

By Senator Berman

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1 A bill to be entitled
2 An act relating to end-of-life options; creating ch.
3 764, F.S., to be entitled "Personal Autonomy";
4 creating s. 764.101, F.S.; providing a short title;
5 creating s. 764.102, F.S.; defining terms; creating s.
6 764.103, F.S.; providing legislative findings and
7 intent; creating s. 764.104, F.S.; providing criteria
8 for individuals to request certain medication as
9 qualified patients; providing factors to demonstrate
10 residency; requiring qualified patients to make oral
11 and written requests to obtain medication to end their
12 lives in a peaceful manner; requiring waiting periods
13 before such requests may be made and such medication
14 may be prescribed; providing exceptions; providing a
15 form for written requests; specifying requirements for
16 the valid execution of such form; authorizing a
17 qualified patient to rescind a request at any time and
18 in any manner; creating s. 764.105, F.S.; specifying
19 responsibilities for attending physicians and
20 consulting physicians; providing that a qualified
21 patient's health care providers under the act may not
22 be related to the qualified patient or entitled to any
23 portion of the qualified patient's estate; specifying
24 recordkeeping requirements; requiring certain health
25 care providers to report specified information to the
26 Department of Health; requiring the department to
27 adopt rules; requiring the department to publish a
28 specified report on its website annually; providing
29 requirements for the report; creating s. 764.106,

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30 F.S.; requiring persons who have custody or control of
31 any unused medication prescribed under the act to
32 dispose of it in a specified manner; creating s.
33 764.107, F.S.; specifying requirements for the death
34 certificate of qualified patients who die by self-
35 administration of medication prescribed in accordance
36 with the act; creating s. 764.108, F.S.; making
37 certain provisions of legal instruments void and
38 unenforceable under certain circumstances; prohibiting
39 health insurers from denying or discriminating in
40 their provision of health benefits based on the
41 availability of medication prescribed under the act or
42 from attempting to influence a policyholder's decision
43 to make or rescind a request for such medication;
44 prohibiting an individual's participation under the
45 act from affecting the sale, procurement, or issuance
46 of certain insurance policies or the rates charged for
47 such policies; creating s. 764.109, F.S.; providing
48 criminal penalties and immunities; defining the terms
49 "notify" and "participation in this chapter";
50 authorizing health care providers and health care
51 facilities to prohibit health care providers from
52 participating under the act while on the premises of
53 facilities that they own or operate if they provided
54 prior notice of their policy; requiring such health
55 care providers and health care facilities to clearly
56 articulate this policy on websites they maintain and
57 in materials they provide to patients; requiring such
58 health care providers and health care facilities to

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59 provide the policy in an easily accessible location on
60 their websites and in certain materials provided to
61 patients; authorizing health care providers and health
62 care facilities to impose sanctions against health
63 care providers who violate such policies; providing
64 that health care providers and health care facilities
65 may not prohibit their employees from participating
66 under the act off the premises or outside the course
67 and scope of their employment or impose sanctions
68 against them for doing so; requiring sanctioning
69 health care providers and health care facilities to
70 not be arbitrary or capricious in their sanctions and
71 to follow due process procedures when imposing such
72 sanctions; providing that such sanctions may not be
73 considered a violation of the standard of care or as
74 unprofessional conduct for purposes of disciplinary
75 action against a health care provider's license;
76 creating s. 764.11, F.S.; authorizing claims for costs
77 and attorney fees for governmental entities under
78 certain circumstances; creating s. 764.111, F.S.;
79 providing construction and severability; amending s.
80 782.08, F.S.; exempting persons acting in accordance
81 with the act from certain criminal penalties;
82 providing an effective date.

83

84 Be It Enacted by the Legislature of the State of Florida:

85

86 Section 1. Chapter 764, Florida Statutes, consisting of
87 sections 764.101-764.111, Florida Statutes, is created and

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88 entitled "Personal Autonomy."

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

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

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

95 764.102 Definitions.—As used in this chapter, the term:

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

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

101 (3) "Consulting physician" means a physician who is
102 qualified by specialty or experience to make a professional
103 diagnosis and prognosis regarding the patient's medical
104 condition.

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

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

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

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

120 (8) "Informed decision" means a decision voluntarily made
121 by a qualified patient to request and obtain a prescription to
122 end his or her life after a sufficient explanation and
123 disclosure of the subject matter is given to enable the
124 qualified patient to understand and consider the relevant facts,
125 including the qualified patient's medical diagnosis and
126 prognosis, the potential risks associated with taking the
127 medication to be prescribed, the probable results of taking the
128 medication, and the feasible alternatives to taking the
129 medication, and to make an informed health care decision without
130 coercion or undue influence.

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

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

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

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146 through individuals familiar with the patient's manner of
147 communicating if those individuals are available.

148 (12) "Mental health professional" means a psychiatrist
149 licensed under chapter 458 or 459, a psychiatric nurse licensed
150 under part I of chapter 464, a psychologist licensed under
151 chapter 490, or a mental health counselor or clinical social
152 worker licensed under chapter 491.

153 (13) "Physician" means a person licensed to practice
154 medicine under chapter 458 or osteopathic medicine under chapter
155 459.

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

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

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

167 (17) "Telehealth" has the same meaning as provided in s.
168 456.47(1).

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

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

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175 764.103 Legislative findings and intent.—The Legislature
176 finds that every adult with mental capacity has the fundamental
177 right of self-determination regarding decisions pertaining to
178 his or her own health, and recognizes that for some faced with a
179 terminal condition, prolonging life may result in intolerable
180 pain and suffering. It is the intent of the Legislature to
181 establish a procedure to allow an individual with mental
182 capacity who has a terminal condition, and who makes a fully
183 informed decision that he or she no longer wants to live, to
184 obtain medication to end his or her life in a peaceful manner.

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

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

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

193 1. Is 18 years of age or older;

194 2. Is a resident of Florida;

195 3. Has been clinically diagnosed with a terminal condition
196 by his or her attending physician which has been medically
197 confirmed by a consulting physician;

198 4. Has mental capacity;

199 5. Is making an informed decision;

200 6. Has voluntarily expressed his or her wish to die; and

201 7. Is able to self-administer the medication.

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

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

206 (a) Possession of a Florida driver license;

207 (b) Registration to vote in Florida;

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

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

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

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

226 (b) After a qualified patient makes a second oral request,
227 the attending physician must give the qualified patient an
228 opportunity to rescind the request.

229 (c) A qualified patient may make a written request for
230 medication under this chapter after he or she has made a second
231 oral request for the medication and has been offered the
232 opportunity to rescind the request. The written request must be

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233 made by the qualified patient and may not be made by the
 234 qualified patient's health care surrogate or proxy, attorney, or
 235 representative or by an advance directive.

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

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

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

251 REQUEST FOR MEDICATION

252 TO END MY LIFE IN A PEACEFUL MANNER

253
 254 I, ...(name of qualified patient)..., am an adult of sound
 255 mind.

256
 257 I am suffering from ...(medical condition)..., which my
 258 attending physician has determined is a terminal condition and
 259 which has been medically confirmed by a consulting physician.
 260 Both physicians agree that, within reasonable medical judgment,
 261 my condition is incurable and irreversible and is likely to

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262 cause my death within 6 months. ... (qualified patient's
263 initials)...

264
265 I have been fully informed of my diagnosis, prognosis, the
266 nature of the medication to be prescribed and potential
267 associated risks, the expected result of taking the medication,
268 and the feasible alternative, concurrent, or additional
269 treatment opportunities available to me, including hospice care
270 and palliative care focused on relieving symptoms and reducing
271 suffering. ... (qualified patient's initials)...

272
273 Pursuant to chapter 764, Florida Statutes, I request that
274 my attending physician prescribe medication that will end my
275 life in a peaceful manner if I choose to self-administer it, and
276 I authorize my attending physician to contact a willing
277 pharmacist to dispense such medication to me. ... (qualified
278 patient's initials)...

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

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

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

Signed: ...(signature of qualified patient)...
Dated: ...(date)... Time: ...(time)...

DECLARATION OF WITNESSES

We declare that the person signing this request:

1. Is personally known to us or has provided proof of his or her identity;
2. Signed this request in our presence;
3. Appears to be of sound mind and not under duress, fraud, or undue influence; and
4. Is not a patient for whom either of us is the attending physician or other health care provider.

<u>First witness</u>	<u>Second witness</u>
<u>...(print name)...</u>	<u>...(print name)...</u>
<u>...(relation to patient)...</u>	<u>...(relation to patient)...</u>
<u>...(signature)...</u>	<u>...(signature)...</u>
<u>...(date)...</u>	<u>...(date)...</u>

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

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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 to
342 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:

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349 (a) Make the initial determination as to 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 medical
355 confirmation of the diagnosis, and for a determination that the
356 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 medication
364 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

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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 (l)1. Dispense medications directly, including ancillary
404 medications intended to minimize the patient's discomfort;
405 however, the attending physician must be registered as a
406 dispensing practitioner under s. 465.0276, have a current Drug

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407 Enforcement Administration number, and comply with applicable
408 laws and rules to dispense medications under this paragraph; 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 consulting physician believes the patient may be
426 suffering from a mental health disorder or intellectual
427 disability that may cause impaired judgment and the attending
428 physician has not already referred the patient for such
429 counseling.

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

435 (4) RECORDKEEPING.—An attending physician is responsible

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436 for ensuring that all of the following is documented or filed in
437 the patient's medical record:

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

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

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

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

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

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

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

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

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465 of the following information:

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

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

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

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

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

474 (6) ANNUAL REPORT.—By January 15 of each year, the
475 department shall publish on its website an aggregated report of
476 all of the information submitted to the department under
477 subsection (5) for the preceding year, including, but not
478 limited to, the total number of qualified patients who received
479 a prescription for medication under this chapter and the total
480 number of health care providers who prescribed such medication.
481 The report may not include any personal identifying information
482 for the qualified patients.

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

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

493 Section 8. Section 764.107, Florida Statutes, is created to

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494 read:

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

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

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

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

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

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

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

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523 health, or accident insurance or annuity policy.

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

526 764.109 Penalties; liabilities; immunities; grounds for
527 prohibiting health care provider participation; notification;
528 permissible sanctions.—

529 (1) A person who:

530 (a) Without authorization of the patient, willfully alters
531 or forges a request for medication under this chapter or
532 conceals or destroys a rescission of that request with the
533 intent or effect of causing the patient's death commits a felony
534 of the first degree, punishable as provided in s. 775.082, s.
535 775.083, or s. 775.084.

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

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

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

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

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

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552 chapter.

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

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

564 (d) A health care provider is not under any duty, whether
565 by contract, by statute, or by any other legal requirement, to
566 participate in the provision of medication prescribed under this
567 chapter to a qualified patient. If a health care provider is
568 unable or unwilling to carry out a patient's request under this
569 chapter, the health care provider must inform the patient and
570 refer him or her to a health care provider willing to assist the
571 patient in the request for medication to end his or her life as
572 authorized under this chapter. If the patient transfers his or
573 her care to a new health care provider, the prior health care
574 provider must transfer, upon request, a copy of the patient's
575 relevant medical records to the new health care provider within
576 48 hours.

577 (5) (a) As used in this subsection, the term:

578 1. "Notify" means to make a separate written statement
579 specifically informing employees, before their participation in
580 this chapter, of the employing health care provider's or health

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581 care facility's policy sanctioning participation in activities
582 covered by this chapter.

583 2. "Participation in this chapter" means performing the
584 duties of an attending physician, the function of a consulting
585 physician, or the function of counseling pursuant to s. 764.105.
586 The term does not include:

587 a. Making an initial determination that a patient has a
588 terminal disease and informing the patient of the medical
589 prognosis;

590 b. Providing information about the Florida End-of-Life
591 Options Act to a patient upon the request of the patient;

592 c. Providing a patient, upon the request of the patient,
593 with a referral to another physician; or

594 d. A patient contracting with his or her attending
595 physician or consulting physician to act outside of the course
596 and scope of the provider's capacity as an employee or
597 independent contractor of the sanctioning health care provider.

598 (b) Notwithstanding any other law, an employing health care
599 provider or health care facility may prohibit participation in
600 this chapter on the premises of facilities that it owns or
601 operates if it first notifies the health care providers
602 practicing in its facilities of its policy. This paragraph does
603 not prevent a health care provider or health care facility from
604 otherwise providing health care services to a patient which do
605 not constitute participation in this chapter.

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

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610 the provider or facility and in any applicable materials given
611 to patients.

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

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

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

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

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

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

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

649 764.111 Construction; severability.-

650 (1) This chapter may not be construed to authorize a
651 physician or any other person to end a patient's life by lethal
652 injection, mercy killing, or active euthanasia. Actions taken in
653 accordance with this chapter do not constitute suicide, assisted
654 suicide, mercy killing, euthanasia, adult abuse, or homicide for
655 any purpose under the law.

656 (2) If any provision of this chapter or its application to
657 any person or circumstance is held invalid, the invalidity does
658 not affect the application of any other provision of this
659 chapter which can be given full effect without the invalid
660 provision or application, and to this end the provisions of this
661 chapter are severable.

662 Section 13. Section 782.08, Florida Statutes, is amended to
663 read:

664 782.08 Assisting self-murder.-Every person deliberately
665 assisting another in the commission of self-murder commits ~~shall~~
666 ~~be guilty of~~ manslaughter, a felony of the second degree,
667 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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668 Actions authorized under chapter 764, the Florida End-of-Life
669 Options Act, do not constitute assisting another in the
670 commission of self-murder, and a person acting within the scope
671 of and in accordance with chapter 764 may not be prosecuted
672 under this section for such acts.

673 Section 14. This act shall take effect July 1, 2025.