity as an employee or independent contractor of the  
4 health care facility.

5 (e) Due process.--A health care facility that imposes  
6 sanctions under subsection (d) shall follow all due process and  
7 other procedures that the health care facility may have that are  
8 related to the imposition of sanctions on a health care  
9 provider.

10 (f) Unprofessional or dishonorable conduct reports.--  
11 Authorized action taken under section 54B05 (relating to form of  
12 written request), 54B07 (relating to attending provider  
13 responsibilities), 54B08 (relating to confirmation of terminal  
14 illness) or 54B09 (relating to counseling referral) may not be  
15 the sole basis for a report of unprofessional or dishonorable  
16 conduct to the State Board of Medicine or the State Board of  
17 Osteopathic Medicine.

18 (g) Standard of care.--Nothing under this chapter may be  
19 construed to allow a lower standard of care for a patient in the  
20 community where the patient is treated, or a similar community.

21 (h) Definition.--As used in this section, the term "notify"  
22 means a separate written statement to a health care provider  
23 that sanctions the health care provider's participation in  
24 activities covered by this chapter before the participation  
25 occurs.

26 § 54B16. Claims by governmental entity for costs incurred.

27 A governmental entity that incurs costs resulting from a  
28 qualified patient ending the qualified patient's life under this  
29 chapter in a public place shall have a claim against the estate  
30 of the individual to recover costs and reasonable attorney fees

1 related to enforcing the claim.

2 § 54B17. Construction.

3 Nothing under this chapter may be construed to authorize a  
4 provider or any other individual to end a patient's life by  
5 lethal injection, mercy killing or active euthanasia. Actions  
6 taken in accordance with this chapter shall not constitute  
7 suicide, assisted suicide, mercy killing or homicide under the  
8 laws of this Commonwealth.

9 § 54B18. Immunity.

10 Except as provided in section 54B19 (relating to liability):

11 (1) An individual may not be subject to civil or  
12 criminal liability or professional disciplinary action for  
13 participating in good faith compliance with this chapter.  
14 This includes being present when a qualified patient takes  
15 the prescribed end-of-life medication.

16 (2) A professional organization or association, health  
17 care facility or health care provider may not subject an  
18 individual to censure, discipline, suspension, loss of  
19 license, loss of privileges, loss of membership or other  
20 penalty for participating in good faith or refusing to  
21 participate under this chapter.

22 (3) A request by a patient for or provision by an  
23 attending provider of end-of-life medication in good faith  
24 compliance with this chapter shall not constitute negligence  
25 for any purpose under law or provide the sole basis for the  
26 appointment of a guardian or conservator.

27 § 54B19. Liability.

28 (a) Mishandling instrument.--An individual who, without  
29 authorization of the patient, willfully alters or forges a  
30 request for end-of-life medication or conceals or destroys a

1 rescission of that request with the intent or effect of causing  
2 the patient's death shall not be immune from criminal liability  
3 under section 54B18 (relating to immunity).

4 (b) Undue influence.--An individual, including an attending  
5 provider, who coerces or exerts undue influence on a patient to  
6 request end-of-life medication for the purpose of ending the  
7 patient's life or to destroy a rescission of a request shall not  
8 be immune from criminal liability under section 54B18.

9 (c) Civil damages.--Nothing under this chapter shall be  
10 construed to limit liability for civil damages resulting from  
11 negligent or intentional misconduct or coercion by an  
12 individual, including an attending provider.

13 § 54B20. Prohibitions and penalties.

14 (a) Intent to hasten death.--An individual who, without  
15 authorization of a patient, willfully alters, forges, conceals  
16 or destroys an instrument, the reinstatement or revocation of an  
17 instrument or any other evidence or document reflecting the  
18 patient's desires and interests with the intent and effect of  
19 causing a withholding or withdrawal of life-sustaining  
20 procedures or of artificially administered nutrition and  
21 hydration that hastens the death of the patient commits a felony  
22 of the first degree.

23 (b) Intent to affect health care decision.--Except as  
24 provided in subsection (a), an individual who, without  
25 authorization of the patient, willfully alters, forges, conceals  
26 or destroys an instrument, the reinstatement or revocation of an  
27 instrument or any other evidence or document reflecting the  
28 patient's desires and interests with the intent or effect of  
29 affecting a health care decision commits a misdemeanor of the  
30 first degree.

1       Section 2.   This act shall take effect in 120 days.