

# HOUSE BILL No. 1011

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-18-2; IC 16-36-8; IC 27-2-30; IC 34-30-2.1-229.2; IC 35-52-16-27.5.

**Synopsis:** End of life options. Allows individuals with a terminal illness who meet certain requirements to make a request to an attending provider for medication that the individual may self-administer to bring about death. Specifies requirements a provider must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to bring about death or to destroy a rescission of a request for medication to bring about death. Establishes a Class A misdemeanor if a person, without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication in order to affect a health care decision by the individual. Establishes certain criminal and civil immunity for health care providers.

**Effective:** July 1, 2026.

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**Pierce M**

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December 1, 2025, read first time and referred to Committee on Public Health.

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Second Regular Session of the 124th General Assembly (2026)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

## HOUSE BILL No. 1011

A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 16-18-2-29.1 IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2026]: **Sec. 29.1. "Attending provider", for**
- 4 **purposes of IC 16-36-8, has the meaning set forth in IC 16-36-8-1.**
- 5 SECTION 2. IC 16-18-2-47.5 IS ADDED TO THE INDIANA
- 6 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 7 [EFFECTIVE JULY 1, 2026]: **Sec. 47.5. "Capable", for purposes of**
- 8 **IC 16-36-8, has the meaning set forth in IC 16-36-8-2.**
- 9 SECTION 3. IC 16-18-2-69.1 IS ADDED TO THE INDIANA
- 10 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 11 [EFFECTIVE JULY 1, 2026]: **Sec. 69.1. "Consulting provider", for**
- 12 **purposes of IC 16-36-8, has the meaning set forth in IC 16-36-8-3.**
- 13 SECTION 4. IC 16-18-2-84.5 IS ADDED TO THE INDIANA
- 14 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 15 [EFFECTIVE JULY 1, 2026]: **Sec. 84.5. "Counseling", for purposes**
- 16 **of IC 16-36-8, has the meaning set forth in IC 16-36-8-4.**
- 17 SECTION 5. IC 16-18-2-302, AS AMENDED BY P.L.2-2015,



SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 302. (a) "Qualified patient", for purposes of IC 16-36-4, has the meaning set forth in IC 16-36-4-4.

(b) **"Qualified patient", for purposes of IC 16-36-8, has the meaning set forth in IC 16-36-8-5.**

~~(b)~~ (c) "Qualified patient", for purposes of IC 16-42-26, has the meaning set forth in IC 16-42-26-3.

SECTION 6. IC 16-18-2-326.8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 326.8. "Self-administer", for purposes of IC 16-36-8, has the meaning set forth in IC 16-36-8-6.**

SECTION 7. IC 16-18-2-351.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 351.5. "Terminal illness" **means the following:**

(1) For purposes of IC 16-25, ~~has~~ the meaning set forth in IC 16-25-1.1-9.

(2) **For purposes of IC 16-36-8, the meaning set forth in IC 16-36-8-7.**

SECTION 8. IC 16-36-8 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 8. Medical Aid in Dying**

**Sec. 1. As used in this chapter, "attending provider" means the provider who has primary responsibility for the care of the patient and treatment of the patient's terminal illness.**

**Sec. 2. As used in this chapter, "capable" means that a patient is, in the opinion of the patient's:**

(1) attending provider; or

(2) consulting:

(A) provider;

(B) psychiatrist; or

(C) psychologist;

**able to make and communicate health care decisions to health care providers, including communication through an individual familiar with the patient's manner of communicating if such an individual is available.**

**Sec. 3. (a) As used in this chapter, "consulting provider" means a provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the individual's disease.**

**(b) The term includes a licensed mental health care provider, including the following:**



(1) A consulting psychiatrist licensed under IC 25-22.5.

(2) A consulting psychologist licensed under IC 25-33.

(3) An advanced practice registered nurse licensed under IC 25-23 and who is qualified to practice nursing in a mental health specialty role.

(4) A behavioral health and human services professional licensed under IC 25-23.6.

Sec. 4. As used in this chapter, "counseling" means at least one (1) consultation as necessary with a consulting provider described in section 3 of this chapter for the purpose of determining whether the patient is capable and not suffering from a psychiatric disorder, a psychological disorder, or depression that renders the patient unable to make and communicate an informed decision.

Sec. 5. As used in this chapter, "qualified patient" means an individual who is at least eighteen (18) years of age, is an Indiana resident, and has satisfied the requirements of this chapter in order to obtain a prescription for medication to bring about a peaceful death in a humane and dignified manner.

Sec. 6. (a) As used in this chapter, "self-administer" means a qualified patient performing an affirmative, conscious, voluntary act to ingest medication prescribed to bring about the qualified patient's death.

(b) The term does not include administration by parenteral injection or infusion.

Sec. 7. As used in this chapter, "terminal illness" means an incurable and irreversible illness that has been confirmed and will, within reasonable medical judgment, result in death within six (6) months.

Sec. 8. (a) An individual who:

(1) is at least eighteen (18) years of age;

(2) is an Indiana resident;

(3) is capable;

(4) is diagnosed, by a provider, with a terminal illness that is confirmed by a consulting provider; and

(5) has voluntarily expressed to the attending provider a wish to receive medical aid in dying;

may make a written request in accordance with this chapter for medication for the purpose of bringing about the patient's peaceful death in a humane and dignified manner. An individual does not qualify under this chapter solely because of the individual's age or disability.

(b) In order to receive a prescription for medication to bring



about the patient's peaceful death, a qualified patient must have:

- (1) made an oral request;
- (2) made a written request as described in this chapter; and
- (3) either:
  - (A) reiterated the oral request to the patient's attending provider not less than fifteen (15) days after making the initial oral request; or
  - (B) if the patient's attending provider has medically confirmed that the patient will, within reasonable medical judgment, die within fifteen (15) days after making the initial oral request under this section, reiterated the oral request for the medication to the attending provider at any time after making the initial oral request.

(c) At the time the patient makes the second oral request, the attending provider shall offer the patient an opportunity to rescind the request.

(d) Evidence of a patient's Indiana residency under subsection (a) may include the following:

- (1) Possession of a valid Indiana driver's license or identification card issued under IC 9-24.
- (2) A valid Indiana voter registration card.
- (3) Documentation that the patient currently owns or leases property in Indiana.
- (4) The filing of an Indiana state tax return for the most recent tax year.

Sec. 9. (a) A patient may rescind a request for medication under this chapter at any time and in any manner.

(b) No prescription for the medication under this chapter may be written without the attending provider offering the qualified patient an opportunity to rescind the request.

Sec. 10. (a) Except as provided in subsection (b), at least:

- (1) fifteen (15) days must elapse between the patient's initial oral request for the medication; and
- (2) forty-eight (48) hours must elapse between the patient's written request under this chapter;

before the attending provider may dispense or write a prescription for the medication under this chapter for the patient.

(b) If the qualified patient's attending provider has medically confirmed that the qualified patient will, within reasonable medical judgment, die before the expiration of at least one (1) of the waiting periods described in subsection (a), the attending provider may dispense or write a prescription for the medication at any time



1 following the later of the qualified patient's written request or  
 2 second oral request under this chapter.

3 Sec. 11. (a) The written request for medication required by  
 4 section 8 of this chapter must meet the following requirements:

5 (1) Be on a form issued by the state department, as set forth  
 6 in section 12 of this chapter.

7 (2) Be attested to and signed by the patient.

8 (3) Be witnessed by at least two (2) individuals who, in the  
 9 presence of the patient, attest that, to the best of the  
 10 individuals' knowledge and belief, the patient is:

11 (A) capable;

12 (B) acting voluntarily; and

13 (C) not being coerced to sign the request.

14 (b) At least one (1) of the witnesses described in subsection (a)(3)  
 15 may not be any of the following:

16 (1) A relative of the patient by blood, marriage, or adoption.

17 (2) An heir to any part of the patient's estate, by will or law,  
 18 upon the death of the patient.

19 (3) An owner, operator, or employee of a health care facility  
 20 where the patient is receiving medical treatment or is a  
 21 resident.

22 (4) The patient's attending provider at the time the request is  
 23 signed.

24 Sec. 12. The state department shall prepare and make available  
 25 the form described in section 11 of this chapter that states the  
 26 following:

27 "REQUEST FOR MEDICATION TO BRING ABOUT  
 28 MY PEACEFUL DEATH

29 I, \_\_\_\_\_ (insert patient's name), am an  
 30 adult of sound mind.

31 I have been diagnosed with and am suffering from  
 32 \_\_\_\_\_ (insert the name of the terminal illness), which  
 33 my attending provider has determined is a terminal illness  
 34 and which has been medically confirmed by a consulting  
 35 provider.

36 I have been fully informed of my diagnosis, prognosis, the  
 37 nature of medication to be prescribed, and the potential  
 38 associated risks, the expected result, and the feasible  
 39 alternatives, including comfort care, hospice care, and pain  
 40 control.

41 I request that my attending provider dispense or prescribe  
 42 medication to bring about my own peaceful death in a



humane and dignified manner.

INITIAL ONE:

\_\_\_ I have informed my family of my decision and taken their opinions into consideration.

\_\_\_ I have decided not to inform my family of my decision.

\_\_\_ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

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

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

#### DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, I declare that the person making and signing the above request:

is personally known to me or has provided proof of identity; signed this request in my presence on the date of the person's signature;

appears to be of sound mind and not under duress or undue influence; and

is not a patient for whom I am the attending provider.

Witness 1: \_\_\_\_\_  
                     Printed Name                      Signature                      Date

Witness 2: \_\_\_\_\_  
                     Printed Name                      Signature                      Date

NOTE: One (1) witness shall not be a relative (by blood, marriage, or adoption) of the person signing this request, shall not be entitled to any portion of the person's estate upon death, and shall not own, operate, or be employed at a health care facility where the person is a patient or resident. However, if the patient is a resident of a health facility, one (1) of the witnesses shall be an individual designated by the health facility."

Sec. 13. (a) For a patient who has made a request under this chapter, the attending provider shall do the following:

- (1) Make an initial determination of whether the patient:
  - (A) has a terminal illness;



- 1 (B) is capable; and
- 2 (C) has made the request voluntarily.
- 3 (2) Refer the patient to counseling if, after examining the
- 4 patient, the attending provider considers counseling
- 5 necessary.
- 6 (3) Refer the patient to a consulting provider for medical
- 7 confirmation:
- 8 (A) of the terminal illness diagnosis;
- 9 (B) of the patient's capability; and
- 10 (C) that the patient is voluntarily making a request under
- 11 this chapter.
- 12 (4) Request and obtain proof of the patient's Indiana
- 13 residency.
- 14 (5) Inform the patient of the following to ensure that the
- 15 patient is making an informed decision:
- 16 (A) The patient's medical diagnosis.
- 17 (B) The patient's prognosis.
- 18 (C) The potential risks associated with taking the
- 19 medication to be prescribed.
- 20 (D) The probable result of taking the medication to be
- 21 prescribed.
- 22 (E) The feasible alternatives to taking the medication,
- 23 including:
- 24 (i) alternative treatments, and the risks and benefits of
- 25 each alternative;
- 26 (ii) comfort care;
- 27 (iii) hospice care; and
- 28 (iv) pain control.
- 29 (6) Recommend that the patient notify next of kin.
- 30 (7) Counsel the patient:
- 31 (A) about the importance of having another individual
- 32 present when the patient self-administers the medication
- 33 prescribed under this chapter; and
- 34 (B) not to self-administer the medication in a public place.
- 35 (8) Inform the patient that the patient may rescind the request
- 36 for medication at any time and in any manner.
- 37 (9) Offer the patient an opportunity to rescind the request at
- 38 the end of the fifteen (15) day waiting period under section 9
- 39 of this chapter.
- 40 (10) Verify immediately before writing the prescription for
- 41 the medication under this chapter that the patient is making
- 42 an informed decision.





(11) Complete the medical record documentation required under this chapter.

(12) Ensure that the requirements of this chapter have been met before writing a prescription for medication to enable a qualified patient to bring about the patient's peaceful death.

(13) Either:

(A) dispense any medication necessary to facilitate the desired effect and minimize the qualified patient's discomfort if the attending provider is qualified to dispense the medication; or

(B) prescribe the medication, and with the qualified patient's written consent, contact a pharmacist to inform the pharmacist of the prescription, and transfer the prescription to the pharmacist for dispensing of the medication to:

(i) the attending provider;

(ii) the patient; or

(iii) the patient's expressly identified agent.

(b) The attending provider may sign the patient's death certification.

(c) Not later than thirty (30) days after dispensing or writing a prescription for medication under this chapter, the attending provider shall file a copy of the record of the dispensing or prescription with the state department in a manner and with the information prescribed by the state department.

(d) The state department shall adopt rules under IC 4-22-2 prescribing the information and manner in which the report required under subsection (c) must be filed with the state department.

Sec. 14. Before a patient is qualified and may obtain a prescription for medication under this chapter, a consulting provider must do the following:

(1) Examine the patient and the patient's relevant medical records.

(2) Confirm in writing the attending provider's terminal illness diagnosis.

(3) Verify that the patient is capable and is making a voluntary informed decision to request the medication under this chapter.

Sec. 15. (a) If either the attending provider or the consulting provider determines that the patient is suffering from any psychiatric or psychological condition or depression that renders



the patient unable to make and communicate an informed decision, the provider shall refer the patient for counseling.

(b) Medication may not be prescribed under this chapter until the individual performing the counseling under subsection (a) determines that the patient is capable and not suffering from a psychiatric or psychological condition or depression that renders the patient unable to make and communicate an informed decision.

(c) A patient may not receive a prescription for medication to end the patient's life unless the patient has made an informed decision based on an appreciation of the relevant facts and after being fully informed by the attending provider under section 13 of this chapter of the following:

- (1) The patient's medical diagnosis.
- (2) The patient's prognosis.
- (3) The potential risks associated with taking the medication to be prescribed.
- (4) The probable result of taking the medication to be prescribed.
- (5) The feasible alternatives to taking the medication, including:
  - (A) alternative treatments, and the risks and benefits of each alternative;
  - (B) comfort care;
  - (C) hospice care; and
  - (D) pain control.

Immediately before writing a prescription for medication under this chapter, the attending provider shall verify that the patient is making an informed decision as described in this subsection.

Sec. 16. A request for medication under this chapter may not be refused because a patient declines, or is unable, to notify the patient's next of kin as recommended by the attending provider under section 13(a)(6) of this chapter.

Sec. 17. The attending provider shall maintain or document the following in the patient's medical record:

- (1) All oral requests by a patient for medication to end the patient's life.
- (2) All written requests made by the patient for medication to end the patient's life.
- (3) The attending provider's diagnosis and the patient's prognosis.
- (4) The attending provider's determination that the patient is capable, is acting voluntarily in making a request for the



1 medication, and is making an informed decision.

2 (5) The consulting provider's diagnosis and the patient's  
3 prognosis.

4 (6) The consulting provider's determination that the patient  
5 is capable, is acting voluntarily in making a request for the  
6 medication, and is making an informed decision.

7 (7) Documentation of any counseling under section 15 of this  
8 chapter and the results of the counseling.

9 (8) Documentation that the attending provider offered the  
10 patient the opportunity to rescind the written request.

11 (9) Any medically confirmed certification of the imminence of  
12 the patient's death.

13 (10) A statement by the attending provider that all of the  
14 requirements under this chapter have been met, including a  
15 notation of the medication prescribed.

16 Sec. 18. (a) After June 30, 2026, the sale, issuance, or  
17 procurement of a life insurance policy, an accident and sickness  
18 insurance policy, or an annuity may not be conditioned upon or  
19 affected by a person making a request or taking medication under  
20 this chapter if the requirements of this chapter are met.

21 (b) After June 30, 2026, any provision in a contract, will, or  
22 other agreement that limits a patient's ability to make a request  
23 under this chapter is void.

24 Sec. 19. (a) Nothing in this chapter authorizes a person,  
25 including the qualified patient, to end a patient's life by lethal  
26 injection, lethal infusion, mercy killing, or active euthanasia.  
27 Actions taken in accordance with this chapter do not, for any  
28 purpose, constitute neglect, suicide, assisted suicide, mercy killing,  
29 or homicide under any law.

30 (b) Nothing in this chapter shall be interpreted to lower a health  
31 care provider's standard of care.

32 (c) Nothing in this chapter shall be interpreted to lower the  
33 requirements of informed health care consent under this article.

34 Sec. 20. (a) The state department shall review a sample of the  
35 records submitted to the state department by an attending  
36 provider as required by this chapter. The records submitted to the  
37 state department are not public records and may not be inspected  
38 by the public. Only the report described in subsection (c) is a public  
39 record.

40 (b) The state department shall adopt rules under IC 4-22-2  
41 concerning the procedure for submitting records to comply with  
42 this chapter.



(c) Not later than February 1 of each year, the state department shall generate and make available to the public an annual statistical report of the records collected under this section. The report may not disclose any personally identifiable information of the providers or the patients whose medical records were submitted.

Sec. 21. (a) An individual or a health care provider who in good faith provides medical care in compliance with this chapter, including:

(1) writing or dispensing a prescription for medication under this chapter; or

(2) being present when a qualified patient self-administers the medication under this chapter;

is immune from professional, civil, and criminal liability arising from the provision of care.

(b) Except as provided in subsection (d), a professional organization or association or a health care provider may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this chapter.

(c) A health care provider may not be required to participate in the dispensing or prescribing of medication under this chapter to a patient who meets the requirements of this chapter. If a health care provider is unwilling or unable to carry out a patient's request under this chapter, the health care provider shall transfer, upon the patient's request, a copy of the patient's relevant medical records to the subsequent health care provider.

(d) A health care provider may prohibit another health care provider from participating under this chapter on the prohibiting health care provider's premises if the prohibiting health care provider has given notice of the prohibition to health care providers with privileges to practice on the prohibiting health care provider's premises. This subsection does not prohibit a health care provider from providing other health care services to the patient. The prohibiting health care provider may sanction a health care provider described in this subsection for participating under this chapter in violation of the prohibition.

(e) A health care facility may not prohibit a health care provider from providing services consistent with the applicable standard of medical care, including:

(1) informing and providing information concerning medical



aid in dying;

(2) being present when a qualified patient self-administers the medication, if requested by the qualified patient or representative; and

(3) referring the patient to another health care provider.

(f) A request by an individual to provide medication under this chapter does not solely constitute neglect or elder abuse under any law and may not be the sole basis for the appointment of a guardian or conservator of an individual.

(g) This section does not limit civil or criminal liability for negligence, recklessness, or intentional misconduct.

**Sec. 22. (a)** A person who, without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication under this chapter with the intent or effect of causing the patient's death commits a Level 1 felony.

(b) A person who knowingly or intentionally coerces or exerts undue influence on a patient to request medication to bring about the patient's peaceful death or to destroy a rescission of a request for medication under this chapter commits a Level 1 felony.

(c) A person who knowingly or intentionally, without authorization of the patient, alters, forges, conceals, or destroys an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the patient's desires and interests to obtain medication under this chapter with the intent or effect of affecting a health care decision commits a Class A misdemeanor.

**Sec. 23.** This chapter is severable as provided in IC 1-1-1-8(b).

SECTION 9. IC 27-2-30 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

#### **Chapter 30. Nonapplication of Suicide Clause**

**Sec. 1.** For purposes of this chapter, an individual is an "insured individual" if a life insurance policy provides for the payment of benefits upon the death of the individual, regardless of whether the payment of benefits is subject to certain conditions or exclusions.

**Sec. 2.** As used in this chapter, "life insurance policy" means any policy of insurance, whether issued on an individual or group basis, that:

(1) is issued in Indiana or issued for delivery in Indiana; and

(2) provides for the payment of benefits upon the death of the insured individual.



1        **Sec. 3.** As used in this chapter, "suicide clause" means a  
 2        provision of a life insurance policy under which the payment of  
 3        benefits may be denied if the death of the insured individual is the  
 4        result of suicide.

5        **Sec. 4. (a)** An insurer shall not deny payment of benefits under  
 6        a life insurance policy based upon a suicide clause in the life  
 7        insurance policy if the death of the insured individual is the result  
 8        of medical aid in dying as provided in IC 16-36-8.

9        **(b)** Subsection (a) applies regardless of the length of time that  
 10       passes between the issuance of the policy and the death of the  
 11       insured individual.

12       SECTION 10. IC 34-30-2.1-229.2 IS ADDED TO THE INDIANA  
 13       CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 14       [EFFECTIVE JULY 1, 2026]: **Sec. 229.2. IC 16-36-8-21 (Concerning**  
 15       **an individual or health care provider providing assistance to a**  
 16       **patient who is terminally ill).**

17       SECTION 11. IC 35-52-16-27.5 IS ADDED TO THE INDIANA  
 18       CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 19       [EFFECTIVE JULY 1, 2026]: **Sec. 27.5. IC 16-36-8-22 defines crimes**  
 20       **concerning medical aid in dying.**

