

November 7, 2025

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: End-of-Life Options for Terminally Ill Patients Act

Passed during veto session, [Senate Bill 1950](#) (SB 1950) creates the End-of-Life Options for Terminally Ill Patients Act. This Act allows terminally ill, mentally capable adults with fewer than six months to live to request aid-in-dying or life-ending self-administered medication pending physician approval. At the end of the spring session, the House passed this legislation by a vote of 63-42-2. The Senate concurred in the final hours of the fall veto session by a vote of 30-27. The bill is now under review with the Governor's administration.

SB 1950 establishes a comprehensive framework, including processes and requirements, for situations when a patient requests life-ending medication. These include determining patient eligibility, physician assessment of the patient's physical health and mental capacity, and requirements for physicians to provide patients information on all end-of-life options. Participation under this Act is voluntary for healthcare professionals and entities, and coercing or forging a request for life-ending medication is a felony.

IHA was actively engaged in discussions with the bill sponsors during the spring legislative session, arguing for additional assurances and protections for religiously affiliated hospitals, including language that healthcare entities are not required to participate in aid-in-dying and are not subject to civil or criminal penalties for choosing not to participate in aid-in-dying. Instead, hospitals may establish policies to prohibit aid-in-dying and those policies can include disciplinary actions, including termination, for those that violate their policies.

Detailed Summary of SB 1950

SB 1950 provides a comprehensive framework for providing end-of-life options to eligible patients. All information in this summary is outlined pursuant to the requirements of the End-of-Life Options for Terminally Ill Patients Act. Additionally, all references to a "patient" assume the patient was deemed eligible and qualified for aid-in-dying services, including the prescription of life-ending medication, unless otherwise noted.

Eligibility

Patients eligible for aid-in-dying are defined as adult Illinois residents with the mental capacity to make medical decisions and who have satisfied the requirements of this Act in order to obtain a prescription for medication to bring about a peaceful death (i.e., life-ending medication, which includes all ancillary medications for the purposes of this summary).

A terminal disease is defined as an incurable and irreversible disease that will, within reasonable medical judgment, result in death within six months. The existence of a terminal disease is determined via an in-person examination by the patient's physician (attending physician) and must be concurred by another physician (concurring physician) and documented in writing in the patient's medical record. A sole diagnosis of a major depressive disorder, as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, does not qualify as a terminal disease.

Patients must be Illinois residents. Patient residency may be established through one or more of the following means:

- Possession of an Illinois driver's license or other identification issued by the Illinois Secretary of State;
- Registration to vote in Illinois;
- Evidence that the person owns, rents, or leases property in Illinois;
- The location of any dwelling occupied by the person;
- The place where any motor vehicle owned by the person is registered;
- The resident address, not a post office box, shown on an income tax return filed for the year preceding the year in which the person initially makes an oral request under this Act;
- The residence, not a post office box, at which the person's mail is received;
- The residence, not a post office box, shown on any unexpired resident hunting or fishing or other license held by the person;
- The receipt of any public benefit conditioned upon residency; or
- Any other objective facts tending to indicate a person's place of residence is in Illinois.

Informed Consent

For patients to be able to make voluntary and affirmative decisions regarding their end-of-life care, attending physicians must provide patients with sufficient information regarding all appropriate end-of-life care options, including comfort care, hospice care, palliative care, and pain control, as well as the foreseeable risks and benefits of each.

Requests for End-of-Life Medication

Eligible patients with a terminal disease must follow a specific process when requesting a prescription for end-of-life medication. This includes:

- An oral request for a prescription from an attending physician, which the attending physician must document.
- A written request to the attending physician.
- The patient must then wait five days after the original request, before repeating the request unless in the attending physician's reasonable medical judgment, the patient will die within five days. In such cases, the patient may provide the written request and reiterate the oral request at any time.

- After the second oral request, the attending physician shall offer the patient an opportunity to rescind the request.

Oral and written requests may only be made by the patient; requests made by a patient's surrogate decision maker, healthcare proxy, healthcare agent, attorney-in-fact for healthcare, guardian, or via an advanced healthcare directive are not permitted.

The written request for life-ending medication must be substantially the same in form and substance as the state-prescribed template. The written request must be signed and dated by the requesting patient and completed in the presence of at least two witnesses. The witnesses must attest that, to the best of their knowledge and belief, the patient has mental capacity, is acting voluntarily, and is not being coerced or unduly influenced to sign the written request.

This Act requires that one of the two witnesses be a person who is not:

- A relative of the patient by blood, marriage, civil union, registered domestic partnership, or adoption;
- A person who, at the time the request is signed, would not be entitled to any portion of the estate of the patient upon death under any will or by operation of law; or
- An owner, operator, or employee of a healthcare entity where the patient is receiving medical treatment or is a resident.

Additionally, the patient's attending physician at the time the request is signed may not be a witness, nor may an interpreter, if one is being used.

Responsibilities of Attending Physicians

Upon receipt of a request for aid-in-dying, an attending physician must conduct a patient evaluation to determine whether the patient has a terminal disease or has been diagnosed with a terminal disease, has mental capacity, and to confirm that the request did not arise from coercion or undue influence.

The attending physician must inform the patient of the:

- Patient's diagnosis;
- Patient's prognosis;
- Potential risks, benefits, and probable result of self-administering life-ending medication;
- Potential risks and benefits of feasible alternatives, including but not limited to, concurrent or additional treatment options for the patient's terminal disease, comfort care, palliative care, hospice care, and pain control; and
- Patient's right to rescind the request for life-ending medication at any time.

The patient must be provided with a referral for comfort care, palliative care, hospice care, pain control, or other end-of-life treatment options as requested by the patient and as clinically indicated.

The attending physician must also inform the patient that there is no obligation to fill the prescription, nor an obligation to self-administer the medication if it is obtained. The attending physician must also inform the patient of the benefits of notifying next-of-kin of the patient's decision to request life-ending medication.

The patient must also be referred to a consulting physician for medical confirmation that the patient requesting life-ending medication has a terminal disease with a prognosis of six months or less to live and has mental capacity. The consulting physician's written determination must be included in the patient's record.

If the attending physician observes signs that the patient may not be capable of making an informed decision, the attending physician must refer the patient to a licensed mental health professional. In such cases, the licensed mental health professional's written determination must also be included in the patient's medical record.

The attending physician must fulfill all medical record documentation requirements, including documentation of the patient's diagnosis and prognosis; determination of mental capacity; the date of each oral request for life-ending medication; a copy of the written request for life-ending medication; a notation that the requirements under this Act have been completed; and an identification of the medication and ancillary medications prescribed to the patient.

The attending physician must also ensure that all steps are carried out in accordance with this Act before providing a life-ending medication prescription, including:

- Confirming that the patient has made an informed decision to obtain a prescription for medication;
- Offering the patient an opportunity to rescind the request for medication; and
- Providing information to the patient on the recommended procedure for self-administering the medication to be prescribed; the safekeeping and proper disposal of unused medication in accordance with state and federal law; the importance of having another person present when the patient self-administers the life-ending medication; and not taking the life-ending medication in a public place.

Finally, the attending physician must deliver the prescribed medication in accordance with state and federal law. If authorized by the Drug Enforcement Administration, the attending physician can dispense the prescribed medication, including any ancillary medications, to the patient or a person designated by the patient. It can also be done through an authorized electronic transmission to a licensed pharmacist who will dispense the medication, including any ancillary

medications, to the patient or to a person expressly designated by the patient either in-person or with a signature required upon delivery by mail or messenger service.

Responsibility of Consulting Physicians

Consulting physicians must conduct an evaluation of the patient and review the patient's relevant medical records, including a mental capacity evaluation if such an evaluation is necessary. The consulting physician must then confirm, in writing, to the attending physician that the patient has requested a prescription for life-ending medication; has a documented terminal disease; either has mental capacity or documentation that the consulting physician has referred the patient for further evaluation; and is acting voluntarily, free from coercion or undue influence.

Referral for Determining Mental Capacity

If either the attending or consulting physician has doubts regarding a patient's mental capacity, and if either physician is unable to confirm the patient's capability of making an informed decision, the attending or consulting physician must refer the patient to a licensed mental health professional for a determination regarding mental capacity.

The licensed mental health professional shall determine whether the patient is suffering from a psychiatric or psychological disorder causing impaired judgment and provide the requesting physician with a written determination of whether the patient has mental capacity.

If the licensed mental health professional determines that the patient *does not* have mental capacity, or that the patient is suffering from a psychiatric or psychological disorder causing impaired judgment, the patient shall not be deemed eligible for life-ending medication and the attending physician may not prescribe the requested medication to the patient.

Safe Disposal of Unused Medications

A person who has custody or control of prescribed life-ending medication after the patient's death must dispose of such medication by delivering it to the nearest qualified facility that properly disposes of controlled substances or, if none is available, by lawful means in accordance with applicable state and federal guidelines.

Healthcare Professionals' Protections: No Duty to Provide Aid-in-Dying

Healthcare professionals are not under any duty, by law or contract, to participate in the provision of aid-in-dying care to a patient. A healthcare professional shall not be subject to civil or criminal liability for participating or refusing to participate in the provision of aid-in-dying care to a patient in good faith compliance with this Act.

A healthcare professional may not engage in false, misleading, or deceptive practices relating to a willingness to qualify a patient or provide aid-in-dying care. Intentionally misleading a patient constitutes coercion or undue influence.

A healthcare entity or licensing board may not censure, discipline, suspend, revoke license, privileges, membership, or impose other penalties upon a healthcare provider for participating or refusing to participate in aid-in-dying in accordance with this Act. The provisions of the [Health Care Right of Conscience Act](#) apply to this Act.

If a healthcare professional is unable or unwilling to carry out a patient's request under this Act, and the patient transfers to a new healthcare professional, the prior healthcare professional shall, upon request, transmit a copy of the patient's relevant medical records to the new healthcare professional without undue delay.

Healthcare Entity Protections and Permissible Prohibitions and Duties

Healthcare entities are not under any duty, by law or contract, to participate in the provision of aid-in-dying care to a patient and shall not be subject to civil or criminal liability for participating or refusing to participate in the provision of aid-in-dying care to a patient in good faith compliance with this Act.

A healthcare entity may prohibit healthcare professionals, staff, employees, or independent contractors from practicing aid-in-dying care while performing duties for the entity. A prohibiting entity must provide advance notice, in writing, to healthcare professionals and staff at the time of hiring, contracting with, or privileging and on a yearly basis thereafter that such practices are prohibited while performing duties for the entity. Such policies prohibiting aid-in-dying care may include provisions for the healthcare entity to take disciplinary action, including but not limited to termination, for those employees, independent contractors, and staff who violate the healthcare entity's policies, consistent with existing disciplinary policies.

However, no healthcare entity can prohibit a healthcare professional from:

- Providing information to a patient regarding the patient's health status, including but not limited to, diagnosis, prognosis, recommended treatment and treatment alternatives, and the risks and benefits of each;
- Providing information regarding healthcare services available under this Act, information about relevant community resources, and how to access those resources for obtaining care of the patient's choice;
- Practicing aid-in-dying care outside the scope of the healthcare professional's employment or contract with the prohibiting entity and off the premises of the prohibiting entity, provided, however, that in such event the healthcare professional explicitly tells the patient that he/she is providing such services independently and not as a representative of the prohibiting healthcare entity; or
- Being present, if outside the scope of the healthcare professional's employment or contractual duties, when an eligible, qualified patient self-administers prescribed life-ending medication or at the time of death, if requested by the patient or their representative.

If a patient wishes to transfer care to another healthcare entity, the prohibiting entity shall coordinate a timely transfer of care, including transmitting, without undue delay, the patient's medical records.

A healthcare entity may not engage in false, misleading or deceptive practices relating to its policy around end-of-life care services. This includes whether the entity has a policy that prohibits affiliated healthcare professionals from practicing aid-in-dying care. Healthcare entities may also not intentionally deny a patient access to life-ending medication by failing to transfer the patient and the patient's medical records to another healthcare professional in a timely manner. Intentionally misleading a patient or deploying misinformation to obstruct access to services under this Act constitutes coercion or undue influence.

The provisions of the [Health Care Right of Conscience Act](#) apply to this Act.

Immunity for Actions in Good Faith

Except for violations of a healthcare entity's policies prohibiting staff from providing aid-in-dying care, a healthcare professional or healthcare entity may not be subject to civil or criminal liability, licensing sanctions, or other professional disciplinary actions for actions taken in good faith compliance with this Act.

Similarly, except for violation of a healthcare entity's policies prohibiting its staff from providing aid-in-dying care, a healthcare professional, healthcare entity, or licensing board may not subject a healthcare professional to discharge, demotion, censure, discipline, suspension, loss of license, loss of privileges, loss of membership, discrimination, or any other penalty for providing aid-in-dying care in accordance with the standard of care and in good faith under this Act when:

- Engaged in the outside practice of medicine and off of the objecting healthcare entity's premises; or
- Providing scientific and accurate information about aid-in-dying care to a patient when discussing end-of-life care options.

If a healthcare professional or healthcare entity is unable or unwilling to carry out a patient's request for aid-in-dying, the professional or entity must, at a minimum:

- Inform the patient of the professional's or entity's inability or unwillingness;
- Refer the patient either to a healthcare professional who is able and willing to evaluate and qualify the patient or to another individual or entity to assist the requesting patient in seeking aid-in-dying, in accordance with the Health Care Right of Conscience Act; and
- Note in the patient's medical record the date of the request and the healthcare professional's notice to the patient of their unwillingness or inability to carry out the request.

A physician is not subject to civil or criminal liability or professional discipline if, at the request of the qualified patient, the physician is present outside the scope of the physician's employment contract and off the prohibiting healthcare entity's premises, when the qualified patient self-administers prescribed life-ending medication or at the time of death. A physician who is present at self-administration may, without civil or criminal liability, assist the qualified patient by preparing the prescribed life-ending medication.

Reporting Requirements

Within 45 days after the effective date of this Act, the Illinois Dept. of Public Health (IDPH) shall create and post to its website an Attending Physician Checklist Form and Attending Physician Follow-Up Form.

Within 30 calendar days of providing a prescription for life-ending medication, an attending physician shall submit to IDPH an Attending Physician Checklist Form with the following information:

- The qualifying patient's name and date of birth;
- The qualifying patient's terminal diagnosis and prognosis;
- Notice that the requirements of this Act were completed; and
- Notice that life-ending medication has been prescribed.

Within 60 calendar days of notification of a qualified patient's death from self-administration of life-ending medication, an attending physician shall submit to IDPH an Attending Physician Follow-Up Form with the following information:

- The patient's name and date of birth;
- The date of the patient's death; and
- A notation of whether the patient was enrolled in hospice services at the time of their death.

Information submitted to IDPH shall be confidential and collected in a manner that protects the privacy of the patient, the patient's family, and any healthcare professionals involved with the patient. The information shall be privileged and strictly confidential, and shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative or other proceeding.

A year after the effective date of this Act, and annually thereafter, IDPH shall create and post on its website a public statistical report of nonidentifying information. The report will be limited to:

- The number of prescriptions for life-ending medication;
- The number of physicians who wrote prescriptions for life-ending medication;
- The number of patients who died following self-administration of prescribed and dispensed life-ending medication; and

- The number of people who died due to using an aid-in-dying medication, with demographic percentages organized by the following characteristics (aggregated and de-identified): age at death, education level, race, gender, type of insurance, including whether the patient had insurance, underlying illness, and enrollment in hospice.

Willful failure or refusal to timely submit these required records may result in disciplinary action. Except as otherwise required by law, the information collected by IDPH is not a public record, is not available for public inspection, and is not available through the Freedom of Information Act.

Insurance Plan Provisions

It is unlawful for an insurer, including medical assistance under Article V of the Illinois Public Aid Code, to deny or alter healthcare benefits otherwise available to a patient with a terminal disease based on the availability of aid-in-dying care, a request for aid-in-dying medication, or the absence of a request for aid-in-dying medication. It is unlawful for an insurer to otherwise attempt to coerce a patient with a terminal disease to make a request for aid-in-dying medication. Such attempts constitute a violation of the Illinois Insurance Code and the Illinois Dept. of Insurance shall enforce the provisions of this Act with respect to any life, health, or accident insurance policy or annuity policy pursuant to their enforcement powers.

Death Certificate

Unless otherwise prohibited by law, an attending physician may sign the death certificate of a patient who obtained and self-administered a prescription for life-ending medication. When a death has occurred in accordance with this Act, the death shall be attributed to the underlying terminal disease. Death following self-administered, life-ending medication does not alone constitute grounds for a postmortem inquiry, nor shall it be designated as a suicide or homicide. A patient's act of self-administering life-ending medication shall not be indicated on the death certificate.

Liabilities and Penalties

Nothing in this Act limits civil or criminal liability arising from:

- Intentionally or knowingly altering or forging a patient's request for life-ending medication or concealing or destroying a recission of a request for life-ending medication.
- Intentionally or knowingly coercing or exerting undue influence on a patient with a terminal disease to request life-ending medication or to request or use or not use life-ending medication.
- Intentional misconduct by a healthcare professional or healthcare entity.

The penalties specified in this Act do not preclude criminal penalties applicable under other laws for conduct inconsistent with this Act.

Effective Date

This Act becomes effective nine months after becoming law.

IHA will continue to work closely with our members and the Administration on implementation as the law takes effect.

If you have any questions or comments please contact Karen Harris, Senior Vice President & General Counsel, at 630.276.5548 or kharris@team-iha.org.