

Essential Information About Medical Aid in Dying for Patients and Families

What Is Medical Aid in Dying?

Medical aid in dying is a legal option in certain states that allows terminally ill adults to work with licensed medical provider (doctor or nurse practitioner, depending on state law) to explore their end-of-life choices, receive compassionate support, and, if they wish, request a prescription for medication they may choose to self-administer to peacefully end their life at the time and place of their choosing. This care includes evaluation for legal eligibility, counseling, and guidance for you and your loved ones throughout the process. This pamphlet offers essential information to help you understand the steps, requirements, and resources available so you can make informed decisions that align with your values and goals.

Am I Eligible?

To qualify for medical aid in dying, you must meet **all** of these criteria:

- Be an adult (18 years or older)
- Be a resident of a state where medical aid in dying is authorized, or be physically present in a state that allows non-residents to participate
- Have a terminal illness with a prognosis of six months or less
- Possess the mental capacity to make your own medical decisions
- Be physically able to self-administer the prescribed medication
- Voluntarily and independently request this option

Important to Know: You do not need to prove you are suffering or have a specific plan for when you might take the medication in order to be eligible. You are never required to take the medication, even after it is prescribed. Eligibility simply gives you the option.

Start Early: The verification process often takes longer than the mandated waiting period. If you think you might want this option at some point in your dying process, starting early to find providers and complete the eligibility process can reduce stress and urgency.

The Importance of Hospice Care

We strongly recommend choosing hospice care, regardless of whether you pursue medical aid in dying.

Why Hospice Matters:

- Expert care to ease symptoms and relieve pain throughout your illness.
- Covered by Medicare and most private insurance plans, with few or no out-of-pocket costs.
- A team approach that addresses your physical, emotional, and spiritual needs in the final phase of life, and supports your loved ones.
- Helps you have a safe, comfortable, and peaceful death, even if medical aid in dying is not part of your plan or cannot be used.

Choosing the Right Hospice

Not all hospices provide the same level of support for medical aid in dying. Ask these specific questions:

- Can their hospice providers serve as the attending/prescribing clinician for medical aid in dying?
- Are their staff trained and prepared to provide clinical coordination with prescribers?
- Are their nurses allowed to prepare and present the aid-in-dying medications?
- Can their staff remain present at bedside to provide crucial support to loved ones during the process?
- Do they support non-oral medication routes for medical aid in dying, if needed?
- If they refer to outside providers to manage any of the above services, what costs might be involved?

Remember: Being eligible for hospice does NOT automatically mean you qualify for medical aid in dying. Ask your provider when a reassessment might be appropriate if you're not yet eligible.

Steps to Becoming Eligible

1. **First verbal request:** Make a clear verbal request to a participating clinician who agrees to serve as your attending (prescribing) provider for medical aid in dying.
2. **Attending provider evaluation:** Your attending/prescriber documents your request, checks that you meet the legal requirements (including prognosis, decision-making capacity, and residency), makes sure you are acting voluntarily and are not being pressured or coerced by anyone, and reviews all end-of-life care options with you.
3. **Consulting provider evaluation:** A separate consulting clinician (second-opinion provider) independently reviews your records, meets with you, and confirms that you are eligible.
4. **Additional capacity assessments:** If state law requires it, or if there are questions about your decision-making capacity, a mental health professional may complete an additional capacity evaluation.
5. **Written request (state-specific):** In some states, you must complete a written request form that you sign and that is witnessed by two individuals.
6. **Language attestation (if applicable):** If you need translation or interpreter support, you may need to complete an additional form confirming that information and consent were provided in a language you understand.
7. **Waiting period:** A required waiting period must pass. This timeframe varies by state; in many states it starts after your first verbal request, while in others it begins after the prescription is written.
8. **Second verbal request:** After the waiting period, you make a second verbal request to your attending provider. In some states this must be audio or video recorded.
9. **Final counseling and prescription issued:** Your attending provider offers final counseling, answers any remaining questions, and then issues the prescription (in some states, the legal waiting period begins at this step).
10. **Filling the prescription:** The prescription can be kept safely at the pharmacy until you decide to have it filled; when you are ready, it is usually delivered to you promptly.

Crucial Considerations for Eligible Patients

- Being eligible for medical aid in dying does not mean you must take the medications. It is very normal to adjust your plans as your end-of-life process unfolds.

- Whenever possible, it's best to let the pharmacy hold the medications until you have a firm plan. You will not be charged until they are dispensed, and it is much safer for the pharmacy to store these powerful medications than to keep them in your home. Pharmacies can usually deliver them within a few days, once they are clearly needed.
- If your pain or other symptoms become severe, your first call should be to hospice to help control your discomfort, rather than feeling pressured into making a sudden decision to take the medications to die.
- Keeping the medications at the pharmacy, with plans to delivery within a few days, also gives your loved ones important time to emotionally adjust and prepare for your death.
- It is important to thoughtfully plan for the day of death, including arranging for a knowledgeable clinician to be present at the bedside to prepare and present the medications. This allows your loved ones to focus on being emotionally present with you, rather than having to manage complex medical details

Finding Providers, Understanding Costs and bedside care provided

There are three main sources of attending providers (prescribers) for medical aid in dying, and some may not be available in your region. These sources differ in how quickly they can respond, how much they cost, and what kinds of bedside support they offer on the day of death, including preparing and presenting the medications, managing non-oral routes if needed, and remaining at the bedside through death to support your loved ones.

Large Medical Organizations

- Visits are typically covered by insurance.
- Office visits or telehealth visits may be possible.
- Appointments may take time to arrange.
- Bedside care is usually not provided, though they may refer you to hospices, doulas, or volunteers for this care.

Hospices (that allow their providers to act as attending/prescribers)

- Evaluations and care are provided at no additional cost, because Medicare prohibits separate billing.
- Admission or transfer, and personalized care planning, may take some time to arrange.
- Bedside support, when offered, may or may not include managing non-oral routes, preparing and presenting the medications, and remaining present throughout the process.

Independent Physicians (private concierge practices)

- Provide home visits and highly attentive bedside care.
- Typically have faster response times.
- Can manage non-oral medication routes.
- Usually charge a flat fee, often with a sliding scale. (Few are able to bill insurance directly.)

Medication Costs: The medications themselves typically cost **\$600–\$800 out of pocket**, regardless of which provider type you choose.

If You Live in a Residential Facility, or Do Not Wish to Die in Your Current Location

- **Skilled Nursing Facilities:** May legally prohibit aid in dying within their buildings
- **Assisted Living and Other Residential Care Facilities:** Must allow residents to make their own choices in their own apartments or rooms (though they may refuse to manage medications). At smaller facilities, such as board and cares, this can be a highly stressful adjustment for staff to make, unless discussed well in advance
- **Alternative Arrangements:** You might choose to spend the day at a friend's or family member's home. Short-term rentals or hotels may also be options. As a matter of courtesy and ethics, it is important to inform the owner ahead of time that a seriously ill person will be staying there and may die on the premises.

If You Live in a State Without an Aid-in-Dying Law

Oregon and Vermont no longer require residency. Patients from other states may access medical aid in dying if they meet all clinical criteria and complete every required step while in those states.

Other aid-in-dying states (Washington, California, Colorado, Hawaii, Maine, New Jersey, New Mexico, District of Columbia, New York, Illinois, Delaware, and Montana): Residency may be established by your attending provider based on your legal ties to the state, not how long you have lived there. Typical proof includes:

- State driver's license or ID
- Voter registration
- Lease or property deed
- State tax return
- Recent utility or insurance documents showing an in-state address

Crucial Considerations:

- You CANNOT receive aid-in-dying care from out-of-state doctors while you remain in your home state. You must be physically present in the aid-in-dying state to make requests, be evaluated, and obtain and take the medications.
- Carefully weigh the financial and emotional burdens of crossing state lines. Consultations and hospice may be covered by insurance, but medication costs, travel, lodging, and related expenses often are not. Leaving familiar surroundings while seriously ill can be very difficult for you and your loved ones.
- You must be physically present in the aid-in-dying state to take the medications, and you generally cannot transport them across state lines (except in certain neighboring areas of Oregon or Vermont). Non-aid-in-dying states may treat this as illegal assisted suicide, which can put anyone who helps you at risk of prosecution.
- Your condition could worsen in either location, and you may need more intensive care. Consider enrolling in hospice in your home state and also arranging for hospice in your chosen aid-in-dying state.
- Once you are eligible, plan to arrive in the aid-in-dying state at least 3–7 days before you intend to take the medications, and before you become significantly ill, to allow time for evaluation and preparation.

If You're Not Yet Terminal

If your doctors indicate that you do not currently have a life-limiting illness or a prognosis of less than six months, it can still be very valuable to talk with your healthcare team about your thoughts, hopes, and concerns related to the end of life. Making detailed plans for aid in dying may not be practical at this time, and your plans and conversations will likely change as your health and care team evolve. Medical aid in dying may or may not become a personal option for you in the future, depending on your circumstances.

In the Meantime:

- If managing symptoms becomes difficult, palliative care may improve your quality of life
- When you're closer to meeting legal criteria, explore hospice care as described above
- The Academy can offer guidance and referrals when that time comes

Key Takeaways

- Start early to locate providers and complete the evaluation process to obtain eligibility
- Hospice care is strongly recommended regardless of your choice
- Choose your hospice carefully—ask specific questions about what their staff can and cannot do
- Three main sources of attending/prescribing providers (independent clinicians, participating hospices, and large medical systems) offer different services, costs, and levels of bedside support, and in some regions few options are available.
- Medications cost \$600–\$800 out of pocket
- Residency requirements vary by state
- If traveling to another state, plan to arrive 3–7 days early

Resources and Contact Information

Academy of Aid in Dying Medicine (AADM)

Website: www.AADM.org

Email: AADM@aadm.org

For additional guidance, referrals, and free patient resources, please contact the Academy or visit our website.

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This guide is based on information current as of March 2026. Laws and practices may vary by state and may change over time. Always consult with qualified healthcare providers.