

A00136 Text:

# STATE OF NEW YORK

136

2025–2026 Regular Sessions

## IN ASSEMBLY

(Prefiled)

January 8, 2025

Introduced by M. of A. PAULIN, ROSENTHAL, DINOWITZ, HEVESI, STECK, LUPARDO, RIVERA, EPSTEIN, SEAWRIGHT, WOERNER, REYES, CRUZ, SAYEGH, DAVILA, STERN, BURDICK, GALLAGHER, KELLES, GONZALEZ-ROJAS, MITAYNES, MAMDANI, CLARK, ANDERSON, JACKSON, SEPTIMO, GLICK, GIBBS, TAPIA, LUNSFORD, CUNNINGHAM, LEVENBERG, SIMONE, BORES, FORREST, SHRESTHA, SHIMSKY, RAGA, RAJKUMAR, KIM, HUNTER, STIRPE, CHANDLER-WATERMAN, LEE, TAYLOR, MEEKS, OTIS, ALVAREZ, LAVINE, DAIS, JACOBSON -- Multi-Sponsored by -- M. of A. BRAUNSTEIN, BRONSON, HYNDMAN, RAMOS, ZINERMAN -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to a terminally ill patient's request for and use of medication for medical aid in dying

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act shall be known and may be cited as the "medical  
2 aid in dying act".

3 § 2. The public health law is amended by adding a new article 28-F to  
4 read as follows:

### ARTICLE 28-F

#### MEDICAL AID IN DYING

7 Section 2899-d. Definitions.

8 2899-e. Request process.

9 2899-f. Attending physician responsibilities.

10 2899-g. Right to rescind request; requirement to offer opportunity to rescind.

11 2899-h. Consulting physician responsibilities.

12 2899-i. Referral to mental health professional.

13 2899-j. Medical record documentation requirements.

14 2899-k. Form of written request and witness attestation.

15 2899-l. Protection and immunities.

16 2899-m. Permissible refusals and prohibitions.

17 2899-n. Relation to other laws and contracts.

18 2899-o. Safe disposal of unused medications.

19 2899-p. Death certificate.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1           2899-g. Reporting.  
2           2899-r. Penalties.  
3           2899-s. Severability.  
4           § 2899-d. Definitions. As used in this article:  
5           1. "Adult" means an individual who is eighteen years of age or older.  
6           2. "Attending physician" means the physician who has primary responsi-  
7           bility for the care of the patient and treatment of the patient's termi-  
8           nal illness or condition.  
9           3. "Decision-making capacity" means the ability to understand and  
10           appreciate the nature and consequences of health care decisions, includ-  
11           ing the benefits and risks of and alternatives to any proposed health  
12           care, including medical aid in dying, and to reach an informed decision.  
13           4. "Consulting physician" means a physician who is qualified by  
14           specialty or experience to make a professional diagnosis and prognosis  
15           regarding a person's terminal illness or condition.  
16           5. "Health care facility" means a general hospital, nursing home, or  
17           residential health care facility as defined in section twenty-eight  
18           hundred one of this chapter, or a hospice as defined in section four  
19           thousand two of this chapter; provided that for the purposes of section  
20           twenty eight hundred ninety-nine-m of this article, "hospice" shall  
21           refer only to a facility providing in-patient hospice care or a hospice  
22           residence.  
23           6. "Health care provider" means an individual licensed, certified, or  
24           authorized by law to administer health care or dispense medication in  
25           the ordinary course of business or practice of a profession.  
26           7. "Informed decision" means a decision by a patient who is suffering  
27           from a terminal illness or condition to request and obtain a  
28           prescription for medication that the patient may self-administer to end  
29           the patient's life that is based on an understanding and acknowledgment  
30           of the relevant facts and that is made voluntarily, of the patient's own  
31           volition and without coercion, after being fully informed of:  
32           (a) the patient's medical diagnosis and prognosis;  
33           (b) the potential risks associated with taking the medication to be  
34           prescribed;  
35           (c) the probable result of taking the medication to be prescribed;  
36           (d) the possibility that the patient may choose not to obtain the  
37           medication, or may obtain the medication but may decide not to self-ad-  
38           minister it; and  
39           (e) the feasible alternatives and appropriate treatment options,  
40           including but not limited to palliative care and hospice care.  
41           8. "Medical aid in dying" means the medical practice of a physician  
42           prescribing medication to a qualified individual that the individual may  
43           choose to self-administer to bring about death.  
44           9. "Medically confirmed" means the medical opinion of the attending  
45           physician that a patient has a terminal illness or condition and has  
46           made an informed decision which has been confirmed by a consulting  
47           physician who has examined the patient and the patient's relevant  
48           medical records.  
49           10. "Medication" means medication prescribed by a physician under this  
50           article.  
51           11. "Mental health professional" means a licensed physician, who is a  
52           diplomat or eligible to be certified by a national board of psychiatry,  
53           psychiatric nurse practitioner, or psychologist, licensed or certified  
54           under the education law acting within such mental health professional's  
55           scope of practice and who is qualified, by training and experience,



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1 certification, or board certification or eligibility, to make a determi-  
2 nation under section twenty-eight hundred ninety-nine-i of this article.

3 12. "Palliative care" means health care treatment, including interdis-  
4 ciplinary end-of-life care, and consultation with patients and family  
5 members, to prevent or relieve pain and suffering and to enhance the  
6 patient's quality of life, including hospice care under article forty of  
7 this chapter.

8 13. "Patient" means a person who is eighteen years of age or older  
9 under the care of a physician.

10 14. "Physician" means an individual licensed to practice medicine in  
11 New York state.

12 15. "Qualified individual" means a patient with a terminal illness or  
13 condition, who has decision-making capacity, has made an informed deci-  
14 sion, and has satisfied the requirements of this article in order to  
15 obtain a prescription for medication.

16 16. "Self-administer" means a qualified individual's affirmative,  
17 conscious, and voluntary act to ingest medication under this article.  
18 Self-administration does not include lethal injection or lethal  
19 infusion.

20 17. "Terminal illness or condition" means an incurable and irrevers-  
21 ible illness or condition that has been medically confirmed and will,  
22 within reasonable medical judgment, produce death within six months.

23 18. "Third-party health care payer" has its ordinary meaning and  
24 includes, but is not limited to, an insurer, organization or corporation  
25 licensed or certified under article thirty-two, forty-three or forty-  
26 seven of the insurance law, or article forty-four of the public health  
27 law; or an entity such as a pharmacy benefits manager, fiscal adminis-  
28 trator, or administrative services provider that participates in the  
29 administration of a third-party health care payer system.

30 § 2899-e. Request process. 1. Oral and written request. A patient  
31 wishing to request medication under this article shall make an oral  
32 request and submit a written request to the patient's attending physi-  
33 cian.

34 2. Making a written request. A patient may make a written request for  
35 and consent to self-administer medication for the purpose of ending such  
36 patient's life in accordance with this article if the patient:

37 (a) has been determined by the attending physician to have a terminal  
38 illness or condition and which has been medically confirmed by a  
39 consulting physician; and

40 (b) based on an informed decision, expresses voluntarily, of the  
41 patient's own volition and without coercion the request for medication  
42 to end such patient's life.

43 3. Written request signed and witnessed. (a) A written request for  
44 medication under this article shall be signed and dated by the patient  
45 and witnessed by at least two adults who, in the presence of the  
46 patient, attest that to the best of the persons knowledge and belief the  
47 patient has decision-making capacity, is acting voluntarily, is making  
48 the request for medication of the patient's own volition and is not  
49 being coerced to sign the request. The written request shall be in  
50 substantially the form described in section twenty-eight hundred nine-  
51 ty-nine-k of this article.

52 (b) Both witnesses shall be adults who are not:

53 (i) a relative of the patient by blood, marriage or adoption;

54 (ii) a person who at the time the request is signed would be entitled  
55 to any portion of the estate of the patient upon death under any will or  
56 by operation of law;



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1 (iii) an owner, operator, employee or independent contractor of a  
2 health care facility where the patient is receiving treatment or is a  
3 resident;

4 (iv) a domestic partner of the patient, as defined in subdivision  
5 seven of section twenty-nine hundred ninety-four-a of this chapter;

6 (v) an agent under the patient's health care proxy as defined in  
7 subdivision five of section twenty-nine hundred eighty of this chapter;  
8 or

9 (vi) an agent acting under a power of attorney for the patient as  
10 defined in section 5-1501 of the general obligations law.

11 (c) The attending physician, consulting physician and, if applicable,  
12 the mental health professional who provides a decision-making capacity  
13 determination of the patient under this article shall not be a witness.

14 4. No person shall qualify for medical aid in dying under this article  
15 solely because of age or disability.

16 5. Requests for a medical aid-in-dying prescription must be made by  
17 the qualified individual and may not be made by any other individual,  
18 including the qualified individual's health care agent, or other agent  
19 or surrogate, or via advance healthcare directive.

20 § 2899-f. Attending physician responsibilities. 1. The attending  
21 physician shall examine the patient and the patient's relevant medical  
22 records and:

23 (a) make a determination of whether a patient has a terminal illness  
24 or condition, has decision-making capacity, has made an informed deci-  
25 sion and has made the request voluntarily of the patient's own volition  
26 and without coercion;

27 (b) inform the patient of the requirement under this article for  
28 confirmation by a consulting physician, and refer the patient to a  
29 consulting physician upon the patient's request;

30 (c) refer the patient to a mental health professional pursuant to  
31 section twenty-eight hundred ninety-nine-i of this article if the  
32 attending physician believes that the patient may lack decision-making  
33 capacity to make an informed decision;

34 (d) provide information and counseling under section twenty-nine  
35 hundred ninety-seven-c of this chapter;

36 (e) ensure that the patient is making an informed decision by discuss-  
37 ing with the patient: (i) the patient's medical diagnosis and prognosis;  
38 (ii) the potential risks associated with taking the medication to be  
39 prescribed; (iii) the probable result of taking the medication to be  
40 prescribed; (iv) the possibility that the patient may choose to obtain  
41 the medication but not take it; (v) the feasible alternatives and appro-  
42 priate treatment options, including but not limited to (1) information  
43 and counseling regarding palliative and hospice care and end-of-life  
44 options appropriate to the patient, including but not limited to: the  
45 range of options appropriate to the patient; the prognosis, risks and  
46 benefits of the various options; and the patient's legal rights to  
47 comprehensive pain and symptom management at the end of life; and (2)  
48 information regarding treatment options appropriate to the patient,  
49 including the prognosis, risks and benefits of the various treatment  
50 options;

51 (f) offer to refer the patient for other appropriate treatment  
52 options, including but not limited to palliative care and hospice care;

53 (g) provide health literate and culturally appropriate educational  
54 material regarding hospice and palliative care that has been prepared by  
55 the department in consultation with representatives of hospice and  
56 palliative care providers from all regions of New York state, and that



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1 is available on the department's website for access and download,  
2 provided, however, an otherwise eligible patient cannot be denied care  
3 under this article if these materials are not developed by the effective  
4 date of this article;

5 (h) discuss with the patient the importance of:

6 (i) having another person present when the patient takes the medica-  
7 tion and the restriction that no person other than the patient may  
8 administer the medication;

9 (ii) not taking the medication in a public place; and

10 (iii) informing the patient's family of the patient's decision to  
11 request and take medication that will end the patient's life; a patient  
12 who declines or is unable to notify family shall not have such patient's  
13 request for medication denied for that reason;

14 (i) inform the patient that such patient may rescind the request for  
15 medication at any time and in any manner;

16 (j) fulfill the medical record documentation requirements of section  
17 twenty-eight hundred ninety-nine-j of this article; and

18 (k) ensure that all appropriate steps are carried out in accordance  
19 with this article before writing a prescription for medication.

20 2. Upon receiving confirmation from a consulting physician under  
21 section twenty-eight hundred ninety-nine-h of this article and subject  
22 to section twenty-eight hundred ninety-nine-i of this article, the  
23 attending physician who determines that the patient has a terminal  
24 illness or condition, has decision-making capacity and has made a volun-  
25 tary request for medication as provided in this article, may personally,  
26 or by referral to another physician, prescribe or order appropriate  
27 medication in accordance with the patient's request under this article,  
28 and at the patient's request, facilitate the filling of the prescription  
29 and delivery of the medication to the patient.

30 3. In accordance with the direction of the prescribing or ordering  
31 physician and the consent of the patient, the patient may self-adminis-  
32 ter the medication to themselves. A health care professional or other  
33 person shall not administer the medication to the patient.

34 § 2899-g. Right to rescind request; requirement to offer opportunity  
35 to rescind. 1. A patient may at any time rescind the request for medi-  
36 cation under this article without regard to the patient's decision-mak-  
37 ing capacity.

38 2. A prescription for medication may not be written without the  
39 attending physician offering the qualified individual an opportunity to  
40 rescind the request.

41 § 2899-h. Consulting physician responsibilities. Before a patient who  
42 is requesting medication may receive a prescription for medication under  
43 this article, a consulting physician must:

44 1. examine the patient and such patient's relevant medical records;

45 2. confirm, in writing, to the attending physician and the patient,  
46 whether: (a) the patient has a terminal illness or condition; (b) the  
47 patient is making an informed decision; (c) the patient has decision-  
48 making capacity, or provide documentation that the consulting physician  
49 has referred the patient for a determination under section twenty-eight  
50 hundred ninety-nine-i of this article; and (d) the patient is acting  
51 voluntarily, of the patient's own volition and without coercion.

52 § 2899-i. Referral to mental health professional. 1. If the attending  
53 physician or the consulting physician determines that the patient may  
54 lack decision-making capacity to make an informed decision due to a  
55 condition, including, but not limited to, a psychiatric or psychological  
56 disorder, or other condition causing impaired judgement, the attending



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1 physician or consulting physician shall refer the patient to a mental  
 2 health professional for a determination of whether the patient has deci-  
 3 sion-making capacity to make an informed decision. The referring physi-  
 4 cian shall advise the patient that the report of the mental health  
 5 professional will be provided to the attending physician and the  
 6 consulting physician.

7 2. A mental health professional who evaluates a patient under this  
 8 section shall report, in writing, to the attending physician and the  
 9 consulting physician, the mental health professional's independent  
 10 conclusions about whether the patient has decision-making capacity to  
 11 make an informed decision, provided that if, at the time of the report,  
 12 the patient has not yet been referred to a consulting physician, then  
 13 upon referral the attending physician shall provide the consulting  
 14 physician with a copy of the mental health professional's report. If the  
 15 mental health professional determines that the patient lacks decision-  
 16 making capacity to make an informed decision, the patient shall not be  
 17 deemed a qualified individual, and the attending physician shall not  
 18 prescribe medication to the patient.

19 3. A determination made pursuant to this section that an adult patient  
 20 lacks decision-making capacity shall not be construed as a finding that  
 21 the patient lacks decision-making capacity for any other purpose.

22 § 2899-j. Medical record documentation requirements. An attending  
 23 physician shall document or file the following in the patient's medical  
 24 record:

25 1. the dates of all oral requests by the patient for medication under  
 26 this article;

27 2. the written request by the patient for medication under this arti-  
 28 cle, including the declaration of witnesses and interpreter's declara-  
 29 tion, if applicable;

30 3. the attending physician's diagnosis and prognosis, determination of  
 31 decision-making capacity, and determination that the patient is acting  
 32 voluntarily, of the patient's own volition and without coercion, and has  
 33 made an informed decision;

34 4. if applicable, written confirmation of decision-making capacity  
 35 under section twenty-eight hundred ninety-nine-i of this article; and

36 5. a note by the attending physician indicating that all requirements  
 37 under this article have been met and indicating the steps taken to carry  
 38 out the request, including a notation of the medication prescribed or  
 39 ordered.

40 § 2899-k. Form of written request and witness attestation. 1. A  
 41 request for medication under this article shall be in substantially the  
 42 following form:

43 REQUEST FOR MEDICATION TO END MY LIFE

44 I, \_\_\_\_\_, am an adult who has decision-  
 45 making capacity, which means I understand and appreciate the nature and  
 46 consequences of health care decisions, including the benefits and risks  
 47 of and alternatives to any proposed health care, and to reach an  
 48 informed decision and to communicate health care decisions to a physi-  
 49 cian.

50 I have been diagnosed with (insert diagnosis), which my attending  
 51 physician has determined is a terminal illness or condition, which has  
 52 been medically confirmed by a consulting physician.

53 I have been fully informed of my diagnosis and prognosis, the nature  
 54 of the medication to be prescribed and potential associated risks, the



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1 expected result, and the feasible alternatives and treatment options  
 2 including but not limited to palliative care and hospice care.  
 3 I request that my attending physician prescribe medication that will  
 4 end my life if I choose to take it, and I authorize my attending physi-  
 5 cian to contact another physician or any pharmacist about my request.

6 INITIAL ONE:

7 ( ) I have informed or intend to inform one or more members of my  
8 family of my decision.

9 ( ) I have decided not to inform any member of my family of my deci-  
10 sion.

11 ( ) I have no family to inform of my decision.

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

14 I understand the importance of this request, and I expect to die if I  
15 take the medication to be prescribed. I further understand that although  
16 most deaths occur within three hours, my death may take longer, and my  
17 attending physician has counseled me about this possibility.

18 I make this request voluntarily, of my own volition and without being  
19 coerced, and I accept full responsibility for my actions.

20 Signed: \_\_\_\_\_

21 Dated: \_\_\_\_\_

22 DECLARATION OF WITNESSES

23 I declare that the person signing this "Request for Medication to End  
24 My Life":

- 25 (a) is personally known to me or has provided proof of identity;
- 26 (b) voluntarily signed the "Request for Medication to End My Life" in
- 27 my presence or acknowledged to me that the person signed it; and
- 28 (c) to the best of my knowledge and belief, has decision-making capac-
- 29 ity and is making the "Request for Medication to End My Life" voluntar-
- 30 ily, of the person's own volition and is not being coerced to sign the
- 31 "Request for Medication to End My Life".

32 I am not the attending physician or consulting physician of the person  
33 signing the "Request for Medication to End My Life" or, if applicable,  
34 the mental health professional who provides a decision-making capacity  
35 determination of the person signing the "Request for Medication to End  
36 My Life" at the time the "Request for Medication to End My Life" was  
37 signed.

38 I further declare under penalty of perjury that the statements made  
39 herein are true and correct and false statements made herein are punish-  
40 able.

41 I further declare that I am not (i) related to the above-named patient  
42 by blood, marriage or adoption, (ii) entitled at the time the patient  
43 signed the "Request for Medication to End My Life" to any portion of the  
44 estate of the patient upon such patient's death under any will or by  
45 operation of law, or (iii) an owner, operator, employee or independent  
46 contractor of a health care facility where the patient is receiving  
47 treatment or is a resident.

48 Witness 1, Date:

49 (Printed name)



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1 (Address)

2 (Telephone number)

3 Witness 2, Date:

4 (Printed name)

5 (Address)

6 (Telephone number)

7 2. (a) The "Request for Medication to End My Life" shall be written in  
8 the same language as any conversations, consultations, or interpreted  
9 conversations or consultations between a patient and at least one of the  
10 patient's attending or consulting physicians.

11 (b) Notwithstanding paragraph (a) of this subdivision, the written  
12 "Request for Medication to End My Life" may be prepared in English even  
13 when the conversations or consultations or interpreted conversations or  
14 consultations were conducted in a language other than English or with  
15 auxiliary aids or hearing, speech or visual aids, if the English  
16 language form includes an attached declaration by the interpreter of the  
17 conversation or consultation, which shall be in substantially the  
18 following form:

19 INTERPRETER'S DECLARATION

20 I, (insert name of interpreter), (mark as applicable):  
21 ( ) for a patient whose conversations or consultations or interpreted  
22 conversations or consultations were conducted in a language other than  
23 English and the "Request for Medication to End My Life" is in English: I  
24 declare that I am fluent in English and (insert target language). I have  
25 the requisite language and interpreter skills to be able to interpret  
26 effectively, accurately and impartially information shared and communi-  
27 cations between the attending or consulting physician and (name of  
28 patient).

29 I certify that on (insert date), at approximately (insert time), I  
30 interpreted the communications and information conveyed between the  
31 physician and (name of patient) as accurately and completely to the best  
32 of my knowledge and ability and read the "Request for Medication to End  
33 My Life" to (name of patient) in (insert target language).

34 (Name of patient) affirmed to me such patient's desire to sign the  
35 "Request for Medication to End My Life" voluntarily, of (name of  
36 patient)'s own volition and without coercion.

37 ( ) for a patient with a speech, hearing or vision disability: I  
38 declare that I have the requisite language, reading and/or interpreter  
39 skills to communicate with the patient and to be able to read and/or  
40 interpret effectively, accurately and impartially information shared and  
41 communications that occurred on (insert date) between the attending or  
42 consulting physician and (name of patient).

43 I certify that on (insert date), at approximately (insert time), I  
44 read and/or interpreted the communications and information conveyed  
45 between the physician and (name of patient) impartially and as accurate-  
46 ly and completely to the best of my knowledge and ability and, where  
47 needed for effective communication, read or interpreted the "Request for  
48 Medication to End my Life" to (name of patient).



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1 (Name of patient) affirmed to me such patient's desire to sign the  
 2 "Request for Medication to End My Life" voluntarily, of (name of  
 3 patient)'s own volition and without coercion.

4 I further declare under penalty of perjury that (i) the foregoing is  
 5 true and correct; (ii) I am not (A) related to (name of patient) by  
 6 blood, marriage or adoption, (B) entitled at the time (name of patient)  
 7 signed the "Request for Medication to End My Life" to any portion of the  
 8 estate of (name of patient) upon such patient's death under any will or  
 9 by operation of law, or (C) an owner, operator, employee or independent  
 10 contractor of a health care facility where (name of patient) is receiv-  
 11 ing treatment or is a resident, except that if I am an employee or inde-  
 12 pendent contractor at such health care facility, providing interpreter  
 13 services is part of my job description at such health care facility or I  
 14 have been trained to provide interpreter services and (name of patient)  
 15 requested that I provide interpreter services to such patient for the  
 16 purposes stated in this Declaration; and (iii) false statements made  
 17 herein are punishable.

18 Executed at (insert city, county and state) on this (insert day of  
 19 month) of (insert month), (insert year).

20 (Signature of Interpreter).

21 (Printed name of Interpreter).

22 (ID # or Agency Name).

23 (Address of Interpreter).

24 (Language Spoken by Interpreter).

25 (c) An interpreter whose services are provided under paragraph (b) of  
 26 this subdivision shall not (i) be related to the patient who signs the  
 27 "Request for Medication to End My Life" by blood, marriage or adoption,  
 28 (ii) be entitled at the time the "Request for Medication to End My Life"  
 29 is signed by the patient to any portion of the estate of the patient  
 30 upon death under any will or by operation of law, or (iii) be an owner,  
 31 operator, employee or independent contractor of a health care facility  
 32 where the patient is receiving treatment or is a resident; provided that  
 33 an employee or independent contractor whose job description at the  
 34 health care facility includes interpreter services or who is trained to  
 35 provide interpreter services and who has been requested by the patient  
 36 to serve as an interpreter under this article shall not be prohibited  
 37 from serving as an interpreter under this article.

38 § 2899-l. Protection and immunities. 1. A physician, pharmacist, other  
 39 health care provider or other person shall not be subject to civil,  
 40 administrative, or criminal liability or penalty or professional disci-  
 41 plinary action by any government entity for taking any reasonable good-  
 42 faith action or refusing to act under this article, including, but not  
 43 limited to: (a) engaging in discussions with a patient relating to the  
 44 risks and benefits of end-of-life options in the circumstances described  
 45 in this article, (b) providing a patient, upon request, with a referral  
 46 to another health care provider, (c) being present when a qualified  
 47 individual self-administers medication, (d) refraining from acting to  
 48 prevent the qualified individual from self-administering such medica-



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1 tion, or (e) refraining from acting to resuscitate the qualified indi-  
 2 vidual after the qualified individual self-administers such medication.

3 2. A health care provider or other person shall not be subject to  
 4 employment, credentialing, or contractual liability or penalty for any  
 5 reasonable good-faith action or refusing to act under this article,  
 6 including, but not limited to:

7 (a) engaging in discussions with a patient relating to the risks and  
 8 benefits of end-of-life options in the circumstances described in this  
 9 article;

10 (b) providing a patient, upon request, with a referral to another  
 11 health care provider;

12 (c) being present when a qualified individual self-administers medica-  
 13 tion;

14 (d) refraining from acting to prevent the qualified individual from  
 15 self-administering such medication; or

16 (e) refraining from acting to resuscitate the qualified individual  
 17 after the qualified individual self-administers such medication. Howev-  
 18 er, this subdivision does not bar a health care facility from acting  
 19 under paragraph (c) of subdivision two of section twenty-eight hundred  
 20 ninety-nine-m of this article.

21 3. Nothing in this section shall limit civil, administrative, or crim-  
 22 inal liability or penalty or any professional disciplinary action, or  
 23 employment, credentialing, or contractual liability or penalty for  
 24 negligence, recklessness or intentional misconduct.

25 § 2899-m. Permissible refusals and prohibitions. 1. (a) A physician,  
 26 nurse, pharmacist, other health care provider or other person shall not  
 27 be under any duty, by law or contract, to participate in the provision  
 28 of medication to a patient under this article.

29 (b) If a health care provider is unable or unwilling to participate in  
 30 the provision of medication to a patient under this article and the  
 31 patient transfers care to a new health care provider, the prior health  
 32 care provider shall transfer or arrange for the transfer, upon request,  
 33 of a copy of the patient's relevant medical records to the new health  
 34 care provider.

35 2. (a) A private health care facility may prohibit the prescribing,  
 36 dispensing, ordering or self-administering of medication under this  
 37 article while the patient is being treated in or while the patient is  
 38 residing in the health care facility if:

39 (i) the prescribing, dispensing, ordering or self-administering is  
 40 contrary to a formally adopted policy of the facility that is expressly  
 41 based on sincerely held religious beliefs or moral convictions central  
 42 to the facility's operating principles; and

43 (ii) the facility has informed the patient of such policy prior to  
 44 admission or as soon as reasonably possible.

45 (b) Where a facility has adopted a prohibition under this subdivision,  
 46 if a patient who wishes to use medication under this article requests,  
 47 the patient shall be transferred promptly to another health care facili-  
 48 ty that is reasonably accessible under the circumstances and willing to  
 49 permit the prescribing, dispensing, ordering and self-administering of  
 50 medication under this article with respect to the patient.

51 (c) Where a health care facility has adopted a prohibition under this  
 52 subdivision, any health care provider or employee or independent  
 53 contractor of the facility who violates the prohibition may be subject  
 54 to sanctions otherwise available to the facility, provided the facility  
 55 has previously notified the health care provider, employee or independ-  
 56 ent contractor of the prohibition in writing.

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1 § 2899-n. Relation to other laws and contracts. 1. (a) A patient who