

Service delivery

Non-participation under Medical aid-in-dying laws

S12.1

1.0 Purpose

1.1 The purpose of this policy is to describe the decision by Enhabit Hospices and Home Health agencies not to participate in the procedures for Self-Administering Medical Aid-in-Dying Medications under applicable state laws.

2.0 Definitions

- 2.1 Adult: An individual who is eighteen years or older.
- 2.2 Medical Aid-in-Dying: The medical practice of a physician prescribing Medical Aid-in-Dying Medication to a qualified individual that the individual may choose to Self-Administer to bring about a peaceful death.
- 2.3 **Medical Aid-In-Dying Medication**: Medication prescribed by a physician to provide medical aid to dying to a qualified individual.
- 2.4 **Medical Director & Associate Medical Director**: Physicians who are independent contractors of the hospice who provide medical direction services to the hospice.
- 2.5 **Medical Consultant**: Physician who provides medical consultation services to a home health agency as an independent contractor.
- 2.6 **Prognosis of Six Months or Less**: A prognosis resulting from a Terminal Illness that the illness will, within reasonable medical judgment, result in death within six months and which has been medically confirmed.
- 2.7 **Self-Administer**: A qualified individual's affirmative, conscious, and physical act of administering the Medical Aid-In-Dying Medication to himself or herself to bring about his or her own death.
- 2.8 **Terminal Illness**: An incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death.

3.0 Policy

- 3.1 Medical Aid in Dying laws permit certain Adults with a Terminal Illness and a Prognosis of Six Months or Less to request and Self-Administer Medical Aid-In-Dying Medication.
- 3.2 Hospices and home health agencies have a right to not participate in the process for Self-Administered Medical Aid-In-Dying Medication under applicable laws.
- 3.3 Enhabit hospices and home health agencies, through their Governing Bodies, have adopted this policy to reflect their choice not to participate in Medical Aid-In-Dying and not to permit any Medical Director, Associate Medical Director, or Medical Consultant acting within the scope of his or her contracted duties with an Enhabit hospice or home health agency to prescribe or provide Medical Aid-In-Dying Medication for a patient of the hospice



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or home health agency who intends to Self-Administer the Medical Aid-In-Dying Medication while in its service.

4.0 Procedure

- 4.1 Enhabit hospices and home health agencies do not participate in Medical Aid-In-Dying. Specifically:
 - 4.1.1 Enhabit hospices and home health agencies do not provide Medical Aid-In-Dying Medications to any individual under applicable state laws.
 - 4.1.2 Enhabit hospices and home health agencies do not permit its staff to participate in, or help facilitate, Medical Aid-in-Dying for patients in its service.
 - 4.1.3 Enhabit hospices and home health agencies do not permit any Medical Director, Associate Medical Director, or Medical Consultant, while acting within the scope of her or his private practice of medicine, to prescribe or provide Medical Aid-In-Dying Medication for a patient who intends to Self-Administer Medical Aid-In-Dying Medication while the patient is in Enhabit's service.
- 4.2 Enhabit hospices and home health agencies will notify patients of this Policy through written notice at the time of admission.
- 4.3 If a patient of Enhabit elects to transfer his/her care to another health care provider, Enhabit will, upon the patient's request, transfer the patient's medical records to the new health care provider. The agency must contact the Executive Vice President of Hospice in the event that a patient wishes to participate in Medical Aid-In-Dying and does not wish to transfer to a new health care provider.
- 4.4 Nothing in this policy affects the obligation of Enhabit and its staff to follow Enhabit policies regarding advance directives, Do Not Resuscitate Orders, and other policies governing end-of-life care and decision-making.

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