

1                                   A bill to be entitled  
2           An act relating to end-of-life options; creating ch.  
3           764, F.S., relating to personal autonomy; creating s.  
4           764.101, F.S.; providing a short title; creating s.  
5           764.102, F.S.; defining terms; creating s. 764.103,  
6           F.S.; providing legislative findings and intent;  
7           creating s. 764.104, F.S.; providing criteria for  
8           qualified patients; providing factors to demonstrate  
9           residency; requiring qualified patients to make oral  
10          and written requests to obtain medication to end their  
11          lives in a peaceful manner; requiring waiting periods  
12          before such requests may be made and such medication  
13          may be prescribed; providing exceptions; providing a  
14          form for written requests; specifying requirements for  
15          the valid execution of such form; authorizing a  
16          qualified patient to rescind a request at any time and  
17          in any manner; creating s. 764.105, F.S.; specifying  
18          responsibilities for attending physicians and  
19          consulting physicians; providing that a qualified  
20          patient's health care providers under the act may not  
21          be related to the qualified patient or entitled to any  
22          portion of the qualified patient's estate; specifying  
23          recordkeeping requirements; requiring certain health  
24          care providers to report specified information to the  
25          Department of Health; requiring the department to

26 | adopt rules; requiring the department annually publish  
27 | a specified report on its website; providing  
28 | requirements for the report; creating s. 764.106,  
29 | F.S.; requiring persons who have custody or control of  
30 | any unused medication prescribed under the act to  
31 | dispose of it in a specified manner; creating s.  
32 | 764.107, F.S.; specifying requirements for the death  
33 | certificate of qualified patients who die by self-  
34 | administration of medication prescribed in accordance  
35 | with the act; creating s. 764.108, F.S.; making  
36 | certain provisions of legal instruments void and  
37 | unenforceable under certain circumstances; prohibiting  
38 | health insurers from denying or discriminating in  
39 | their provision of health benefits based on the  
40 | availability of medication prescribed under the act or  
41 | from attempting to influence a policyholder's decision  
42 | to make or rescind a request for such medication;  
43 | prohibiting an individual's participation under the  
44 | act from affecting the sale, procurement, or issuance  
45 | of certain insurance policies or the rates charged for  
46 | such policies; creating s. 764.109, F.S.; providing  
47 | criminal penalties and immunities; defining the terms  
48 | "notify" and "participation in this chapter";  
49 | authorizing health care providers and health care  
50 | facilities to prohibit health care providers from

51 participating under the act while on the premises of  
52 facilities that they own or operate if they provided  
53 prior notice of their policy; requiring such health  
54 care providers and health care facilities to clearly  
55 articulate this policy on websites they maintain and  
56 in materials they provide to patients; requiring such  
57 health care providers and health care facilities to  
58 provide the policy in an easily accessible location on  
59 their websites and in certain materials provided to  
60 patients; authorizing health care providers and health  
61 care facilities to impose sanctions against health  
62 care providers who violate such policies; providing  
63 that health care providers and health care facilities  
64 may not prohibit their employees from participating  
65 under the act off the premises or outside the course  
66 and scope of their employment or impose sanctions  
67 against them for doing so; requiring sanctioning  
68 health care providers and health care facilities to  
69 not be arbitrary or capricious in their sanctions and  
70 to follow due process procedures when imposing such  
71 sanctions; providing that such sanctions may not be  
72 considered a violation of the standard of care or as  
73 unprofessional conduct for purposes of disciplinary  
74 action against a health care provider's license;  
75 creating s. 764.11, F.S.; authorizing claims for costs

76 and attorney fees for governmental entities under  
77 certain circumstances; creating s. 764.111, F.S.;  
78 providing construction and severability; amending s.  
79 782.08, F.S.; exempting persons acting in accordance  
80 with the act from certain criminal penalties;  
81 providing an effective date.

82  
83 Be It Enacted by the Legislature of the State of Florida:

84  
85 Section 1. Chapter 764, Florida Statutes, consisting of  
86 sections 764.101-764.111, Florida Statutes, is created and  
87 entitled "Personal Autonomy."

88 Section 2. Section 764.101, Florida Statutes, is created  
89 to read:

90 764.101 Short title.—Sections 764.101-764.111 may be cited  
91 as the "Florida End-of-Life Options Act."

92 Section 3. Section 764.102, Florida Statutes, is created  
93 to read:

94 764.102 Definitions.—As used in this chapter, the term:

95 (1) "Adult" means a resident of this state who is 18 years  
96 of age or older.

97 (2) "Attending physician" means the physician who has  
98 primary responsibility for the care of the patient and treatment  
99 of the patient's terminal condition.

100 (3) "Capacity" or "mental capacity" means that a patient's

101 attending physician, consulting physician, or treating mental  
102 health professional has determined that, in accordance with the  
103 relevant professional standards of care, the patient has the  
104 ability to understand and appreciate health care options  
105 available to him or her, including the significant benefits and  
106 risks of such options, and to make and communicate health care  
107 decisions to health care providers, including communication  
108 through individuals familiar with the patient's manner of  
109 communicating if those individuals are available.

110 (4) "Consulting physician" means a physician who is  
111 qualified by specialty or experience to make a professional  
112 diagnosis and prognosis regarding the patient's medical  
113 condition.

114 (5) "Counseling" means one or more consultations as  
115 necessary between a mental health professional and a patient for  
116 the purpose of determining whether the patient has mental  
117 capacity and whether the patient is suffering from a mental  
118 health disorder or intellectual disability causing impaired  
119 judgment that impacts his or her ability to make informed end-  
120 of-life decisions.

121 (6) "Department" means the Department of Health.

122 (7) "Health care facility" means a health care facility as  
123 defined in s. 408.07 or another entity, other than a health care  
124 provider, licensed or certified to provide health care services  
125 in this state.

126       (8) "Health care provider" means a health care  
127 practitioner as defined in s. 456.001 or another individual  
128 licensed or certified to provide health services in this state.

129       (9) "Informed decision" means a decision voluntarily made  
130 by a qualified patient to request and obtain a prescription to  
131 end his or her life after a sufficient explanation and  
132 disclosure of the subject matter is given to enable the  
133 qualified patient to understand and consider the relevant facts,  
134 including the qualified patient's medical diagnosis and  
135 prognosis, the potential risks associated with taking the  
136 medication to be prescribed, the probable results of taking the  
137 medication, and the feasible alternatives to taking the  
138 medication, and to make an informed health care decision without  
139 coercion or undue influence.

140       (10) "Medically confirmed" means the medical opinion of  
141 the attending physician has been confirmed by a consulting  
142 physician who has examined the patient and the patient's  
143 relevant medical records.

144       (11) "Medication" means a drug as defined in s. 499.003  
145 which an attending physician prescribes to a qualified patient  
146 under this chapter to end his or her life in a peaceful manner.

147       (12) "Mental health professional" means a psychiatrist  
148 licensed under chapter 458 or 459, a psychiatric nurse licensed  
149 under part I of chapter 464, a psychologist licensed under  
150 chapter 490, or a mental health counselor or clinical social

151 worker licensed under chapter 491.

152 (13) "Physician" means a person licensed to practice  
 153 medicine under chapter 458 or osteopathic medicine under chapter  
 154 459.

155 (14) "Public place" means any street, alley, park, or  
 156 public building; any place of business or assembly open to or  
 157 frequented by the public; and any other place open to the public  
 158 view or to which the public has access. The term does not  
 159 include a health care facility.

160 (15) "Qualified patient" means an individual who has  
 161 satisfied the requirements of this chapter to obtain a  
 162 prescription for medication to end his or her life in a peaceful  
 163 manner.

164 (16) "Self-administer" means to take an affirmative,  
 165 conscious, and voluntary action to ingest medication.

166 (17) "Telehealth" has the same meaning as provided in s.  
 167 456.47.

168 (18) "Terminal condition" means a medically confirmed  
 169 condition caused by an injury, an illness, or a disease which is  
 170 incurable and irreversible and which will, within reasonable  
 171 medical judgment, cause the patient's death within 6 months.

172 Section 4. Section 764.103, Florida Statutes, is created  
 173 to read:

174 764.103 Legislative findings and intent.—The Legislature  
 175 finds that every adult with mental capacity has the fundamental

176 right of self-determination regarding decisions pertaining to  
 177 his or her own health, and recognizes that for some faced with a  
 178 terminal condition, prolonging life may result in intolerable  
 179 pain and suffering. It is the intent of the Legislature to  
 180 establish a procedure to allow an individual with mental  
 181 capacity who has a terminal condition, and who makes a fully  
 182 informed decision that he or she no longer wants to live, to  
 183 obtain medication to end his or her life in a peaceful manner.

184 Section 5. Section 764.104, Florida Statutes, is created  
 185 to read:

186 764.104 Qualified patients; residency requirements;  
 187 written and oral requests for medication; waiting periods; form  
 188 requirements; right to rescind requests.-

189 (1) (a) An individual may request medication authorized  
 190 under this chapter for the purpose of ending his or her life if  
 191 the individual:

- 192 1. Is 18 years of age or older;
- 193 2. Is a resident of Florida;
- 194 3. Has been clinically diagnosed with a terminal condition  
 195 by his or her attending physician which has been medically  
 196 confirmed by a consulting physician;
- 197 4. Has mental capacity;
- 198 5. Is making an informed decision;
- 199 6. Has voluntarily expressed his or her wish to die; and
- 200 7. Is able to self-administer the medication.



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201        (b) An individual may not qualify for medication under  
202 this chapter solely because of age or disability.

203        (2) Factors demonstrating Florida residency include, but  
204 are not limited to:

205            (a) Possession of a Florida driver license;

206            (b) Registration to vote in Florida;

207            (c) Evidence that the individual owns or leases property  
208 in Florida; or

209            (d) Filing of a federal tax return from the most recent  
210 tax year which asserts that the individual's permanent residence  
211 is in Florida.

212        (3) To obtain medication under this chapter to end his or  
213 her life, a qualified patient must first make two oral requests,  
214 and then one written request, for the medication to his or her  
215 attending physician.

216            (a) A qualified patient may not make the second oral  
217 request to his or her attending physician until at least 15 days  
218 after making the first oral request. However, if the qualified  
219 patient's attending physician has medically confirmed that the  
220 qualified patient will, within reasonable medical judgment, die  
221 within 15 days after making the first oral request, the  
222 qualified patient may make the second oral request to his or her  
223 attending physician at any time after making the first oral  
224 request.

225            (b) After a qualified patient makes a second oral request,

226 the attending physician must give the qualified patient an  
 227 opportunity to rescind the request.

228 (c) A qualified patient may make a written request for  
 229 medication under this chapter after he or she has made a second  
 230 oral request for the medication and has been offered the  
 231 opportunity to rescind the request. The written request must be  
 232 made by the qualified patient and may not be made by the  
 233 qualified patient's health care surrogate or proxy, attorney, or  
 234 representative or by an advance directive.

235 (d) An attending physician may not prescribe medication to  
 236 a qualified patient under this chapter until at least 48 hours  
 237 after the qualified patient makes a written request for the  
 238 medication. However, if the qualified patient's attending  
 239 physician has medically confirmed that the qualified patient  
 240 will, within reasonable medical judgment, die within the 48-hour  
 241 waiting period, the attending physician may prescribe the  
 242 medication immediately after the qualified patient makes the  
 243 written request.

244 (e) A qualified patient may make the oral requests for  
 245 medication under this chapter through telehealth if the  
 246 attending physician deems it clinically appropriate under the  
 247 applicable standard of care for his or her profession.

248 (4) (a) A written request for medication under this chapter  
 249 must be in a form substantially similar to the following:

250 REQUEST FOR MEDICATION

TO END MY LIFE IN A PEACEFUL MANNER

I, ...(name of qualified patient)..., am an adult of sound mind.

I am suffering from ...(medical condition)..., which my attending physician has determined is a terminal condition and which has been medically confirmed by a consulting physician. Both physicians agree that, within reasonable medical judgment, my condition is incurable and irreversible and is likely to cause my death within 6 months. ...(qualified patient's initials)...

I have been fully informed of my diagnosis, prognosis, the nature of the medication to be prescribed and potential associated risks, the expected result of taking the medication, and the feasible alternative, concurrent, or additional treatment opportunities available to me, including hospice care and palliative care focused on relieving symptoms and reducing suffering. ...(qualified patient's initials)...

Pursuant to chapter 764, Florida Statutes, I request that my attending physician prescribe medication that will end my life in a peaceful manner if I choose to self-administer it, and I authorize my attending physician to contact a willing

276 pharmacist to dispense such medication to me. ...(qualified  
 277 patient's initials)...

278  
 279 PURSUANT TO SECTION 764.104, FLORIDA STATUTES, I UNDERSTAND  
 280 THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME AND IN  
 281 ANY MANNER, REGARDLESS OF MY MENTAL STATE. ...(qualified  
 282 patient's initials)...

283  
 284 I understand the full import of this request, and I expect  
 285 to die if I self-administer the medication to be prescribed. I  
 286 further understand that although most deaths occur within 3  
 287 hours, my death may take longer, and my attending physician has  
 288 counseled me about this possibility. ...(qualified patient's  
 289 initials)...

290  
 291 I make this request voluntarily and without reservation.  
 292 ...(qualified patient's initials)...

293  
 294 Signed: ...(signature of qualified patient)...

295 Dated: ...(date)... Time: ...(time)...

296  
 297 DECLARATION OF WITNESSES

298 We declare that the person signing this request:

- 299 1. Is personally known to us or has provided proof of his  
 300 or her identity;

- 301        2. Signed this request in our presence;  
 302        3. Appears to be of sound mind and not under duress,  
 303 fraud, or undue influence; and  
 304        4. Is not a patient for whom either of us is the attending  
 305 physician or other health care provider.

307	<u>First witness</u>	<u>Second witness</u>
308	<u>...(print name)...</u>	<u>...(print name)...</u>
309	<u>...(relation to patient)...</u>	<u>...(relation to</u>
310	<u>patient)...</u>	
311	<u>...(signature)...</u>	<u>...(signature)...</u>
312	<u>...(date)...</u>	<u>...(date)...</u>

314        NOTE: At least one witness must not be a relative (by  
 315 blood, marriage, registered domestic partnership, or adoption)  
 316 of the qualified person signing this request, must not be  
 317 entitled to any portion of the person's estate upon death, and  
 318 must not be an owner, operator, or employee of a health care  
 319 facility where the qualified patient is a patient or resident.

320        (b) To be valid, the written request must be signed by the  
 321 qualified patient and witnessed by at least two individuals who,  
 322 in the presence of the qualified patient, attest that, to the  
 323 best of their knowledge and belief, the qualified patient has  
 324 mental capacity, is acting voluntarily, and is not being coerced  
 325 to sign the request. At least one of the witnesses must be a

326 person who is not:

327 1. A relative of the qualified patient by blood, marriage,  
 328 registered domestic partnership, or adoption;

329 2. A person who at the time the request is signed would be  
 330 entitled to any portion of the estate of the qualified patient  
 331 upon death under any will or by operation of law; or

332 3. An owner, operator, or employee of a health care  
 333 facility where the qualified patient is receiving medical  
 334 treatment or is a resident.

335 (c) The qualified patient's attending physician or other  
 336 health care provider at the time the request is signed may not  
 337 serve as a witness.

338 (5) A qualified patient may rescind his or her request at  
 339 any time and in any manner without regard to his or her mental  
 340 state.

341 Section 6. Section 764.105, Florida Statutes, is created  
 342 to read:

343 764.105 Attending physician responsibilities; consulting  
 344 physician responsibilities; recordkeeping and reporting  
 345 requirements; annual report.—

346 (1) ATTENDING PHYSICIAN RESPONSIBILITIES.—The attending  
 347 physician shall do all of the following before prescribing  
 348 medication to a qualified patient under this chapter:

349 (a) Make the initial determination of whether a patient  
 350 has a terminal condition, has mental capacity, has voluntarily

351 made the request for medication to end his or her life without  
352 coercion or undue influence by another person, and is able to  
353 self-administer the medication to be prescribed.

354 (b) Refer the patient to a consulting physician for  
355 medical confirmation of the diagnosis, and for a determination  
356 that the patient has mental capacity and is acting voluntarily.

357 (c) Ensure that the patient is making an informed decision  
358 by fully informing the patient of the facts relevant to all of  
359 the following:

360 1. The patient's medical diagnosis and prognosis.

361 2. The potential risks associated with self-administering  
362 the medication to be prescribed.

363 3. The probable result of self-administering the  
364 medication to be prescribed.

365 4. The feasible alternative, concurrent, and additional  
366 treatment options available to the patient, including, but not  
367 limited to, palliative care, hospice care, and pain control.

368 5. The option to obtain the medication to end his or her  
369 life but subsequently decide not to take it.

370 (d) Verify the patient's Florida residency.

371 (e) Refer the patient to a mental health professional with  
372 the appropriate training and expertise for counseling if the  
373 patient has a history of, or if the physician believes the  
374 patient may be suffering from, a mental health disorder or  
375 intellectual disability that may cause impaired judgment. The

376 attending physician may not prescribe medication under this  
377 chapter until the mental health professional counseling the  
378 patient determines that the patient is not suffering from a  
379 mental health disorder or intellectual disability causing  
380 impaired judgment that impacts his or her ability to make  
381 informed end-of-life decisions.

382 (f) Inform the qualified patient that he or she has an  
383 opportunity to rescind the request at any time and in any  
384 manner, and offer the qualified patient an opportunity to  
385 rescind the request after the qualified patient's second oral  
386 request in accordance with s. 764.104.

387 (g) Inform the qualified patient that there is no  
388 obligation to fill the prescription or to self-administer the  
389 medication prescribed under this chapter, even if obtained.

390 (h) Immediately before writing a prescription for  
391 medication under this chapter, verify again that the qualified  
392 patient is making an informed decision.

393 (i) Counsel the patient about the importance of having  
394 another person present when the patient self-administers the  
395 medication prescribed under this chapter and of not self-  
396 administering the medication in a public place.

397 (j) Comply with the medical record documentation  
398 requirements of this section.

399 (k) Ensure that all required steps are carried out in  
400 accordance with this chapter before writing a prescription for



401 medication to enable a qualified patient to end his or her life  
402 in a peaceful manner.

403 (1)1. Dispense medications directly, including ancillary  
404 medications intended to minimize the patient's discomfort,  
405 provided the attending physician is registered as a dispensing  
406 practitioner under s. 465.0276, has a current Drug Enforcement  
407 Administration number, and complies with applicable laws and  
408 rules; or

409 2. With the patient's written consent:

410 a. Contact a pharmacist and inform the pharmacist of the  
411 prescription; and

412 b. Deliver the written prescription personally,  
413 electronically, or by mail to the pharmacist, who will dispense  
414 the medications to either the patient, the attending physician,  
415 the patient's legal representative, or an individual whom the  
416 patient designates in writing.

417 (2) CONSULTING PHYSICIAN RESPONSIBILITIES.—A consulting  
418 physician shall examine the patient and his or her relevant  
419 medical records to confirm, in writing, whether the consulting  
420 physician agrees with the attending physician's diagnosis that  
421 the patient is suffering from a terminal condition, and verify  
422 whether the patient has mental capacity, is acting voluntarily,  
423 and has made an informed decision. A consulting physician must  
424 refer the patient to a mental health professional for counseling  
425 if the physician believes the patient may be suffering from a

426 mental health disorder or intellectual disability that may cause  
427 impaired judgment and the attending physician has not already  
428 referred the patient for such counseling.

429 (3) CONFLICT OF INTEREST.—The attending physician,  
430 consulting physician, and mental health professional and  
431 interpreter, if any, may not be related to the qualified patient  
432 by blood, marriage, registered domestic partnership, or adoption  
433 or be entitled to any portion of the qualified patient's estate.

434 (4) RECORDKEEPING.—An attending physician is responsible  
435 for ensuring that all of the following is documented or filed in  
436 the patient's medical record:

437 (a) All oral requests by a patient for medication under  
438 this chapter.

439 (b) All written requests by a patient for medication under  
440 this chapter.

441 (c) The attending physician's diagnosis, prognosis, and  
442 determination that the patient has mental capacity, is acting  
443 voluntarily, has made an informed decision, and is able to self-  
444 administer the medication to be prescribed.

445 (d) The consulting physician's diagnosis, prognosis, and  
446 verification that the patient has mental capacity, is acting  
447 voluntarily, has made an informed decision, and is able to self-  
448 administer the medication to be prescribed.

449 (e) A report of the outcome and determinations made during  
450 counseling, if performed.

451 (f) The attending physician's offer to the patient to  
452 rescind his or her request at the time of the patient's second  
453 oral request.

454 (g) A note by the attending physician indicating that all  
455 requirements under this chapter have been met and indicating the  
456 steps taken to carry out the request, including a notation of  
457 the medication prescribed.

458 (5) REPORTING.—A health care provider who prescribes or  
459 dispenses medication under this chapter must submit a report to  
460 the department for each qualified patient for or to whom he or  
461 she prescribes or dispenses such medication, as applicable. The  
462 department shall adopt rules to establish timeframes and forms  
463 for submitting such reports. The reports must be limited to all  
464 of the following information:

465 (a) The qualified patient's age at death, if applicable.

466 (b) The qualified patient's gender, race, and ethnicity.

467 (c) Whether the qualified patient was enrolled in hospice  
468 care at the time of death.

469 (d) The qualified patient's underlying terminal condition.

470 (e) Whether the qualified patient self-administered the  
471 medication prescribed to end his or her life and, if so, the  
472 date on which the death occurred.

473 (6) ANNUAL REPORT.—By January 15 of each year, the  
474 department shall publish on its website an aggregated report of  
475 all of the information submitted to the department under

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476 subsection (5) for the preceding year, including, but not  
477 limited to, the total number of qualified patients who received  
478 a prescription for medication under this chapter and the total  
479 number of health care providers who prescribed such medication.  
480 The report may not include any personal identifying information  
481 for the qualified patients.

482 Section 7. Section 764.106, Florida Statutes, is created  
483 to read:

484 764.106 Disposal of medication.—A person who has custody  
485 or control of any unused medication prescribed under this  
486 chapter after the death of the qualified patient must personally  
487 deliver the unused medication to the nearest facility qualified  
488 to dispose of controlled substances or must dispose of the  
489 unused medications by any lawful means in accordance with the  
490 rules of the Board of Pharmacy or a United States Drug  
491 Enforcement Administration approved drug take back program.

492 Section 8. Section 764.107, Florida Statutes, is created  
493 to read:

494 764.107 Death certificates.—If a qualified patient dies by  
495 self-administration of medication as authorized under this  
496 chapter, the qualified patient's death certificate must list the  
497 underlying terminal condition as the cause of death and not the  
498 prescribed medication.

499 Section 9. Section 764.108, Florida Statutes, is created  
500 to read:

501 764.108 Effect on construction of wills, contracts, and  
 502 statutes; insurance or annuity policies.-

503 (1) A provision in a contract, will, or other agreement,  
 504 whether written or oral, to the extent the provision would  
 505 affect whether a person may make or rescind a request for  
 506 medication under this chapter, is void and unenforceable.

507 (2) An obligation owed under any existing contract may not  
 508 be conditioned or affected by a person making or rescinding a  
 509 request for medication under this chapter.

510 (3) A health insurer may not deny or discriminate in its  
 511 provision of health benefits to a policyholder based on the  
 512 availability of the medication authorized under this chapter to  
 513 end his or her life, nor may a health insurer attempt to  
 514 influence a policyholder's decision to make or rescind a request  
 515 for such medication.

516 (4) The sale, procurement, or issuance of any life,  
 517 health, or accident insurance or annuity policy, or the rate  
 518 charged for any policy, may not be conditioned upon or affected  
 519 by a person making or rescinding a request for medication under  
 520 this chapter. A qualified patient's act of self-administering  
 521 medication prescribed under this chapter may not affect a life,  
 522 health, or accident insurance or annuity policy.

523 Section 10. Section 764.109, Florida Statutes, is created  
 524 to read:

525 764.109 Penalties; liabilities; immunities; grounds for

526 prohibiting health care provider participation; notification;  
527 permissible sanctions.—

528 (1) A person who:

529 (a) Without authorization of the patient, willfully alters  
530 or forges a request for medication under this chapter or  
531 conceals or destroys a rescission of that request with the  
532 intent or effect of causing the patient's death commits a felony  
533 of the first degree, punishable as provided in s. 775.082, s.  
534 775.083, or s. 775.084.

535 (b) Coerces or exerts undue influence on a patient to  
536 request medication under this chapter for the purpose of ending  
537 the patient's life or to destroy a rescission of a medication  
538 request commits a felony of the first degree, punishable as  
539 provided in s. 775.082, s. 775.083, or s. 775.084.

540 (2) This chapter does not limit further liability for  
541 civil damages resulting from other negligent conduct or  
542 intentional misconduct by any person.

543 (3) The penalties in this chapter do not preclude criminal  
544 penalties applicable under other law for conduct that is  
545 inconsistent with this chapter.

546 (4) Except as provided in subsections (1) and (5):

547 (a) A person is not subject to civil or criminal liability  
548 or professional disciplinary action for complying in good faith  
549 with this chapter. This includes being present when a qualified  
550 patient self-administers the medication prescribed under this

551 chapter.

552 (b) A health care facility, a professional organization or  
553 association, or a health insurer may not subject a person to  
554 censure, discipline, suspension; loss or denial of license,  
555 credentials, privileges, or membership; or any other penalty  
556 solely for refusing to participate in this chapter or for  
557 complying in good faith with this chapter.

558 (c) A request by a patient for, or provision by an  
559 attending physician of, medication in good faith compliance with  
560 this chapter does not constitute evidence of neglect for any  
561 purpose of law or provide the sole basis for the appointment of  
562 a guardian or conservator.

563 (d) A health care provider is not under any duty, whether  
564 by contract, by statute, or by any other legal requirement, to  
565 participate in the provision of medication prescribed under this  
566 chapter to a qualified patient. If a health care provider is  
567 unable or unwilling to carry out a patient's request under this  
568 chapter, the health care provider must inform the patient and  
569 refer him or her to a health care provider willing to assist the  
570 patient in the request for medication to end his or her life as  
571 authorized under this chapter. If the patient transfers his or  
572 her care to a new health care provider, the prior health care  
573 provider must transfer, upon request, a copy of the patient's  
574 relevant medical records to the new health care provider within  
575 48 hours.

576       (5) (a) As used in this subsection, the term:  
 577       1. "Notify" means to make a separate written statement  
 578 specifically informing employees, before their participation in  
 579 this chapter, of the employing health care provider's or health  
 580 care facility's policy sanctioning participation in activities  
 581 covered by this chapter.  
 582       2. "Participation in this chapter" means performing the  
 583 duties of an attending physician, the function of a consulting  
 584 physician, or the function of counseling pursuant to s. 764.105.  
 585 The term does not include:  
 586       a. Making an initial determination that a patient has a  
 587 terminal disease and informing the patient of the medical  
 588 prognosis;  
 589       b. Providing information about the Florida End-of-Life  
 590 Options Act to a patient upon the request of the patient;  
 591       c. Providing a patient, upon the request of the patient,  
 592 with a referral to another physician; or  
 593       d. A patient contracting with his or her attending  
 594 physician or consulting physician to act outside of the course  
 595 and scope of the provider's capacity as an employee or  
 596 independent contractor of the sanctioning health care provider.  
 597       (b) Notwithstanding any other law, an employing health  
 598 care provider or health care facility may prohibit participation  
 599 in this chapter on the premises of facilities that it owns or  
 600 operates if it first notifies the health care providers



601 practicing in its facilities of its policy. This paragraph does  
602 not prevent a health care provider or health care facility from  
603 otherwise providing health care services to a patient which do  
604 not constitute participation in this chapter.

605 (c) A health care provider or health care facility that  
606 prohibits participation in this chapter on the premises of its  
607 facilities shall clearly articulate this policy in an easily  
608 accessible and appropriate location on any website maintained by  
609 the provider or facility and in any applicable materials given  
610 to patients.

611 (d) An employing health care provider or health care  
612 facility may not prohibit a health care provider from, or  
613 sanction a health care provider for, participation in this  
614 chapter if done off premises of facilities that the employing  
615 health care provider or health care facility owns or operates or  
616 when the health care provider is acting outside the normal  
617 course and scope of his or her employment with the health care  
618 provider or health care facility.

619 (e) Notwithstanding subsection (4), if an employing health  
620 care provider or health care facility has a policy prohibiting  
621 health care providers from participation in this chapter on the  
622 premises of facilities that it owns or operates and has notified  
623 them of the policy, the prohibiting health care provider or  
624 health care facility may subject such health care providers to  
625 sanctions for participating in this chapter in violation of that

626 policy.

627 (f) An employing health care provider or health care  
 628 facility that imposes sanctions under paragraph (e) may not be  
 629 arbitrary or capricious in its sanctions and must follow all due  
 630 process and other procedures the sanctioning health care  
 631 provider may have which are related to the imposition of  
 632 sanctions on another health care provider.

633 (6) Sanctions imposed under subsection (5) may not be  
 634 considered the imposition of a sanction based on a violation of  
 635 standard of care, and participation in this chapter may not be  
 636 deemed unprofessional conduct for the purpose of disciplinary  
 637 action against a health care provider's license.

638 Section 11. Section 764.11, Florida Statutes, is created  
 639 to read:

640 764.11 Claims by governmental entity for costs incurred.-  
 641 Any governmental entity that incurs costs resulting from a  
 642 person terminating his or her life pursuant to this chapter in a  
 643 public place shall have a claim against the estate of the person  
 644 to recover the costs and reasonable attorney fees related to  
 645 enforcing the claim.

646 Section 12. Section 764.111, Florida Statutes, is created  
 647 to read:

648 764.111 Construction; severability.-

649 (1) This chapter may not be construed to authorize a  
 650 physician or any other person to end a patient's life by lethal

651 injection, mercy killing, or active euthanasia. Actions taken in  
 652 accordance with this chapter do not constitute suicide, assisted  
 653 suicide, mercy killing, euthanasia, adult abuse, or homicide for  
 654 any purpose under the law.

655 (2) Any section of this chapter being held invalid as to  
 656 any person or circumstance does not affect the application of  
 657 any other section of this chapter which can be given full effect  
 658 without the invalid section or application, and, to this end,  
 659 the provisions of this chapter are severable.

660 Section 13. Section 782.08, Florida Statutes, is amended  
 661 to read:

662 782.08 Assisting self-murder.—Every person deliberately  
 663 assisting another in the commission of self-murder shall be  
 664 guilty of manslaughter, a felony of the second degree,  
 665 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.  
 666 Actions authorized under the Florida End-of-Life Options Act,  
 667 chapter 764, do not constitute assisting another in the  
 668 commission of self-murder, and a person acting within the scope  
 669 of and in accordance with chapter 764 may not be prosecuted  
 670 under this section for such acts.

671 Section 14. This act shall take effect July 1, 2023.