



## Illinois Hospice Legal and Policy FAQ

*Frequently asked questions on medical aid in dying and hospice compliance*

### **1. May hospice attending physicians serve as a prescriber for medical aid in dying in compliance with federal and state law?**

**YES.** A hospice attending physician in Illinois may serve as a prescriber for medical aid in dying when they meet the statutory criteria for an attending physician under the End-of-Life Options for Terminally Ill Patients Act. An attending physician is a physician with primary responsibility for the care and treatment of the patient and the patient's terminal disease. A physician is an individual licensed to practice medicine under the Medical Practices Act of 1987. Ill. S.B. 1950, 104th Gen. Assemb. (2025).

### **2. May a hospice attending physician serve as the consulting physician in medical aid in dying?**

**YES.** A hospice attending physician may serve as a consulting physician in medical aid in dying under Illinois law, provided they meet the requirements of a consulting physician. Under the Illinois End-of-Life Options for Terminally Ill Patients Act, a consulting physician is one who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a terminally ill individual's illness. Ill. S.B. 1950, 104th Gen. Assemb. (2025).

### **3. May a hospice attending physician take custody of aid in dying medication from the pharmacy on behalf of the patient?**

**No.** Pursuant to chain of custody requirements for controlled substances under the Federal Drug Enforcement Administration (DEA), prescribers may not take custody of the aid in dying medication at any time and doing so may expose them to severe civil and even criminal penalties. Although certain state laws may reference prescribing physicians taking custody of the aid in dying medications from the pharmacy, federal DEA regulations preempt any contrary state laws. The DEA has a strict system for tracking the chain of custody of controlled substances between registered entities, and generally prohibits the distribution of controlled substances from one Practitioner to another outside of a few specific circumstances. The DEA's tracking system does not track controlled substances once dispensed to a patient or patient representative. Also, note that the Controlled Substances Act and regulations are clear that Practitioners may not dispose of controlled substances without a specific registration to expressly allow it so neither the pharmacy nor any of the Prescribers should ever be in the chain of custody for unused medications.

### **4. May a hospice involuntarily discharge a patient for seeking information about medical aid in dying or seeking a prescription for medical aid in dying?**

**No.** The Illinois End-of-Life Options for Terminally Ill Patients Act does not include language regarding hospice discharge. Patients must be informed of all feasible end of life care and treatment options for the patient's terminal disease which includes, but is not limited to "comfort care, palliative care, hospice care, and pain control, and the risks and benefits of each." Ill. S.B. 1950, 104th Gen. Assemb. (2025).

### **5. Must a hospice prohibit its clinical staff from pronouncing death, certifying the cause of death, or signing a death certificate for a participant who utilizes medical aid in dying?**

**No.** Nothing in Medicare hospice regulations or the Assisted Suicide Funding Restriction Act requires hospices to prohibit clinical staff from pronouncing death, certifying the cause of death, or signing a death certificate for a participant who utilizes medical aid in dying. Further, doing so may be required under applicable state hospice regulations.

**6. May hospice employees be physically present in the patient’s room at the point of ingestion in compliance with federal and state law?**

**YES.** Illinois specifically states that no health care entity can prohibit a health care professional (e.g., a physician, pharmacist, or licensed mental health professional) from “being present... when a qualified patient self-administer medication prescribed... if requested by the qualified patient or their representative.” Ill. S.B. 1950, 104th Gen. Assemb. (2025).

**7. May hospice employees assist in preparing the aid in dying medication in compliance with federal and state law?**

**Yes.** A physician who is present at self-administration may, “without civil or criminal liability, assist the qualified patient by preparing the medication prescribed.” Ill. S.B. 1950, 104th Gen. Assemb. (2025).

**8. Are hospice programs required to report medical aid in dying as suicide under elder abuse statutes?**

**No.** A “request by a patient for aid in dying does not alone constitute grounds for neglect or elder abuse for any purpose or law,” nor is it the sole reason for appointing a guardian. Ill. S.B. 1950, 104th Gen. Assemb. (2025).

**9. Are hospice programs required to refer patients who ask about medical aid in dying for a psychiatric evaluation?**

**No.** A licensed mental health professional must determine whether the patient is suffering from a psychiatric or psychological disorder that is resulting in impaired judgment. If the licensed mental professional determines that the patient is suffering from a psychiatric or psychological disorder resulting in impaired judgment, the patient will not be a qualified patient and the attending physician shall not prescribe medication to the patient. Ill. S.B. 1950, 104th Gen. Assemb. (2025).

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