



new york state **RIGHT TO LIFE COMMITTEE, INC.**

COMMITTEE

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Assisted Suicide in New York State

- The new law makes it legal effective Aug. 5, 2025 for a doctor to prescribe lethal drugs to a terminally ill patient for him or her to end his or her own life. (A136 Paulin/S138 Hoylman-Sigal, Section 11 of S8835 Rivera/A9515 Paulin)
- The law clarifies that a patient is only terminal if he or she is expected to die within six months “whether or not treatment is provided.” (Subdivision 17 of Section 2899-d of the Public Health Law of Article 28-F of the Public Health law as amended by S8835 Rivera/A9515 Paulin)
- The law requires that a written request be witnessed by two individuals who are not related to the person, not heirs in the person’s will, do not work at the healthcare facility the person is located at, are not health care proxies for the person, and are not acting under power of attorney for the person. (Subdivision 3 of Section 2899-e of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law requires that an oral request be made by the person unless the person “is not physically capable of making an oral request,” in which case, the oral request can be made with “an alternative method of communication familiar to” the person. (Subdivision 1 of Section 2899-e of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)
- The law requires that an oral request be recorded through audio or video technology. (Subdivision 1 of Section 2899-e of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)
- The law says no person qualifies for assisted suicide solely based on age and disability, meaning age and disability can be contributing factors. (Subdivision 4 of Section 2899-e of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law mandates a mental health evaluation for a person seeking assisted suicide. (Subdivision 2 of Section 2899-i of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)
- The law mandates that the person prescribed the lethal drugs self-ingest the lethal drugs himself or herself. (Subdivision 3 of Section 2899-f of Article 28-F of the Public Health law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law, while not requiring that a healthcare practitioner refer for assisted suicide, does requires that he or she even if opposed to assisted suicide as a matter of conscience transfer records to another healthcare practitioner for him or her to prescribe lethal drugs. (Subdivision 1 of Section 2899-m of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law, while not requiring that a healthcare facility that is opposed to assisted suicide perform or refer for assisted suicide, does require the healthcare facility to

transfer records and even the patient to a facility willing to perform assisted suicide for him or her to receive assisted suicide. (Subdivision 2 of Section 2899-m of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)

- The law says a person who requests assisted suicide cannot be deemed to be suicidal by virtue of his or her request. (Subdivision 1 of Section 2899-n of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law says life insurance benefits cannot be denied because the person died by assisted suicide. (Subdivision 3 of Section 2899-n of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law stipulates that the cause of death on the death certificate be the underlying illness, not assisted suicide. (Subdivision 2 of Section 2899-p of Article 28-F of the Public Health Law as added by A136 Paulin/S138 Hoylman-Sigal)
- The law includes a residency requirement. (Subdivision 13 of Section 2899-d of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)
- The law has a major loophole in the requirement for in-person evaluation. It states, "that the attending physician may waive the in-person examination requirement and conduct the examination via telehealth if the physician determines, within reasonable medical judgment, and documents in the patient's medical record that requiring an in-person visit would result in extraordinary hardship to the patient." "Extraordinary hardship" is defined as "circumstances in which an in-person examination would cause the patient undue pain or suffering, or would necessitate extraordinary expense or logistical burden for medically-necessary transportation." (Subdivision 1 of Section 2899-f of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)
- The law has a five-day waiting period, but it is made ineffectual by nullifying it if "the patient's attending physician has medically confirmed that the qualified individual may, within reasonable medical judgment, die before the expiration of the waiting period identified herein." (Subdivision 3 of Section 2899-f of Article 28-F of the Public Health Law as amended by S8835 Rivera/A9515 Paulin)