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- 1 (a) The qualified patient’s medical diagnosis;
- 2 (b) The qualified patient’s prognosis;
- 3 (c) The potential risks associated with taking the medication to be prescribed;
- 4 (d) The probable result of taking the medication to be prescribed; and
- 5 (e) The feasible alternatives to taking the medication to be prescribed, including
- 6 palliative care and comfort care, hospice care, pain control and disease-directed treatment options.

7 IX. “Medically confirmed” means the medical opinion of an attending physician has been
8 confirmed by a consulting physician who has examined the patient and the patient’s relevant
9 medical records.

10 X. “Notice” means a separate statement in writing advising of the prohibiting health care
11 provider’s policy with respect to participating in activities under this chapter.

12 XI. “Participating, or entering into an agreement to participate in activities under this
13 chapter” means doing or entering into an agreement to do any one or more of the following:

- 14 (a) Performing the duties of an attending physician as specified in this chapter.
- 15 (b) Performing the duties of a consulting physician as specified in this chapter.
- 16 (c) Performing the duties of a state-licensed psychiatrist, state-licensed psychologist,
17 state-licensed clinical social worker or state-licensed clinical professional counselor, in the
18 circumstances that a referral to one is made.
- 19 (d) Delivering the prescription for, dispensing or delivering the dispensed medication
20 pursuant to this chapter.
- 21 (e) Being present when the qualified patient takes the medication prescribed pursuant
22 to this chapter.
- 23 (f) “Participating, or entering into an agreement to participate, in activities under this
24 chapter does not include doing, or entering into an agreement to do, any of the following: diagnosing
25 whether a patient has a terminal disease, informing the patient of the medical prognosis or
26 determining whether a patient has the capacity to make decisions; providing information to a
27 patient about this chapter; or providing a patient, upon the patient’s request, with a referral to
28 another health care provider for the purposes of participating in the activities authorized under this
29 chapter.

30 XII. “Patient” means an adult who is under the care of a physician.

31 XIII. “Physician” means a doctor of medicine or osteopathy licensed to practice medicine in
32 this state.

33 XIV. “Qualified patient” means a competent adult who is a resident of the state of New
34 Hampshire and who has satisfied the requirements of this chapter to obtain a prescription for
35 medication that the qualified patient may self-administer to end the qualified patient’s life in a
36 humane and dignified manner.

1 XV. “Self-administer” means, for a qualified patient, to voluntarily ingest medication to end
2 the qualified patient’s life in a humane and dignified manner.

3 XVI. “Terminal disease” means an incurable and irreversible disease that has been
4 medically confirmed and will, within reasonable medical judgment, produce death within 6 months.

5 137-M:3 Right to Information. A patient has a right to information regarding all treatment
6 options reasonably available for the care of the patient, including, but not limited to, information in
7 response to specific questions about the foreseeable risks and benefits of medication, without a
8 physician’s withholding requested information regardless of the purpose of the questions or the
9 nature of the information.

10 137-M:4 Written Request for Medication.

11 I. An adult who is competent, is a resident of the state of New Hampshire, has been
12 determined by an attending physician and a consulting physician to be suffering from a terminal
13 disease and has voluntarily expressed the wish to die may make a written request for medication
14 that the adult may self-administer in accordance with this chapter.

15 II. No person shall be a qualified patient under this chapter solely because of age or
16 disability.

17 III. No person or agency, including a legal guardian or agent under a durable health care
18 power of attorney, shall be authorized to make a request for medication pursuant to this chapter on
19 behalf of a patient who is not capable.

20 137-M:5 Form of Written Request.

21 I. A valid request for medication under this chapter shall be substantially in the form
22 described in subparagraph II(a) and shall be signed and dated by the patient and witnessed by at
23 least 2 individuals who, in the presence of the patient, attest that to the best of their knowledge and
24 belief the patient is competent, is acting voluntarily and is not being coerced to sign the request.

25 II.(a) **REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED**
26 **MANNER.** I _____, am an adult of sound mind. I am suffering from _____, which
27 my attending physician has determined is a terminal disease and which has been medically
28 confirmed by a consulting physician. I have been fully informed of my diagnosis, prognosis, the
29 nature of medication to be prescribed, and potential associated risks, the expected result, and the
30 feasible alternatives, including comfort care, hospice care, pain control, and disease-directed
31 treatment options.

32 I request that my attending physician prescribe medication that I may self-administer, that will
33 end my life in a humane and dignified manner, and that my attending physician fill the prescription
34 or contact any pharmacy or pharmacist to fill the prescription.

35 ___ I have informed my family of my decision and taken their opinions into consideration.

36 ___ I have decided not to inform my family of my decision.

37 ___ I have no family to inform of my decision.

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1 I understand the full import of this request and I expect to die when I take the medication
2 prescribed. I further understand that, although most deaths occur within three hours, my death
3 may take longer and my physician has counseled me about this possibility.

4 SIGNED _____

5 DATED _____

6 A patient who declines or is unable to notify the patient's family or next of kin may not have the
7 patient's request for medication denied for that reason.

8 (b) DECLARATION OF WITNESSES

9 By initialing and signing below on or after the date the person named above signs, we declare
10 that the person making and signing the above request.

11 ____ Is personally known to us or has provided proof of identity.

12 ____ Signed this request in our presence on the date of the person's signature.

13 ____ Appears to be of sound mind and not under duress, fraud, or undue influence.

14 ____ Is not a patient for whom either of us is attending physician.

15 Initials of Witness 1 _____

16 Signature of Witness 1 _____ Date _____

17 Initials of Witness 2 _____

18 Signature of Witness 2 _____ Date _____

19 (c) LANGUAGE OF WRITTEN REQUEST

20 The language of a written request for medication under this chapter must be the language in which
21 any conversations or consultations, or interpreted conversations or consultations, between a patient
22 and the patient's attending physician or consulting physician are held. The language of a written
23 request for medication under this law may be English when the conversations or consultations, or
24 interpreted conversations or consultations, between a patient and the patient's attending physician
25 or consulting physician were conducted in English. The language of a written request for medication
26 under this law may be in a in a language other than English if the services of an interpreter are
27 employed. If communication between the patient and the treating physician is conducted through an
28 interpreter, the interpreter must complete and sign the following Declaration:

29 (d) DECLARATION OF INTERPRETER

30 Under penalty of perjury, I declare that I, _____, am fluent in English and in
31 (language of patient) _____.

32 On (date) _____ at approximately (time) _____, I read the "Request for Medication
33 to End My Life in a Humane and Dignified manner" to (name of patient) _____.

34 Mr./Ms (name of patient) _____ affirmed to me that he/she understands the content of
35 this form, that he/she desires to sign this form under his/her own power and volition, and that he/she
36 requested to sign the form after consultations with an attending physician and a consulting
37 physician. Under penalty of perjury, I declare that the contents of this form, to the best of my

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1 knowledge, are true and correct.

2 Executed at _____(name of city, county, and state) on _____(date)

3 Interpreter's signature_____

4 Interpreter's printed name _____

5 Interpreter's address _____

6 III. At least one of the 2 or more witnesses required under this section, and any interpreter
7 required under subparagraph II(d) must be a person who is not:

8 (a) A relative of the patient by blood, marriage, or adoption;

9 (b) A person who at the time the request is signed would be entitled to any portion of the
10 estate of the qualified patient upon death, under any will or operation of any law;

11 (c) An owner, operator, or employee of a health care facility where the qualified patient
12 is receiving medical treatment or is a resident;

13 (d) The patient's attending physician at the time the written request is signed may not
14 be a witness.

15 (e) If the patient is a patient in a long-term care facility at the time the patient makes
16 the written request, one of the witnesses must be an individual designated by the facility, who has
17 the qualifications specified by the department by rule.

18 137-M:6 Attending Physician Responsibilities. The attending physician shall:

19 I. Make the initial determination of whether a patient has a terminal disease, is competent
20 and has made the written request under RSA 137-M:5 voluntarily.

21 II. Request that the patient demonstrate state residency as required by RSA 137-M:14.

22 III. To ensure that the patient is making an informed decision, inform the patient of:

23 (a) The patient's medical diagnosis;

24 (b) The patient's prognosis;

25 (c) The potential risks associated with taking the medication to be prescribed;

26 (d) The probable result of taking the medication to be prescribed, and

27 (e) The feasible alternatives to taking the medication to be prescribed, including
28 palliative care and comfort care, hospice care, pain control and disease-directed treatment options.

29 IV. Refer the patient to a consulting physician for medical confirmation of the diagnosis and
30 for a determination that the patient is competent and acting voluntarily.

31 V. Confirm that the patient's request does not arise from coercion or undue influence by
32 another individual by discussing with the patient, outside the presence of any other individual,
33 except for an interpreter (if needed), whether the patient is feeling coerced or unduly influenced.

34 VI. Refer the patient for counseling, if appropriate, as described in RSA 137-M:8.

35 VII. Recommend that the patient notify the patient's next of kin.

36 VIII. Counsel the patient about the importance of having another person present when the
37 patient takes the medication prescribed under this chapter, and counsel the patient about not taking

1 the medication prescribed under this chapter in a public place.

2 IX. Inform the patient that the patient has an opportunity to rescind the request at any time
3 and in any manner and offer the patient an opportunity to rescind the request at the end of the 15-
4 day waiting period pursuant to RSA 137-M:12.

5 X. Verify, immediately before writing the prescription for medication under this chapter,
6 that the patient is making an informed decision.

7 XI. Fulfill the medical record documentation requirements in RSA 137-M:13.

8 XII. Ensure that all appropriate steps are carried out in accordance with this chapter before
9 writing a prescription for medication to enable a qualified patient to end the qualified patient's life
10 in a humane and dignified manner.

11 XIII. Dispense medications directly, including ancillary medications intended to minimize
12 the patient's discomfort, if the attending physician is authorized under state law or rule to dispense
13 medications and has a current drug enforcement administration certificate, or with the patient's
14 written consent:

15 (a) Contact a pharmacist and inform the pharmacist of the prescription; and

16 (b) Deliver the written prescription personally, by mail, or electronically to the
17 pharmacist, who may dispense medications in person to the patient, the attending physician, or an
18 expressly identified agent of the patient.

19 137-M:7 Consulting Physician Confirmation. Before a patient is determined to be a qualified
20 patient under this chapter, a consulting physician shall examine the patient and the patient's
21 relevant medical records and confirm, in writing, the attending physician's diagnosis that the
22 patient is suffering from a terminal disease and verify that the patient is competent, is acting
23 voluntarily, and has made an informed decision.

24 137-M:8 Counseling Referral. If, in the opinion of the attending physician or the consulting
25 physician, a patient may be suffering from a psychiatric or psychological disorder or depression
26 causing impaired judgment, the physician shall refer the patient for counseling. Medication to end
27 the patient's life in a humane and dignified manner shall not be prescribed until the person
28 performing the counseling determined that the patient is not suffering from a psychiatric or
29 psychological disorder or depression causing impaired judgment.

30 137-M:9 Informed Decision. A qualified patient shall not receive a prescription for medication
31 under the chapter unless the qualified patient has made and informed decision. Immediately before
32 writing a prescription for medication, the attending physician shall verify that the qualified patient
33 is making an informed decision.

34 137-M:10 Written and Oral Requests. To receive a prescription for medication that the qualified
35 patient may self-administer under this chapter, a qualified patient shall make an oral request and a
36 written request, and reiterate the oral request to the qualified patient's attending physician at least
37 15 days after making the initial oral request. At the time the qualified patient makes the qualified

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1 patient's second oral request, the attending physician shall offer the qualified patient an opportunity
2 to rescind the request.

3 137-M:11 Right to Rescind Request. A patient may rescind the patient's request at any time
4 and in any manner without regard to the patient's mental state. A prescription for medication shall
5 not be written under this chapter without the attending physician's offering the qualified patient an
6 opportunity to rescind the request.

7 137-M:12 Waiting Periods. At least 15 days must elapse between the patient's initial oral
8 request and the date the patient signs the written request under RSA 137-M:10. At least 48 hours
9 must elapse between the date the patient signs the written request and the writing of a prescription
10 under this chapter.

11 137-M:13 Medical Record Documentation Requirements. The following shall be documented or
12 filed in a patient's medical record:

13 I. All oral requests by the patient for medication to end that patient's life in a humane and
14 dignified manner.

15 II. All written requests by a patient for medication to end that patient's life in a humane and
16 dignified manner.

17 III. The attending physician's diagnosis and prognosis and the attending physician's
18 determination that the patient is competent, is acting voluntarily, and has made an informed
19 decision.

20 IV. The consulting physician's diagnosis and prognosis and the consulting physician's
21 verification that the patient is competent, is acting voluntarily, and has made an informed decision.

22 V. A report of the outcome and determination made during counseling, if counseling is
23 provided under RSA 137-M:8.

24 VI. The attending physician's offer to the patient to rescind the patient's request at the time
25 of the patient's second oral request under RSA 137-M:10.

26 VII. A note by the attending physician indicating that all requirements under this chapter
27 have been met, and indicating the steps taken to carry out the patient's request, including a notation
28 of the medication prescribed.

29 137-M:14 Residency Requirement. For purposes of this chapter, only requests made by
30 residents of the state of New Hampshire state may be granted. The residency of a person is that
31 place where the person has established a fixed and principal home to which the person, whenever
32 temporarily absent, intends to return. The following factors may be offered in determining a
33 person's residence under this chapter and need not all be present in order to determine a person's
34 residence:

35 I. Possession of a valid driver's license issued by the New Hampshire department of motor
36 vehicles;

37 II. Registration to vote in this state;

- 1 III. Evidence that the person owns or leases property in this state;
- 2 IV. The location of any dwelling currently occupied by the person;
- 3 V. The place where any motor vehicle owned by the person is registered;
- 4 VI. The residence address, not a post office box, shown on a current Federal income tax
- 5 return;
- 6 VII. The residence address, not a post office box, at which the person's mail is received;
- 7 VIII. The residence address, not a post office box, shown on any current hunting or fishing
- 8 license held by the person;
- 9 IX. The residence address, not a post office box, shown on any driver's license held by the
- 10 person;
- 11 X. The receipt of any public benefit conditioned upon residency, defined substantially under
- 12 this section; or
- 13 XI. Any other objective facts indicating a person's place of residence.

14 137-M:15 Disposal of Unused Medications. A person who has custody of, or control over any
15 unused medications prescribed pursuant to this chapter after the death of the qualified patient shall
16 personally deliver the unused medications to the nearest facility qualified to dispose of controlled
17 substances or, if such delivery is impracticable, personally dispose of the unused medications by any
18 lawful means, in accordance with guidelines adopted by the department of health and human
19 services.

20 137-M:16 Reporting of Information; Rulemaking; Reports. The commissioner of the department
21 of health and human services shall:

- 22 I. Annually review all records maintained under this chapter;
- 23 II. Require any health care provider upon writing a prescription dispensing medication
- 24 under this chapter to file a copy of the prescription or dispensing record, and other documentation
- 25 required under this chapter associated with the prescription or dispensing the medication, with the
- 26 department:

27 (a) Documentation required to be filed under this paragraph shall be mailed or
28 otherwise transmitted as allowed by rules adopted pursuant to RSA 541-A, no later than 30 days
29 after the writing of the prescription or the dispensing of medication under this chapter, except that
30 all documents required to be filed with the department by the prescribing physician after the death
31 of the qualified patient shall be submitted no later than 30 calendar days after the date of the death
32 of the qualified patient;

33 (b) If a person required under this chapter to report information to the department
34 provides an inadequate or incomplete report, the department shall contact the person to request an
35 adequate or complete report;

36 III. Within 6 months of the effective date of this chapter, adopt rules, pursuant to RSA 541-
37 A, to facilitate the collection of information regarding compliance with this chapter. Except as

1 otherwise provided by law, the information collected shall be confidential, is not a public record, and
2 shall not be made available for inspection by the public; and

3 IV. Generate and make available to the public an annual statistical report to the house and
4 senate committees having jurisdiction over health matters annually by March 1st.

5 137-M:17 Effect on Construction of Wills, Contracts, and Other Agreements.

6 I. Any provision in a contract, will, or other agreement, whether written or oral, to the
7 extent the provision would affect whether a person may make or rescind a request for medication to
8 end the person's life in a humane and dignified manner, is not valid. Any obligation owing under
9 any currently existing contract shall not be conditioned upon or affected by the making or rescinding
10 of a request by a person for medication to end the person's life in a humane and dignified manner.

11 II. The sale, procurement, or issuance of any life, health, or accident insurance or annuity
12 policy or the rate charged for any life, health, or accident insurance or annuity policy shall not be
13 conditioned upon or affected by the making or rescinding of a request by a person for medication that
14 the person may self-administer to end the person's life in a humane and dignified manner. A
15 qualified patient's act of ingesting medication to end the qualified patient's life in a humane and
16 dignified manner does not have an effect upon a life, health or accident insurance or annuity policy,
17 issued under the provisions of applicable state statutes, and the rate charged by the insurer for the
18 policy shall not be conditioned upon or affected by the participation of the health care provider in the
19 provision of medication to a qualified patient in accordance with this chapter.

20 III. A qualified patient whose life is insured under a life insurance policy issued under the
21 provisions of RSA 564-E:210 and the beneficiaries of the policy shall not be denied benefits on the
22 basis of self-administration of medication by the qualified patient in accordance with this chapter.
23 The sale, procurement or issuance of any medical professional liability insurance policy shall not be
24 conditioned upon or affected by the participation by the health care provider in the provision of
25 medication to a qualified patient in accordance with this chapter.

26 IV. This chapter does not authorize a physician or any other person to end a patient's life by
27 lethal injection, mercy killing, or active euthanasia. Actions taken in accordance with this chapter
28 do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide under the law.
29 State reports shall not refer to acts committed under this chapter as "suicide" or "assisted suicide."
30 Consistent with the provisions of this chapter, state reports shall refer to acts committed under this
31 chapter as obtaining and self-administering life-ending medication. A patient's death certificate,
32 issued by the New Hampshire department of state, division of bureau of vital records pursuant to
33 RSA 5-C:1 shall list the underlying terminal disease as the cause of death. Nothing contained in this
34 chapter shall be interpreted to lower the applicable standard of care for the attending physician, the
35 consulting physician, a psychiatrist or a psychologist or other health care provider who is providing
36 services under this chapter.

37 137-M:18 Basis for Prohibiting Persons or Entities From Participation; Penalties; Permissible

1 Actions. The following provisions govern the basis for prohibiting persons or entities from
2 participating in activities under this chapter, notification, penalties, and permissible actions.

3 I. Subject to compliance with paragraph II and notwithstanding any other law, a health care
4 provider may prohibit its employees, independent contractors, or other persons or entities, including
5 other health care providers, from participating in activities under this chapter while on premises
6 owned or under the management or direct control of that prohibiting health care provider or while
7 acting within the course and scope of any employment by, or contract with, the prohibiting health
8 care provider.

9 II. A health care provider that elects to prohibit its employees, independent contractors, or
10 other persons or entities, including other health care providers, from participating in activities under
11 this chapter, shall first give notice of the policy prohibiting participation under this chapter to those
12 employees, independent contractors, or other persons or entities, including other health care
13 providers. A health care provider that fails to provide notice to those employees, independent
14 contractors, or other persons or entities, including other health care providers, in compliance with
15 this paragraph may not enforce such a policy against those employees, independent contractors, or
16 other persons or entities, including other health care providers.

17 III. Subject to compliance with paragraph IV, the prohibiting health care provider may take
18 action, including, but not limited to, the following, as applicable against an employee, independent
19 contractor, or other person or entity, including another health care provider, that violates this policy:

20 (a) Loss of privileges, loss of membership, or other action authorized by the bylaws or
21 rules and regulations of the medical staff;

22 (b) Suspension, loss of employment or other action authorized by the policies or practices
23 of the prohibiting health care provider;

24 (c) Termination of any lease or other contract between the prohibiting health care
25 provider and the employee, independent contractor, or other person or entity, including another
26 health care provider that violates the policy; or

27 (d) Imposition of any other non-monetary remedy provided for in any lease or contract
28 between the prohibiting health care provider and the employee, independent contractor, or other
29 person or entity, including another health care provider, in violation of the policy.

30 IV. Nothing in this section shall be construed to prevent, or to allow a prohibiting health
31 care provider to prohibit an employee, independent contractor, or other person or entity, including
32 another health care provider from any of the following:

33 (a) Participating, or entering into an agreement to participate, in activities under this
34 chapter while on premises that are not owned or under the management or direct control of the
35 prohibiting health care provider or while acting outside the course and scope of the participant's
36 duties as an employee of, or independent contractor for the prohibiting health care provider.

37 (b) Participating, or entering into an agreement to participate, in activities under this

1 chapter as an attending physician, or consulting physician while on premises not owned or under
2 management or direct control of the prohibiting health care provider.

3 (c) Subject to compliance with subparagraph (b), the prohibiting health care provider
4 may take action, including, but not limited to, the following, as applicable against an employee,
5 independent contractor, or other person or entity, including another health care provider, that
6 violates this policy: (1) Loss of privileges, loss of membership, or other action authorized by the
7 bylaws or rules and regulations of the medical staff; (2) Suspension, loss of employment or other
8 action authorized by the policies and practices of the prohibiting health care provider; (3)
9 Termination of any lease or other contract between the prohibiting health care provider and the
10 employee, independent contractor or other person or entity, including another health care provider,
11 that violates the policy; or (4) Imposition of any other non-monetary remedy provided for in any lease
12 or contract between the prohibiting health care provider and the employee, independent contractor,
13 or other person or entity, including another health care provider, in violation of the policy.

14 (d) Nothing in this paragraph shall be construed to prevent, or to allow a prohibiting
15 health care provider to prohibit an employee, independent contractor, or other person or entity,
16 including another health care provider from any of the following: (1) Participating, or entering into
17 an agreement to participate, in activities under this Act while on premises that are not owned by, or
18 under the direct control of, the prohibiting health care provider, or while acting outside the course
19 and scope of the participant's duties as an employee of, or an independent contractor for, the
20 prohibiting health care provider; or (2) Participating, or entering into an agreement to participate, in
21 activities under this chapter as an attending physician or consulting physician while on premises
22 that are not owned or under the management of or direct control of the prohibiting health care
23 provider.

24 (e) In taking actions pursuant to subparagraph (c), a health care provider shall comply
25 with all procedures required by law, its own policies or procedures and any contract with the
26 employee, independent contractor, or other person or entity, including another health care provider,
27 in violation of the policy, as applicable.

28 (f) Any action taken by a prohibiting health care provider pursuant to this paragraph
29 shall not be reportable to the appropriate licensing board under Title XXX, including, but not limited
30 to, the office of professional licensure and certification, board of medicine, board of nursing, and/or
31 pharmacy board. The fact that a health care provider participates in activities under this chapter
32 shall not be the sole basis for a complaint or report by another health care provider to the
33 appropriate licensing board.

34 137-M:19 Compliance With Laws, Policies and Procedures. In taking actions pursuant to this
35 chapter, a health care provider shall comply with all procedures required by law, its own policies and
36 procedures and any contract with the employee, independent contractor, or other person or entity,
37 including another health care provider, in violation of the policy, as applicable.

1 137-M:20 Reportability. Any action taken by a prohibiting health care provider pursuant to this
2 subsection is not reportable to the appropriate licensing board under Title XXX, including, but not
3 limited to, the office of professional licensure and certification, board of medicine, board of nursing,
4 and/or pharmacy board. The fact that a health care provider participates in activities under this
5 chapter shall not be the sole basis for a complaint report by another health care provider to the
6 appropriate licensing board.

7 137-M:21 Alteration, Forgery, Coercion, Undue Influence. Willful alteration or forgery; coercion
8 or undue influence; penalties; civil damages; other penalties not precluded. The following provisions
9 govern criminal and other penalties for certain violations of this chapter:

10 I. A person who, without authorization of the patient, willfully alters or forges a request for
11 medication or conceals or destroys a rescission of that request with the intent or effect of causing the
12 patient's death commits a class A felony.

13 II. A person who coerces or exerts undue influence on a patient to request medication to end
14 the patient's life or to destroy a rescission of a request commits a class A felony.

15 III. This chapter shall not limit liability for civil damages resulting from negligent conduct
16 or intentional misconduct by a person.

17 IV. The penalties under this chapter do not preclude criminal penalties applicable under
18 other law for conduct that is inconsistent with this chapter.

19 137-M:22 Claims For Costs Incurred; Claims by Governmental Entity for Costs Incurred. Any
20 governmental entity that incurs costs resulting from a person ending the person's life under this
21 chapter in a public place has a claim against the estate of the person to recover the costs and
22 reasonable attorney's fees related to enforcing the claim.

23 2 Effective Date. This act shall take effect 60 days after its passage.

2020-0706h

AMENDED ANALYSIS

This bill establishes the New Hampshire death with dignity act.

UNAPPROVED