

# New York's medical aid-in-dying bill receives another push

By Bill Mahoney

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Supporters of a New York medical aid-in-dying bill have been some of the most visible advocates at the state Capitol since the proposal was first introduced in 2016.

“Nine years is a long time to people who are suffering, but in the course of things, when you’re dealing with an issue as weighty as life and death, it’s not unexpected,” said Corinne Carey, the New York campaign director for Compassion & Choices.

But, she said, “This work is heart wrenching — we have lost 26 advocates who have walked the hallways with us. Many of those advocates died with a tremendous amount of pain.”

While the bill has regularly appeared at the top of Albany’s end-of-session agenda in recent years, it has not yet had enough support from lawmakers to receive a vote. But the support has been growing gradually, and advocates like Carey are hopeful the measure will have a real path toward passage this June.

## WHAT’S IN THE BILL?

*This Pro Bill Analysis is based on the text of the bill ([NY A995-A/NY S2445-A](#)) as amended in May 2023.*

The Medical Aid in Dying Act (Sec. 1) would add new language to the [New York Public Health Law](#) allowing a qualified adult who has been diagnosed with terminal illnesses — defined as an incurable and irreversible condition that has been confirmed by a medical professional and is expected to kill the individual within six months — to request medication to end their life (Sec. 2).

The measure would require an individual to submit an oral request to their doctor, along with a written request that is witnessed by two adults who are not close relatives or heirs and can attest that the individual has decision-making capacity and is not being coerced.

A physician would then need to confirm that the patient has a terminal illness, as well as that they have decision-making capacity, are making an informed decision and are making this choice of their own volition. They would need to inform the patient of the risks and alternatives, including information about hospice care and their right to change their mind at any point in the process.

A second physician would need to confirm any diagnoses and if either doctor doubts the patient’s decision-making capacity, they would issue a referral to a mental health professional who would need to sign off.

The physician would need to discuss with the patient the importance of: having someone with them when they take the medication, administering the medication themselves, not taking the medication in a public place and informing their family of their decision — although an individual could not be denied their request for medication if they refuse to discuss the choice with their family.

The text specifically states that health care professionals or individuals other than the patient themselves may not administer the medication.

Additionally, individual health care providers — including physicians, nurses and pharmacists — would have the right to refuse to prescribe such medicines. Private health care facilities would be allowed to prohibit their patients from participating in the process if their policies on the subject are “based on sincerely held religious beliefs or moral convictions.” However, if

a patient requests a transfer to another facility in order to receive aid-in-dying care, the practice must agree to transfer their records.

The bill also contains language stating that this process shall not be considered “suicide” for the purposes of life insurance and it would protect doctors from laws on homicide and assisted suicide.

Any unused medication must be delivered to a qualified facility that disposes of controlled substances.

On the patient’s death certificate, the underlying terminal illness — rather than the lethal medicine — will be listed as the cause of death.

## **WHO ARE THE POWER PLAYERS?**

Over the years, the campaign in favor of the bill has gradually garnered more supporters. Most recently, that included the New York State Bar Association’s endorsement in January.

Assemblymember [Amy Paulin](#) (D-Westchester) and Sen. [Brad Hoylman-Sigal](#) are “worthy opponents on this issue and advocate well for the issues they care about,” said **Jason McGuire**, chair of the Livingston County Conservative Party and director of the evangelical advocacy group New Yorkers for Constitutional Freedoms.

But he says it’s not just social conservatives who have led the push against the measure.

“When you look at who’s opposed to it, you see people like our friends in the disability rights community,” McGuire said. “They have genuine fear for their lives as to how they would be coerced if this becomes law in New York state ... When a doctor goes to treat a patient, suicide should not be one of the options they offer.”

However, Corinne Carey, the New York campaign director for Compassion & Choices, says concerns that people might get forced into an unwanted suicide are unwarranted.

“Not a single one of the harms predicted by opponents have ever come to pass,” she said. “It’s just a fact; if there had been any ill effect from any of these laws, we would have seen an expose, and nothing has materialized.”

## **WHAT’S HAPPENED SO FAR?**

Lawmakers introduced several different proposals on the subject in 2016, including A10059/S7559. [Their push was in part driven](#) by the highly-publicized ordeal of Californian Brittany Maynard, who had to travel to Oregon to receive aid-in-dying treatment that was banned in her home state.

Since then, a version of the Medicaid Aid in Dying Act has been introduced each session:

— [A2383/S3151](#) in the 2017-2018 session

— [A2694/S3947](#) in the 2019-2020 session

— [A4321/S6471](#) in the 2021-2022 session.

The most long-lingering of the bills proposed in 2016 is currently sponsored by Paulin and Hoylman-Sigal. The measure originally had 13 additional sponsors in the Assembly and three in the Senate — but that’s since ticked up to 65 in the Assembly and 23 in the Senate.

Even though the topic has repeatedly been a focus of end-of-session discussions, lawmakers have never allowed it to receive so much as a committee vote. It’s not the type of subject that leaders will pressure members to vote on, and rank-and-file support hasn’t been enough yet — possibly due to fears over the political ramifications of supporting the legislation.

But Carey disputes the idea that it should be seen as a politically sensitive issue.

“No lawmaker in any state has ever lost their seat for supporting championing or sponsoring a medical aid in dying bill,” she said. “I think lawmakers know that now. They’ve seen the polling. They know that across every demographic and every party line, we have strong majorities of support.”

## **WHAT'S NEXT?**

The topic is sure to come up again as legislators shift to their end-of-session priorities once the budget wraps up.

Supporters are hopeful the issue's momentum will help it actually pass this year, while opponents believe there's still not a critical mass of Democratic supporters.

"You're still seeing status quo. The votes aren't there," McGuire said. "Every year, we hear 'this is the year,' but we get to the end of session, and the conference is just not there."

## **WHAT ARE SOME STORIES ON THE BILL?**

Read POLITICO news on [NY A995](#) and [NY S2445](#).