

Bill Summary: Minnesota End-of-Life Option Act, [HF 1930](#) and [SF 1813](#)

Both of these bills allow:

A terminally ill, mentally capable adult with a prognosis of six months or less to live, the option to request, obtain and take medication — should they choose — to die peacefully in their sleep if their suffering becomes unbearable.

The bill is modeled after laws in other authorized jurisdictions and the Oregon Death with Dignity Act, which has been in practice for 25 years without a single instance of abuse or coercion.

Eligibility Criteria

Just like the Oregon Death with Dignity Act, to be eligible, a person must be:

- An adult, aged 18 or older
- Terminally ill with a prognosis of 6 months or less to live
- Mentally capable and making an informed healthcare decision

Individuals are not eligible for medical aid in dying solely because of age or disability.

Key Provisions

- The individual must self-administer the medication. Self-administration does not include administration by intravenous or other parenteral injection or infusion by any person, including the healthcare provider, family member or patient themselves.
- Patients are able to access medical aid in dying from healthcare providers licensed in Minnesota to provide similar medical care, including a doctor of medicine, a doctor of osteopathy, and advanced practice registered nurses.
- The attending healthcare provider must inform terminally ill adults requesting medical aid in dying about other end-of-life care options including comfort care, hospice care and pain control.
- Two health care providers must confirm that the person is terminally ill with a prognosis of six months or less to live, mentally capable and not being coerced.
- A terminally ill person can withdraw their request for medication, not take the medication once they have it or otherwise change their mind at any point.
- There is a mandatory mental health evaluation if either healthcare provider has concerns about the patient's capacity to make an informed health care decision; the prescription can't be written until the mental health provider confirms capacity.

- Healthcare providers who participate and comply with all aspects of the law are given civil and criminal immunity.
- Anyone attempting to coerce a patient will face criminal prosecution.
- Health insurers may not deny or alter healthcare benefits available to terminally ill individuals based on the availability of medical aid in dying or otherwise attempt to coerce a person with a terminal illness to make a request for aid-in-dying medication.
- Life insurance payments can't be denied to the families of those who use the law.
- No physician, health provider or pharmacist is required to participate. Healthcare providers and facilities that choose not to participate in the process of medical aid in dying must disclose their policy.
- The underlying illness — not medical aid in dying — will be listed as the cause of death on the death certificate.
- Unused medication must be disposed of according to the guidelines specified by the U.S. Drug Enforcement Agency.

Additional Regulatory Requirements

- The individual must make one oral and one written request to the attending healthcare provider and one oral request to the consulting healthcare provider.
- The attending healthcare provider must comply with medical-record documentation requirements and make records available to the state department of health.
- The state department of health is required to issue a publicly available annual report. Identifying information about individual patients and doctors is kept confidential.

Additional Information About the Bill:

Bill Sponsors:

[HF 1930](#): Freiberg ; Edelson ; Hornstein ; Bierman ; Hollins ; Hemmingsen-Jaeger ; Bahner ; Elkins ; Kraft ; Olson, L. ; Frazier ; Smith ; Reyer ; Acomb ; Kozlowski ; Lee, F. ; Brand ; Youakim ; Hassan ; Newton ; Becker-Finn ; Sencer-Mura ; Pursell ; Tabke

[SF 1813](#): Morrison ; Mann ; Boldon ; Murphy ; Carlson

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