

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) "Consulting physician" means a physician who is

101 qualified by specialty or experience to make a professional
102 diagnosis and prognosis regarding the patient's medical
103 condition.

104 (4) "Counseling" means one or more consultations as
105 necessary between a mental health professional and a patient for
106 the purpose of determining whether the patient has mental
107 capacity and whether the patient is suffering from a mental
108 health disorder or intellectual disability causing impaired
109 judgment that impacts his or her ability to make informed end-
110 of-life decisions.

111 (5) "Department" means the Department of Health.

112 (6) "Health care facility" means a health care facility as
113 defined in s. 408.07 or another entity, other than a health care
114 provider, licensed or certified to provide health care services
115 in this state.

116 (7) "Health care provider" means a health care
117 practitioner as defined in s. 456.001 or another individual
118 licensed or certified to provide health services in this state.

119 (8) "Informed decision" means a decision voluntarily made
120 by a qualified patient to request and obtain a prescription to
121 end his or her life after a sufficient explanation and
122 disclosure of the subject matter is given to enable the
123 qualified patient to understand and consider the relevant facts,
124 including the qualified patient's medical diagnosis and
125 prognosis, the potential risks associated with taking the

126 medication to be prescribed, the probable results of taking the
127 medication, and the feasible alternatives to taking the
128 medication, and to make an informed health care decision without
129 coercion or undue influence.

130 (9) "Medically confirmed" means the medical opinion of the
131 attending physician has been confirmed by a consulting physician
132 who has examined the patient and the patient's relevant medical
133 records.

134 (10) "Medication" means a drug as defined in s. 499.003
135 which an attending physician prescribes to a qualified patient
136 under this chapter to end his or her life in a peaceful manner.

137 (11) "Mental capacity" means that a patient's attending
138 physician, consulting physician, or treating mental health
139 professional has determined that, in accordance with the
140 relevant professional standards of care, the patient has the
141 ability to understand and appreciate health care options
142 available to him or her, including the significant benefits and
143 risks of such options, and to make and communicate health care
144 decisions to health care providers, including communication
145 through individuals familiar with the patient's manner of
146 communicating if those individuals are available.

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

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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(1).

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.

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.

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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

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, 2024.