

Death with Dignity / Medical Aid in Dying State-by-State Process Summaries

Prepared from current state laws and official guidance

Current as of August 19, 2026

Informational and training use only. This document is not legal or medical advice.

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Important: Illinois is enacted but does not take effect until September 12, 2026. Montana is court-authorized under *Baxter v. Montana* and does not have a Death with Dignity statute.

Terminology note: APRN means advanced practice registered nurse; ARNP means advanced registered nurse practitioner; PA means physician assistant. State terminology varies.

California

End of Life Option Act

Status: Signed Oct. 5, 2015; effective June 9, 2016

Who may serve as the attending and consulting provider?

California requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request must be made directly to the attending physician. It cannot be made through a designee. The request must be documented. If the attending physician later transfers the patient's care or declines to participate, a previously documented first oral request may remain valid.

Second Oral Request

The second oral request must be made to the attending physician.

Waiting Period

At least 48 hours must pass between the first and second oral requests. California does not provide an exception that allows this 48-hour waiting period to be shortened.

Written Request and Witnesses

The written request requires two adult witnesses. No more than one witness may be a relative of the patient or someone entitled to benefit from the patient's estate. No more than one witness may be an owner, operator, or employee of the health-care entity where the patient is being treated or resides. The attending physician, consulting physician, and any mental-health specialist involved in the process may not serve as witnesses. California does not require a special facility-designated witness for a patient living in a long-term-care facility.

Health-Care Facility Participation

A health-care entity may prohibit employees, contractors, providers, and others from participating in the End of Life Option Act on its premises or while acting within the course and scope of their employment or contract. If the entity imposes such a restriction, the restriction does not extend to participation away from the entity's premises and outside the person's employment or contractual relationship with the entity.

Death Certificate and Classification of Death

California public-health guidance states that, for a death under the End of Life Option Act, the underlying terminal illness is recorded as the cause of death. The death is not considered suicide.

Civil, Criminal, and Professional Protection

California's protection for a non-medical person is more limited than Oregon's. A person is protected from civil or criminal liability solely for being present when a patient takes the aid-in-dying medication. A person may also prepare the medication for the patient without civil or criminal liability, provided that the person does not assist the patient in ingesting the medication. Health-care providers and health-care entities have broader statutory protections concerning participation in, or refusal to participate in, the End of Life Option Act. For that reason, it would not be accurate to say that California gives every volunteer broad civil and criminal immunity simply for acting in good faith.

Colorado

Colorado End-of-Life Options Act

Status: Approved by voters Nov. 8, 2016; effective Dec. 16, 2016

Who may serve as the attending and consulting provider?

Colorado allows either a physician or an advanced practice registered nurse (APRN) to serve as the attending/prescribing provider or the consulting provider. A 2024 amendment changed the law from physician-only terminology to provider terminology.

First Oral Request

The first oral request must be made to the attending provider, who may be a physician or APRN. The date of the request must be documented in the medical record.

Second Oral Request

The repeat oral request is made to the attending provider.

Waiting Period

At least 7 days must pass between the oral requests. The interval may be shortened if the attending provider determines that the patient is likely to die within 48 hours after the initial oral request.

Written Request and Witnesses

The written request requires two witnesses. At least one witness must be independent of family or estate interests. At least one witness must not own, operate, or work at the facility where the patient is a patient or resident. Neither the attending provider nor the consulting provider may serve as a witness. A person holding the patient's qualified power of attorney or durable medical power of attorney also may not serve as a witness. Colorado does not require a special facility-designated witness for a patient living in a long-term-care facility.

Health-Care Facility Participation

A health-care facility may restrict participation on its premises. Colorado law also contains facility-disclosure requirements and other statutory limits.

Death Certificate and Classification of Death

Colorado law requires the underlying terminal illness to be listed as the cause of death. Actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse.

Civil, Criminal, and Professional Protection

Colorado uses broad protection for a person acting in good faith under the Act, including a person who is present when the patient takes the medication. The protection does not cover negligence, recklessness, or intentional misconduct. Because the statute uses broad person-based language, this protection can extend to a non-medical helper acting in good-faith compliance with the law.

Delaware

Ron Silverio/Heather Block End of Life Options Act

Status: Signed May 20, 2025; effective Jan. 1, 2026

Who may serve as the attending and consulting provider?

Delaware allows either a physician or an advanced practice registered nurse (APRN) to serve as the attending/prescribing provider or the consulting provider.

First Oral Request

The first oral request is made to the attending physician or attending APRN. The date of the request must be documented.

Second Oral Request

The second oral request is made to the attending physician or attending APRN.

Waiting Period

At least 15 days must pass between the two oral requests. In addition, at least 48 hours must pass after the written request before the prescription can be written. The law does not provide an imminence waiver of these minimum periods.

Written Request and Witnesses

The written request requires at least two adult witnesses. No more than one witness may be a relative or an estate beneficiary. No more than one witness may own, operate, or work at the health-care institution where the patient is treated or resides. The attending physician or attending APRN may not serve as a witness. Delaware does not require a special facility-designated witness for a patient living in a long-term-care facility.

Health-Care Facility Participation

A health-care institution may prohibit a physician or APRN from prescribing under the Act on its premises. If the institution imposes that restriction, Delaware law requires notice to providers and the public.

Death Certificate and Classification of Death

Delaware's End of Life Options Act does not contain a medical-aid-in-dying-specific direction for what cause of death must be entered on the death certificate. It separately provides that a request for medication, or the fact that medication is prescribed or dispensed under the Act, does not constitute elder abuse, suicide, assisted suicide, homicide, or euthanasia.

Civil, Criminal, and Professional Protection

Delaware's protection is qualified rather than a blanket immunity for every volunteer. A person acting in good faith and in accordance with generally accepted health-care standards is protected from civil or criminal liability and professional discipline for providing medical care in compliance with the Act. The protected activities expressly include being present, prescribing or dispensing, refusing to participate, and providing accurate information. Negligence, recklessness, and intentional misconduct are not protected. Because the protection is tied to providing medical care and to generally accepted health-care standards, it should not be summarized as unlimited immunity for every non-medical helper.

Hawaii

Our Care, Our Choice Act

Status: Signed Apr. 5, 2018; effective Jan. 1, 2019

Who may serve as the attending and consulting provider?

Hawaii allows either a physician or an advanced practice registered nurse (APRN) to serve as the attending/prescribing provider or the consulting provider.

First Oral Request

The first oral request must be made to the attending provider, who may be a physician or APRN. A consulting or counseling provider is not an alternate recipient of the first request. If the initial attending provider opts out, a documented first-request date may carry forward to a new attending provider.

Second Oral Request

The repeat oral request is made to the attending provider.

Waiting Period

The process includes a 5-day period from the initial oral request and a separate period of at least 48 hours after the written request. The 5-day period may be waived if the attending provider determines that the patient is likely to die within 5 days. The separate 48-hour written-request period remains.

Written Request and Witnesses

The written request requires at least two witnesses. One witness may be a family member or beneficiary; the other must meet the independence requirements. At least one witness must not own, operate, or work at the facility where the patient is treated or resides. The attending provider may not serve as a witness. Hawaii does not require a special facility-designated witness for the written request. These witness rules concern the written request and not Hawaii's separate Final Attestation Form.

Health-Care Facility Participation

A health-care facility may prohibit a provider from participating on its premises and may impose the sanctions permitted by law. Specified participation outside the provider's employment or contract scope remains protected.

Death Certificate and Classification of Death

Hawaii Department of Health guidance directs the attending provider to list the terminal illness as the immediate cause of death. Hawaii law separately provides that actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, murder, manslaughter, another form of homicide, or other criminal conduct.

Civil, Criminal, and Professional Protection

Hawaii provides broad person-based protection for good-faith compliance, including being present when the patient takes the medication. Facilities also receive good-faith protection. The broad person-based language can extend to a non-medical helper acting in good-faith compliance with the law.

Illinois

End-of-Life Options for Terminally Ill Patients Act (Deb's Law)

Status: Signed Dec. 12, 2025; effective Sept. 12, 2026 — enacted but not yet effective as of Aug. 19, 2026

Who may serve as the attending and consulting provider?

Illinois requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request is made to and documented by the attending physician. If the patient's care is later transferred, the waiting period does not restart.

Second Oral Request

The repeated oral request is made to the attending physician.

Waiting Period

At least 5 days must pass between the first and second oral requests. If the attending physician determines that the patient is likely to die within 5 days after the initial oral request, the written request and repeated oral request may occur at any time after the initial request.

Written Request and Witnesses

The written request requires at least two witnesses. At least one witness must be independent. At least one witness must not own, operate, or work at the health-care entity where the patient is treated or resides. The attending physician may not serve as a witness. An interpreter used by the patient also may not serve as a witness. Illinois does not require a special facility-designated witness for a patient living in a long-term-care facility.

Health-Care Facility Participation

A health-care entity may prohibit health-care professionals, staff, employees, and independent contractors from practicing aid-in-dying care while performing duties for the entity. The law includes advance written and annual notice requirements and preserves specified information, referral, and off-premises or outside-scope activity.

Death Certificate and Classification of Death

Under the Illinois Act, when a death occurs in accordance with the Act, it is attributed to the underlying terminal disease. The death is not designated suicide or homicide, and the patient's self-administration of the medication is not indicated on the death certificate. The Act separately provides that compliant actions do not constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect, or another civil or criminal violation. These provisions take effect September 12, 2026.

Civil, Criminal, and Professional Protection

Illinois's express immunity provisions are focused on health-care professionals and health-care entities acting in good-faith compliance or refusing to participate. The Act also states that actions taken in accordance with it are not a civil or criminal violation. Intentional misconduct and other conduct inconsistent with the Act remain outside the protection. The Act does not contain a broad, express general-person immunity clause for every non-medical volunteer.

Maine

Maine Death with Dignity Act

Status: Signed June 12, 2019; effective Sept. 19, 2019

Who may serve as the attending and consulting provider?

Maine requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request is made to the attending physician and documented in the medical record.

Second Oral Request

The second oral request is made to the attending physician. At that time, the attending physician must offer the patient an opportunity to rescind the request.

Waiting Period

Normally, 15 days must pass between the initial oral request and the written request, and at least 48 hours must pass after the written request. The attending physician may waive part of the waiting periods when medically appropriate, but the total process may not be shortened below 7 days.

Written Request and Witnesses

The written request requires two or more witnesses. At least one witness must be independent. At least one witness - and any required interpreter - must not own, operate, or work at the facility where the patient is treated or resides. If the patient is in a long-term-care facility, a facility-designated licensed health-care provider serves as the designated witness. That designated person may be an owner, operator, or employee of the facility. The attending physician may not serve as a witness. A facility-designated witness should not be assumed to mean that the facility permits medical aid in dying on its premises.

Health-Care Facility Participation

A health-care provider may prohibit employees, contractors, other persons or entities, and other providers from participating on its premises or within the scope of employment or contract. The law protects specified off-premises and outside-scope activities.

Death Certificate and Classification of Death

Maine's Death with Dignity Act does not require a particular medical-aid-in-dying-related cause of death to be entered on the death certificate; the physician completing the certificate determines the recorded cause of death. Separately, actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, or homicide, and state reports may not refer to the practice as suicide or assisted suicide.

Civil, Criminal, and Professional Protection

Maine does not contain a broad Oregon-style express immunity clause. It does state that actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, or homicide, and that the Act does not lower the applicable standard of care. The law therefore does not support a general statement that every non-medical volunteer in Maine has broad civil and criminal immunity.

Montana

Baxter v. Montana (Montana Supreme Court decision; no Death with Dignity statute)

Special framework: Authorized by court decision Dec. 31, 2009; no Death with Dignity statute

Legal Framework and Providers

Montana is different from the other jurisdictions in this document. Medical aid in dying is court-authorized under Baxter v. Montana rather than governed by a Death with Dignity statute. The framework centers on a physician. There is no statutory consulting-provider requirement comparable to the statutory states.

Oral and Written Requests

Montana has no statutory first-oral-request requirement, no statutory second-oral-request requirement, and no statutory written-request or witness procedure comparable to the statutory states.

Waiting Period

There is no statutory waiting period and therefore no statutory waiting period to expedite.

Health-Care Facility Participation

Because Montana does not have a medical-aid-in-dying statute, there is no statutory facility-participation or opt-out framework comparable to the statutory jurisdictions in this document.

Death Certificate and Classification of Death

Montana has no medical-aid-in-dying statute establishing a special death-certificate rule or a statutory rule classifying compliant medical aid in dying as 'not suicide.' Baxter v. Montana instead recognizes a terminally ill patient's consent as a defense to a homicide charge against an aiding physician.

Civil, Criminal, and Professional Protection

Baxter recognizes a terminally ill patient's consent to physician aid in dying as a statutory defense to a homicide charge against the aiding physician. This is not a broad statutory civil, criminal, or professional-immunity provision for all participants, so a blanket immunity statement for non-medical volunteers is not supported.

New Jersey

Medical Aid in Dying for the Terminally Ill Act

Status: Signed Apr. 12, 2019; effective Aug. 1, 2019

Who may serve as the attending and consulting provider?

New Jersey requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request is made to the attending physician and documented in the medical record.

Second Oral Request

The second oral request is made to the attending physician.

Waiting Period

At least 15 days must pass between the oral requests. The written request must be made at least 48 hours before the prescription. Current law provides no imminence waiver of these waiting periods.

Written Request and Witnesses

The written request requires at least two witnesses. At least one witness must not be a family member or an estate beneficiary. At least one witness generally may not be affiliated with the health-care facility. The statute specifically excepts a long-term-care facility from this affiliation restriction. The attending physician may not serve as a witness. New Jersey does not require a facility-designated long-term-care witness. A proposed designated-witness requirement was removed before enactment.

Health-Care Facility Participation

Existing health-care facility policies and procedures govern actions on the facility's premises to the maximum extent possible. Facility participation is voluntary.

Death Certificate and Classification of Death

New Jersey Department of Health guidance recommends recording the underlying terminal disease as the cause of death and marking the manner of death as natural. The law separately provides that actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, euthanasia, or homicide.

Civil, Criminal, and Professional Protection

New Jersey uses broad protection for a person taking compliant actions, including being present, and for a person who refuses to participate. Good-faith substantial compliance is treated as compliance. Gross negligence, recklessness, and willful misconduct are excluded. The broad person-based protection can extend to a non-medical helper acting within the law.

New Mexico

Elizabeth Whitefield End-of-Life Options Act

Status: Effective July 1, 2021; amended in 2023 regarding conscience-based refusal

Who may serve as the attending and consulting provider?

New Mexico allows a physician, osteopathic physician, advanced practice nurse, or physician assistant who is authorized to prescribe to serve as the prescribing health care provider. The Act includes additional confirmation requirements, including a determination by at least one physician or osteopathic physician that the patient has capacity, a terminal illness, and the ability to self-administer. When a consulting health care provider is required, that provider must have experience with the underlying condition that makes the patient terminally ill.

Request Process

New Mexico does not use the usual first-and-second oral-request model. The patient must voluntarily request medical aid in dying and complete the written request form prescribed by the Act. The prescribing health care provider documents the eligibility determination in the medical record.

Waiting Period

The prescription may not be filled until 48 hours after it was written. The waiting period may be waived if the prescribing health care provider medically confirms that the patient may die before it expires and affirms that all statutory requirements have been fulfilled.

Written Request and Witnesses

The written request is signed in the presence of two witnesses. No more than one witness may be a relative by blood, marriage, or adoption. No more than one witness may own, operate, or be employed at a health-care facility where the patient is a patient or resident. The witness declaration also states that the patient is not a patient for whom either witness is a health care provider. New Mexico does not require a special facility-designated long-term-care witness.

Health-Care Facility Participation

A health-care entity may restrict participation on its premises under a written policy. The entity may not sanction a provider for participating off the entity's premises or outside the course and scope of employment. A health-care entity that prohibits medical aid in dying must clearly state that policy on its website and in appropriate materials given to patients.

Death Certificate and Classification of Death

New Mexico law requires the cause of death to be listed as the person's underlying terminal illness, and medical aid in dying cannot be included on the death certificate. The Act separately provides that compliant actions do not constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, or adult abuse.

Civil, Criminal, and Professional Protection

New Mexico protects a person from criminal liability, licensing sanctions, and professional disciplinary action for good-faith participation, for being present when the patient self-administers, and for conscience-based refusal as provided by current law. The cited immunity provision does not state a general blanket civil-immunity rule for every participant.

New York

Medical Aid in Dying Act

Status: Passed legislature June 9, 2025; signed Feb. 6, 2026; effective Aug. 5, 2026

Who may serve as the attending and consulting provider?

New York requires both the attending/prescribing provider and the consulting provider to be physicians.

Oral Request

New York uses one oral request rather than the usual first-and-second oral-request model. The oral request must be made to the attending physician. It must be audio-or video-recorded and permanently stored in the patient's medical record.

Waiting Period

After the prescription is written, 5 days must pass before it may be filled. The 5-day prescription-filling wait may be waived if the attending physician medically confirms that the patient may die before the waiting period expires.

Written Request and Witnesses

The written request requires at least two adult witnesses, and both must be independent. Neither witness may be an owner, operator, employee, or independent contractor of the patient's facility. Witnesses also may not be relatives, financial beneficiaries, domestic partners, health-care proxy agents, or power-of-attorney agents. The attending physician, consulting physician, and any required mental-health professional also may not serve as witnesses. The witnesses sign under penalty of perjury. New York does not require a special facility-designated long-term-care witness.

Health-Care Facility Participation

A private health-care facility may prohibit prescribing, dispensing, ordering, or self-administering medication on site if the statutory formal-policy requirements are met. The policy must be based on sincerely held religious beliefs or moral convictions. Patients must receive notice, and if a patient requests a transfer, the facility must arrange transfer to a reasonably accessible willing facility.

Death Certificate and Classification of Death

New York law provides that the cause of death on the death certificate is the underlying terminal illness or condition. It also provides that a patient is not considered suicidal because of the request, self-administration is not deemed suicide, and compliant actions are not treated as suicide, assisted suicide, attempted suicide, promoting a suicide attempt, euthanasia, mercy killing, or homicide.

Civil, Criminal, and Professional Protection

New York provides broad protection to a physician, pharmacist, other health-care provider, or other person for reasonable good-faith actions or refusals under the Act. The protected activities include discussions, referral, and being present. Negligence, recklessness, and intentional misconduct are excluded. Because the law expressly includes an "other person," the protection can extend to a non-medical helper acting in reasonable good faith under the Act.

Oregon

Oregon Death with Dignity Act

Status: Approved by voters Nov. 8, 1994; implemented in 1997

Who may serve as the attending and consulting provider?

Oregon requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request may be made to any Oregon-licensed physician, provided the physician who ultimately becomes the attending physician accepts the earlier request as valid. The physician receiving the request may later serve as the attending physician, consulting physician, or neither. The date of the first oral request must be documented.

Second Oral Request

The second oral request must be made to the attending/prescribing physician.

Waiting Period

Normally, at least 15 days must pass between the first and second oral requests. In addition, at least 48 hours must pass after the written request before the prescription can be written. The waiting periods may be shortened when the attending physician medically confirms that the patient is likely to die before one or both waiting periods expire. In that situation, the prescription may be written after the later of the written request or the second oral request.

Written Request and Witnesses

The written request requires at least two witnesses. One witness may be a relative of the patient or someone entitled to benefit from the patient's estate, but at least one witness must be independent. At least one witness must not be an owner, operator, or employee of the health-care facility where the patient is being treated or resides. The attending physician may not serve as a witness. If the patient resides in a long-term-care facility, one of the witnesses must be designated by the facility. A facility-designated witness is serving as a witness to the patient's written request. This does not necessarily mean that the facility permits Death with Dignity medication to be prescribed or used on its premises.

Health-Care Facility Participation

A health-care facility or provider may prohibit participation in Death with Dignity on its premises. That restriction does not extend to participation away from the facility's premises and outside the provider's relationship with that facility.

Death Certificate and Classification of Death

Oregon Health Authority recommends recording the underlying terminal disease as the cause of death and marking the manner of death as natural. Oregon law separately provides that actions taken in accordance with the Death with Dignity Act do not constitute suicide, assisted suicide, mercy killing, or homicide.

Civil, Criminal, and Professional Protection

Oregon's law uses broad protection for a person acting in good-faith compliance with the law. A person is not subject to civil or criminal liability or professional disciplinary action for such participation. The protection specifically includes being present when the patient takes the medication. This protection applies to conduct that complies in good faith with the Oregon law; it should not be read as immunity for conduct outside the requirements of the Act.

Vermont

Patient Choice and Control at End of Life Act (Act 39)

Status: Signed / effective May 20, 2013

Who may serve as the attending and consulting provider?

Vermont requires a physician to serve as the prescribing physician and a second physician to provide the confirming evaluation.

First Oral Request

The first oral request is made to the prescribing physician. The date, time, and wording of the oral request are to be recorded.

Second Oral Request

The second oral request is made to the prescribing physician.

Waiting Period

At least 15 days must pass between the first and second oral requests. Vermont law does not provide an imminence waiver of this 15-day interval.

Written Request and Witnesses

The written request requires two or more witnesses, and both witnesses must be independent. Both witnesses must be "not interested persons." This excludes owners, operators, or employees of the facility where the patient is treated or resides, as well as the patient's physician, relatives, and estate beneficiaries. Vermont does not require a special facility-designated long-term-care witness.

Health-Care Facility Participation

Vermont law protects health-care professionals and others from certain disciplinary actions or sanctions for either participating in, or refusing to participate in, the Death with Dignity process. The law does not establish the same type of broad premises-based prohibition found in some other states.

Death Certificate and Classification of Death

Vermont's official Act 39 reporting states that death certificates list the underlying disease as the cause of death and the manner of death as natural. Vermont law separately provides that actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, or homicide.

Civil, Criminal, and Professional Protection

Vermont's express civil, criminal, and professional immunity provision is physician-focused when a physician prescribes in compliance with the law. A separate limitations provision protects a physician, nurse, pharmacist, or other person from specified facility or provider discipline for participation or refusal. The law does not provide broad civil and criminal immunity for every non-medical volunteer.

Washington, D.C.

Death with Dignity Act of 2016

Status: Passed by D.C. Council Nov. 15, 2016; effective Feb. 18, 2017

Who may serve as the attending and consulting provider?

Washington, D.C. requires both the attending/prescribing provider and the consulting provider to be physicians.

First Oral Request

The first oral request is made to the attending physician and must be documented in the medical record.

Second Oral Request

The second oral request is made to the attending physician.

Waiting Period

At least 15 days must pass between the oral requests. The written request must be submitted at least 48 hours before the medication may be prescribed or dispensed. The law provides no imminence waiver of these minimum periods.

Written Request and Witnesses

The written request requires at least two witnesses. One witness may be a family member or beneficiary, but at least one witness must be independent. At least one witness must not own, operate, or work at the health-care facility where the patient is treated or resides. The attending physician may not serve as a witness. If the patient is in a long-term-care facility, one witness must be designated by the facility and meet D.C. regulatory qualifications. That designation concerns the written request and should not be treated as proof that the facility permits medical aid in dying on its premises.

Health-Care Facility Participation

A health-care provider may prohibit participation on its premises and may impose the sanctions permitted by the law. Participation off-site and outside the relevant employment or contract scope is not subject to the premises restriction.

Death Certificate and Classification of Death

D.C. law requires the death certificate to identify the patient's underlying medical condition, without reference to the fact that the patient ingested the covered medication. Actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, or homicide.

Civil, Criminal, and Professional Protection

Washington, D.C. uses broad person-based protection for good-faith compliance, refusal to participate, or being present when a qualified patient takes the medication, subject to the statute's exceptions. Because the law uses broad "no person" language, the protection can extend to a non-medical helper acting in good-faith compliance.

Washington State

Washington Death with Dignity Act (Initiative 1000)

Status: Approved by voters Nov. 4, 2008; effective Mar. 5, 2009

Who may serve as the attending and consulting provider?

Washington State allows a physician, physician assistant, or advanced registered nurse practitioner (ARNP) to serve as the attending/prescribing provider or the consulting provider.

First Oral Request

The first oral request may be received by a physician, physician assistant, or ARNP and does not have to be received by the provider who ultimately becomes the attending provider. The request must be documented. Care may later transfer to an attending provider without restarting the waiting period.

Second Oral Request

The second oral request must be made to the attending qualified medical provider.

Waiting Period

At least 7 days must pass from the initial oral request before the prescription may be written. Two oral requests and a written request are required. Current law provides no exception to the 7-day minimum.

Written Request and Witnesses

The written request requires at least two witnesses. One witness may be a family member or beneficiary, but at least one witness must be independent. At least one witness must not own, operate, or work at the facility where the patient is treated or resides. The attending qualified medical provider may not serve as a witness. Washington State does not require a special facility-designated long-term-care witness. Its former special long-term-care witness requirement was repealed in 2023.

Health-Care Facility Participation

A health-care provider may prohibit participation on its premises. The restriction does not extend to participation off-premises and outside the course and scope of the person's employment or contract.

Death Certificate and Classification of Death

Washington law requires the death certificate to list the underlying terminal disease as the cause of death. Actions taken in accordance with the Act do not constitute suicide, assisted suicide, mercy killing, or homicide, and state reports may not refer to the practice as suicide or assisted suicide.

Civil, Criminal, and Professional Protection

Washington State uses broad person-based protection for good-faith compliance, including being present when the patient takes the medication. The statute also protects good-faith participation or refusal from specified professional penalties. Because the law uses broad person-based language, the protection can extend to a non-medical helper acting in good-faith compliance.

Source Basis

These summaries were prepared from the state laws and official materials reviewed for this project, including provisions governing provider roles, request sequences, waiting periods, written-request witness requirements, facility participation, immunity, and death-certificate classification.

New Mexico was added in this update using the Elizabeth Whitefield End-of-Life Options Act and current New Mexico Department of Health materials. A companion source workbook contains the underlying filenames and legal-source URLs used for this research.

Death-certificate rules are not identical across jurisdictions. Where a state does not impose a MAID-specific death-certificate direction, the summary says so rather than applying another state's rule.

Current as of August 19, 2026. Illinois is enacted but does not take effect until September 12, 2026. Montana is court-authorized under *Baxter v. Montana* and does not have a Death with Dignity statute.

This document is for informational and training use only and is not legal or medical advice.

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