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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 1358

02/22/2021 Authored by Freiberg, Youakim, Morrison, Edelson, Lee and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act

1.2 relating to health; establishing an end-of-life option for terminally ill adults;
1.3 proposing coding for new law in Minnesota Statutes, chapter 145.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **[145.871] END-OF-LIFE OPTION.**

1.6 Subdivision 1. **Citation.** Sections 145.871 to 145.879 may be cited as the "End-of-Life
1.7 Option Act."

1.8 Subd. 2. **Definitions.** (a) For the purposes of this section, the following terms have the
1.9 meanings given unless the context requires otherwise.

1.10 (b) "Adult" means an individual 18 years of age or older.

1.11 (c) "Attending provider" means the provider who has primary responsibility for the care
1.12 of the patient and treatment of the patient's terminal disease.

1.13 (d) "Coercion or undue influence" means the willful attempt, whether by deception,
1.14 intimidation, or any other means to:

1.15 (1) cause an individual to request, obtain, or self-administer medication pursuant to this
1.16 section with the intent to cause the death of the individual; or

1.17 (2) prevent a qualified individual from obtaining or self-administering medication
1.18 pursuant to this section.

1.19 (e) "Consulting provider" means a provider who is qualified by specialty or experience
1.20 to make a professional diagnosis and prognosis regarding the individual's disease.

2.1 (f) "Health care facility" means a general hospital, medical clinic, nursing home or
2.2 hospice facility or any other entity governed by chapters 144 and 144A. Health care facility
2.3 does not include individual providers.

2.4 (g) "Informed decision" means a decision by a qualified individual to request and obtain
2.5 a prescription for medication pursuant to this section that the qualified individual may
2.6 self-administer to bring about a peaceful death, after being fully informed by the attending
2.7 provider and consulting provider of:

2.8 (1) the individual's diagnosis and prognosis;

2.9 (2) the feasible end-of-life care and treatment options for the individual's terminal disease,
2.10 including but not limited to comfort care, palliative care, hospice care, and pain control,
2.11 and the risks and benefits of each;

2.12 (3) the potential risk associated with taking the medication to be prescribed;

2.13 (4) the probable result of taking the medication to be prescribed; and

2.14 (5) the individual's right to withdraw a request pursuant this section, or consent for any
2.15 other treatment, at any time.

2.16 (h) "Licensed mental health care provider" means a psychiatrist, psychologist, clinical
2.17 social worker, psychiatric nurse practitioner, clinical mental health counselor, or clinical
2.18 professional counselor licensed under the provider's board of practice.

2.19 (i) "Medical aid in dying" means the practice of evaluating a request, determining
2.20 qualification, and providing a prescription to a qualified individual pursuant to this section.

2.21 (j) "Medically confirmed" means the attending provider's medical opinion that the
2.22 individual is eligible to receive medication pursuant to this section has been confirmed by
2.23 the consulting provider after performing a medical evaluation.

2.24 (k) "Mentally capable" means that in the opinion of the attending provider or consulting
2.25 provider, or licensed mental health care professional if an opinion is requested under
2.26 subdivision 9, the individual requesting medication pursuant to this section has the ability
2.27 to make and communicate an informed decision.

2.28 (l) "Prognosis of six months or less" means the terminal disease will, within reasonable
2.29 medical judgment, result in death within six months.

2.30 (m) "Provider" means a person licensed, certified, or otherwise authorized or permitted
2.31 by the provider's licensing authority to diagnose and treat medical conditions, and prescribe
2.32 and dispense medication, including controlled substances. Provider includes:

3.1 (1) a doctor of medicine or osteopathy licensed by the Minnesota Board of Medical
3.2 Practice pursuant to chapter 147; and

3.3 (2) an advanced practice registered nurse licensed by the Minnesota Board of Nursing
3.4 and certified by a national nurse certification organization acceptable to the board to practice
3.5 as a clinical nurse specialist or nurse practitioner pursuant to chapter 148.

3.6 Provider does not include a health care facility.

3.7 (n) "Qualified individual" means a capable adult who is a resident of Minnesota and
3.8 who has satisfied the requirements of this section in order to obtain a prescription for
3.9 medication to bring about a peaceful death. No person shall be considered a qualified
3.10 individual under this section solely because of advanced age or disability.

3.11 (o) "Self-administer" means a qualified individual performs an affirmative, conscious,
3.12 voluntary act to ingest medication prescribed pursuant to this section to bring about the
3.13 individual's peaceful death. Self-administration does not include administration by
3.14 intravenous or other parenteral injection or infusion.

3.15 (p) "Terminal disease" means an incurable and irreversible disease that has been medically
3.16 confirmed and will, within reasonable medical judgment, produce death within six months.

3.17 Subd. 3. **Informed consent.** (a) Nothing in this section shall be construed to limit the
3.18 information a provider must provide to an individual in order to comply with Minnesota
3.19 informed consent laws and the medical standard of care.

3.20 (b) If a provider is unable or unwilling to provide information or services that the
3.21 individual has requested, upon request of the individual the provider shall timely transfer
3.22 both care of the individual and any related medical records to a new provider, so that the
3.23 individual can make a voluntary, affirmative decision regarding end-of-life health care.

3.24 Subd. 4. **Standard of care.** (a) Medical care that complies with the requirements of this
3.25 section meets the medical standard of care.

3.26 (b) Nothing in this section exempts a provider or other medical personnel from meeting
3.27 medical standards of care for the treatment of individuals with a terminal disease.

3.28 Subd. 5. **Qualification.** (a) A mentally capable individual with a terminal disease may
3.29 request a prescription for medication under this section. A qualified individual must have
3.30 made two oral requests and a written request.

3.31 (b) The attending and consulting providers of a qualified individual must meet all the
3.32 requirements of subdivisions 7 and 8.

4.1 (c) Oral and written requests for medical aid in dying may be made only by the requesting
4.2 individual and shall not be made by the individual's surrogate decision-maker, health care
4.3 proxy, attorney-in-fact for health care, nor via advance health care directive.

4.4 (d) For terminally ill adults who may have difficulty with oral communication, written
4.5 materials, technology-assisted communication, interpreters or other assistance consistent
4.6 with Title III of the Americans with Disabilities Act as necessary may qualify as an oral
4.7 request.

4.8 (e) At the time the individual makes the second oral request, the consulting health care
4.9 provider shall offer the individual an opportunity to rescind the request.

4.10 Subd. 6. **Request process.** (a) A terminally ill adult wishing to receive a prescription
4.11 for medical aid in dying medication under this subdivision must make one oral request and
4.12 one written request to the attending health care provider and one oral request to the consulting
4.13 health care provider.

4.14 (b) A valid written request for medication under this section shall be in substantially the
4.15 form below, signed and dated by the individual.

4.16 Request for Medication to End My Life in a Peaceful Manner

4.17 I, ... am an adult of sound mind. I have been diagnosed with

4.18 ...., and given a prognosis of six months or less to live.

4.19 I have been fully informed of the feasible alternatives, concurrent, or additional treatment
4.20 opportunities for my terminal disease, including but not limited to comfort care, palliative
4.21 care, hospice care, or pain control and the potential risks and benefits of each. I have been
4.22 offered and received resources or referrals to pursue these alternative, concurrent, or
4.23 additional treatment opportunities for my terminal disease.

4.24 I have been fully informed of the nature of the medication to be prescribed, the risks, and
4.25 benefits including that the likely outcome of self-administering the medication is death. I
4.26 understand that I can rescind this request at any time, that I am under no obligation to fill
4.27 the prescription once written, nor to self-administer the medication if I obtain it.

4.28 I request that my attending provider furnish a prescription for medication that will end my
4.29 life in a peaceful manner if I choose to self-administer it, and I authorize my attending
4.30 provider to contact a pharmacist to dispense the prescription at a time of my choosing.

4.31 I make this request voluntarily, free from coercion or undue influence.

5.1 ....

5.2 Requestor Signature Date

5.3 Subd. 7. **Attending provider responsibilities.** (a) The attending provider shall:

5.4 (1) determine whether an individual has a terminal disease with a prognosis of six months
5.5 or less and is mentally capable;

5.6 (2) request that the individual demonstrate Minnesota state residency, which may be
5.7 confirmed by:

5.8 (i) possession of a Minnesota driver license, Tribal or other state-issued identification;

5.9 (ii) evidence of registration to vote in Minnesota; or

5.10 (iii) evidence that the person owns or leases a residence in Minnesota;

5.11 (3) confirm that the individual's request does not arise from coercion or undue influence
5.12 by asking the individual about coercion and influence, outside the presence of other persons,
5.13 except for an interpreter as necessary;

5.14 (4) inform the individual of:

5.15 (i) the diagnosis;

5.16 (ii) the prognosis;

5.17 (iii) the potential risks, benefits, and probable result of self-administering the prescribed
5.18 medication to bring about a peaceful death;

5.19 (iv) the potential benefits and risks of feasible alternatives, including but not limited to
5.20 concurrent or additional treatment options for the individual's terminal disease, palliative
5.21 care, comfort care, hospice care, and pain control; and

5.22 (v) the individual's right to rescind the request for medication pursuant to this section at
5.23 any time and in any manner;

5.24 (5) inform the individual that there is no obligation to fill the prescription nor an
5.25 obligation to self-administer the medication, if it is obtained;

5.26 (6) provide the individual with a referral for comfort care, palliative care, hospice care,
5.27 pain control, or other end-of-life treatment options as requested or as clinically indicated;

5.28 (7) refer the individual to a consulting provider for medical confirmation that the
5.29 individual requesting medication pursuant to this section:

5.30 (i) has a terminal disease with a prognosis of six months or less to live; and

6.1 (ii) is mentally capable;

6.2 (8) include the consulting provider's written determination in the individual's medical
6.3 record;

6.4 (9) refer the individual to a licensed mental health provider if the attending provider
6.5 observes signs that the individual may not be capable of making an informed decision;

6.6 (10) include the licensed mental health provider's written determination in the individual's
6.7 medical record, if such determination was requested;

6.8 (11) inform the individual of the benefits of notifying the next of kin of the individual's
6.9 decision to request medication pursuant to this section;

6.10 (12) fulfill the medical record documentation requirements;

6.11 (13) ensure that all steps are carried out in accordance with this section before providing
6.12 a prescription to a qualified individual for medication pursuant to this section including:

6.13 (i) confirmation that the individual has made an informed decision to obtain a prescription
6.14 for medication pursuant to this section;

6.15 (ii) offering the individual an opportunity to rescind the request for medication pursuant
6.16 to this section; and

6.17 (iii) educating the individual on:

6.18 (A) the recommended procedure for self-administering the medication to be prescribed;

6.19 (B) the safekeeping and proper disposal of unused medication in accordance with state
6.20 and federal law;

6.21 (C) the importance of having another person present when the individual self-administers
6.22 the medication to be prescribed; and

6.23 (D) not taking the medical aid in dying medication in a public place. For purposes of
6.24 this section, a facility is not considered a public place;

6.25 (14) deliver the prescription personally, by mail, or through an authorized electronic
6.26 transmission to a licensed pharmacist who will dispense the medication, including any
6.27 ancillary medications, to the attending provider, to the qualified individual, or to an individual
6.28 expressly designated by the qualified individual in person or with a signature required on
6.29 delivery, by mail service or by messenger service; or

7.1 (15) if authorized by the Drug Enforcement Agency, dispense the prescribed medication,
7.2 including any ancillary medications, to the qualified individual or an individual designated
7.3 in person by the qualified individual; and

7.4 (16) document in the qualified individual's medical record the individual's diagnosis and
7.5 prognosis, determination of mental capability, the date of the oral request(s), a copy of the
7.6 written request, a notation that the requirements under this subdivision have been completed,
7.7 and identification of the medication and ancillary medications prescribed to the qualified
7.8 individual pursuant to this section.

7.9 (b) Notwithstanding any other provision of law, the attending provider may sign the
7.10 individual's death certificate.

7.11 Subd. 8. **Consulting provider responsibilities.** A consulting provider shall:

7.12 (1) evaluate the individual and the individual's relevant medical records;

7.13 (2) confirm, in writing, to the attending provider that the individual:

7.14 (i) has made an oral request for medical aid in dying;

7.15 (ii) has a terminal disease with prognosis of six months or less to live;

7.16 (iii) is mentally capable or provide documentation that the consulting provider has
7.17 referred the individual for further evaluation in accordance with subdivision 9; and

7.18 (iv) is acting voluntarily, free from coercion, or undue influence; and

7.19 (3) offer the individual an opportunity to rescind the request.

7.20 Subd. 9. **Referral for confirmation of mental capability.** (a) If either the attending
7.21 provider or the consulting provider is unable to confirm that the individual is capable of
7.22 making an informed decision, the attending provider or consulting provider shall refer the
7.23 individual to a licensed mental health provider for determination of mental capability.

7.24 (b) The licensed mental health provider who evaluates the individual under this
7.25 subdivision shall submit to the requesting attending or consulting provider a written
7.26 determination of whether the individual is mentally capable.

7.27 (c) If the licensed mental health provider determines that the individual is not mentally
7.28 capable , the individual shall not be deemed a qualified individual and the attending provider
7.29 shall not prescribe medication to the individual under this section.

8.1 Subd. 10. **Safe disposal of unused medications.** After the qualified individual's death,
8.2 a person who has custody or control of medication prescribed pursuant to this section shall
8.3 dispose of the medication by lawful means in accordance with state or federal guidelines.

8.4 Subd. 11. **No duty to provide medical aid in dying.** (a) A health care provider shall
8.5 provide sufficient information to an individual with a terminal disease regarding available
8.6 options, the alternatives, and the foreseeable risks and benefits of each so that the individual
8.7 is able to make informed decisions regarding their end-of-life health care.

8.8 (b) A provider may choose whether or not to practice medical aid in dying pursuant to
8.9 this section.

8.10 (c) If a provider is unable or unwilling to fulfill an individual's request for medication
8.11 pursuant to this section the provider shall, upon request, transfer the individual's medical
8.12 records to the new provider consistent with federal and Minnesota law.

8.13 (d) A provider shall not engage in false, misleading, or deceptive practices relating to a
8.14 willingness to qualify an individual or provide a prescription to a qualified individual
8.15 pursuant to this section. Intentionally misleading an individual constitutes coercion.

8.16 Sec. 2. **[145.872] HEALTH CARE FACILITY PERMISSIBLE PROHIBITIONS**
8.17 **AND DUTIES.**

8.18 (a) A health care facility may prohibit providers from qualifying, prescribing, or
8.19 dispensing medication pursuant to section 145.871 while performing duties for the facility.
8.20 A prohibiting facility must provide advance notice in writing at the time of hiring, contracting
8.21 with, or privileging providers and staff, and on a yearly basis thereafter; a health care facility
8.22 that fails to provide explicit, advance notice in writing waives the right to enforce the
8.23 prohibition.

8.24 (b) If an individual wishes to transfer care to another health care facility, the prohibiting
8.25 facility shall coordinate a timely transfer, including transfer of the individual's medical
8.26 records.

8.27 (c) No health care facility shall prohibit a provider from fulfilling the requirements of
8.28 informed consent and meeting the standard of medical care by:

8.29 (1) providing information to an individual regarding the individual's health status
8.30 including but not limited to diagnosis, prognosis, recommended treatment, treatment
8.31 alternatives, and any potential risks to the individual's health;

9.1 (2) providing information about available services, relevant community resources, and
9.2 how to access those resources to obtain the care of the individual's choice; and

9.3 (3) providing information regarding health care services available pursuant to section
9.4 145.871, information about relevant community resources, and information about how to
9.5 access those resources for obtaining care of the individual's choice.

9.6 (d) In accordance with section 144.651, a health care facility shall not engage in false,
9.7 misleading, or deceptive practices relating to its policy with respect to end-of-life services,
9.8 including (1) whether it has a policy which prohibits affiliated health care providers from
9.9 determining an individual's qualification for medical aid in dying or writing a prescription
9.10 for a qualified individual pursuant to section 145.871, or (2) intentionally denying an
9.11 individual access to medication pursuant to section 145.871 by failing to transfer an individual
9.12 and their medical records to another provider in a timely manner. Intentionally misleading
9.13 an individual or deploying misinformation to obstruct access to services pursuant to section
9.14 145.871 constitutes coercion or undue influence.

9.15 (e) If any part of this section is found to be in conflict with federal requirements which
9.16 are a prescribed condition to receipt of federal funds to the state, the conflicting part of this
9.17 section is inoperative solely to the extent of the conflict with respect to the facility directly
9.18 affected, and such finding or determination shall not affect the operation of the remainder
9.19 of this section or section 145.871.

9.20 Sec. 3. **[145.873] IMMUNITIES FOR ACTIONS IN GOOD FAITH; PROHIBITION**
9.21 **AGAINST REPRISALS.**

9.22 (a) No person or health care facility shall be subject to civil or criminal liability or
9.23 professional disciplinary action, including censure, suspension, loss of license, loss of
9.24 privileges, loss of membership, or any other penalty for engaging in good faith compliance
9.25 with sections 145.871 and 145.872.

9.26 (b) No provider, health care facility, professional organization, or association shall
9.27 subject a provider to discharge, demotion, censure, discipline, suspension, loss of license,
9.28 loss of privileges, loss of membership, discrimination, or any other penalty: (1) for providing
9.29 medical aid in dying in accordance with the standard of care and in good faith under section
9.30 145.871 while engaged in the outside practice of medicine and off the facility premises; or
9.31 (2) for providing scientific and accurate information about medical aid in dying to an
9.32 individual when discussing end-of-life care options.

10.1 (c) An individual is not subject to civil or criminal liability or professional discipline if,
10.2 at the request of the qualified individual, they are present outside the scope of their
10.3 employment contract and off the facility premises when the qualified individual
10.4 self-administers medication pursuant to section 145.871 or at the time of death. A person
10.5 who is present may, without civil or criminal liability, assist the qualified individual by
10.6 preparing the medication prescribed pursuant to section 145.871.

10.7 (d) A request by an individual for and the provision of medication pursuant to section
10.8 145.871 alone, does not constitute neglect or elder abuse for any purpose of law, nor shall
10.9 it be the sole basis for appointment of a guardian or conservator.

10.10 (e) This section does not limit civil liability for intentional or negligent misconduct.

10.11 Sec. 4. **[145.874] REPORTING REQUIREMENTS.**

10.12 (a) By August 1, 2021, the commissioner of health shall create an attending provider
10.13 checklist form and attending provider follow-up form to facilitate collection of the
10.14 information described in this section and post the forms on the Department of Health website.
10.15 Failure to promulgate the attending provider checklist form and prescribing provider
10.16 follow-up form shall not suspend the effective date of this section and sections 145.871 to
10.17 145.873 and 145.874 to 145.879.

10.18 (b) Within 30 calendar days of providing a prescription for medication pursuant to section
10.19 145.871, the attending provider shall submit to the Department of Health an attending
10.20 provider checklist form with the following information:

10.21 (1) the qualifying individual's name and date of birth;

10.22 (2) the qualifying individual's terminal diagnosis and prognosis;

10.23 (3) notice that the requirements under section 145.871 were completed; and

10.24 (4) notice that medication has been prescribed pursuant to section 145.871.

10.25 (c) Within 60 calendar days of notification of a qualified individual's death from
10.26 self-administration of medication prescribed pursuant to section 145.871, the attending
10.27 provider shall submit to the Department of Health an attending provider follow-up form
10.28 with the following information:

10.29 (1) the qualified individual's name and date of birth;

10.30 (2) date of the qualified individual's death; and

11.1 (3) annotation of whether or not the qualified individual was enrolled in hospice services
11.2 at the time of the qualified individual's death.

11.3 (d) The Department of Health shall annually review a sample of records pursuant to this
11.4 section to ensure compliance and issue a public statistical report of non-identifying
11.5 information. The report shall include:

11.6 (1) the number of prescriptions for medication written pursuant to section 145.871;

11.7 (2) the number of providers who wrote prescriptions for medication pursuant to section
11.8 145.871; and

11.9 (3) the number of qualified individuals who died following self-administration of
11.10 medication prescribed and dispensed pursuant to section 145.871.

11.11 (e) Except as otherwise required by law, the information collected by the Department
11.12 of Health is not a public record and is not available for public inspection.

11.13 (f) Willful failure or refusal to timely submit records required under this section nullifies
11.14 protections under section 145.873.

11.15 Sec. 5. **[145.875] EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS, AND**
11.16 **STATUTES.**

11.17 (a) No provision in a contract, will, or other agreement, whether written or oral, that
11.18 would determine whether an individual may make or rescind a request pursuant to section
11.19 145.871 is valid.

11.20 (b) No obligation owing under any currently existing contract shall be conditioned or
11.21 affected by an individual's act of making or rescinding a request pursuant to section 145.871.

11.22 (c) It is unlawful for an insurer to deny or alter health care benefits otherwise available
11.23 to an individual with a terminal disease based on the availability of medical aid in dying or
11.24 otherwise attempt to coerce an individual with a terminal disease to make a request for
11.25 medical aid in dying medication.

11.26 Sec. 6. **[145.876] INSURANCE OR ANNUITY POLICIES.**

11.27 (a) The sale, procurement, or issuance of a life, health, or accident insurance or annuity
11.28 policy or the rate charged for a policy shall not be conditioned upon or affected by an
11.29 individual's act of making or rescinding a request for medication pursuant to section 145.871.

11.30 (b) A qualified individual's act of self-administering medication pursuant to section
11.31 145.871 does not invalidate any part of a life, health, or accident insurance or annuity policy.

12.1 (c) A health plan including medical assistance under chapter 256B shall not deny or
12.2 alter benefits to an individual with a terminal disease who is a covered beneficiary of a
12.3 health plan, based on the availability of medical aid in dying, the individual's request for
12.4 medication pursuant to section 145.871, or the absence of a request for medication pursuant
12.5 to this section. Failure to meet this requirement shall constitute a violation of chapters 61,
12.6 61A, 61B, 62, and 62A.

12.7 Sec. 7. **[145.877] DEATH CERTIFICATE.**

12.8 (a) Unless otherwise prohibited by law, the attending provider or the hospice medical
12.9 director may sign the death certificate of a qualified individual who obtained and
12.10 self-administered a prescription for medication pursuant to section 145.871.

12.11 (b) When a death has occurred in accordance with section 145.871, the death shall be
12.12 attributed to the underlying terminal disease.

12.13 (c) Death following self-administering medication under section 145.871 alone does not
12.14 constitute grounds for post-mortem inquiry.

12.15 (d) Death in accordance with section 145.871 shall not be designated suicide or homicide.

12.16 (e) A qualified individual's act of self-administering medication prescribed pursuant to
12.17 section 145.871 shall not be indicated on the death certificate.

12.18 (f) The coroner may conduct a preliminary investigation to determine whether an
12.19 individual received a prescription for medication under section 145.871.

12.20 Sec. 8. **[145.878] LIABILITIES; PENALTIES; CLAIMS FOR COSTS INCURRED.**

12.21 Subdivision 1. **Liabilities and penalties.** (a) Intentionally or knowingly altering or
12.22 forging an individual's request for medication pursuant to section 145.871 or concealing or
12.23 destroying a rescission of a request for medication pursuant to section 145.871 is a felony.

12.24 (b) Intentionally or knowingly coercing or exerting undue influence on an individual
12.25 with a terminal disease to request medication pursuant to section 145.871 or to request or
12.26 utilize medication pursuant to sections 145.871 to 145.874 is a felony.

12.27 (c) Nothing in this section limits civil liability nor damages arising from negligent
12.28 conduct or intentional misconduct including failure to obtain informed consent by any
12.29 person, provider, or health care facility.

12.30 (d) The penalties specified in this section do not preclude criminal penalties applicable
12.31 under other laws for conduct in violation of sections 145.871 to 145.874.

13.1 (e) For purposes of this section, "intentionally" and "knowingly" have the meanings
13.2 given in sections 609.02, subdivision 9, and 617.292, subdivision 8.

13.3 Subd. 2. **Claims by governmental entity for costs incurred.** Any governmental entity
13.4 that incurs costs resulting from self-administration of medication prescribed under section
13.5 145.871 in a public place shall have a claim against the estate of the qualified individual to
13.6 recover such costs and reasonable attorney fees related to enforcing the claim.

13.7 Sec. 9. **[145.879] CONSTRUCTION AND SEVERABILITY.**

13.8 Subdivision 1. **Construction.** (a) Nothing in section 145.871 authorizes a provider or
13.9 any other person, including the qualified individual, to end the qualified individual's life by
13.10 intravenous or other parenteral injection or infusion, mercy killing, homicide, murder,
13.11 manslaughter, euthanasia, or any other criminal act.

13.12 (b) Actions taken in accordance with section 145.871 do not, for any purposes, constitute
13.13 suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder
13.14 abuse or neglect, or any other civil or criminal violation under the law.

13.15 Subd. 2. **Severability.** If a part of sections 145.871 to 145.878 is invalid, all valid parts
13.16 that are severable from the invalid part remain in effect. If a part of 145.871 to 145.878 is
13.17 invalid in one or more of its applications, the part remains in effect in all valid applications
13.18 that are severable from the invalid applications.