

Essential Patient Information

Who this information is for

This information is for adult patients who have been diagnosed with a life-limiting disease and who may want the option of using medical aid in dying at some point in their dying process.

What does medical aid in dying mean?

Medical aid in dying is a legal option in some US states that allows terminally ill adults to work with a healthcare provider to understand their end-of-life options and, if they choose, request medication to peacefully end their life where and when they choose.

Basic eligibility

To be eligible for medical aid in dying, a patient must be an adult resident of a state where MAID is legal, have a prognosis of six months or less, and have the mental capacity to make medical decisions. The patient must be able to take the medication without assistance, either by swallowing it or by pushing it into the gastrointestinal tract using a PEG or rectal tube. Suffering or a specific plan is not required, and patients are never required to take the medication once it is prescribed; eligibility simply means they have the option.

Start the process early

Confirming eligibility can sometimes take longer than the mandated waiting period, so beginning the process before your condition declines sharply gives you more time to ask questions and prepare.

We strongly recommend that you consider, and carefully choose, hospice care

Hospice provides expert care to ease symptoms and relieve pain throughout your illness. It is covered by Medicare and most private insurance, often no out-of-pocket cost. Hospice teams address physical, emotional, and spiritual needs in the final phase of life and support your loved ones. They help ensure a safe, comfortable, and peaceful death, no matter how you die.

Choosing the right hospice

Not all hospices provide the same level of support for medical aid in dying. Ask whether their clinicians can serve as the attending prescribing provider. Also find out if bedside staff are trained and permitted to prepare the medications, manage non-oral routes, and can stay at the bedside to offer support. They may be able to refer you to other providers for care they don't provide, such as attending/prescribers or doulas, but be sure to ask about additional costs if outside providers are needed.

Remember: Being eligible for hospice does not automatically mean you qualify for medical aid in dying. If you are not yet eligible, ask your team when reassessment might be appropriate.

Steps to becoming eligible

1. **Find an attending provider and make your first request:** Begin by locating a clinician who is permitted and willing to serve as your attending (prescribing) provider. Once you make your first verbal request, the provider documents it, confirms that you meet all legal requirements, including prognosis, capacity, and residency, ensures that your choice is voluntary, and reviews all end-of-life care options with you.
2. **Consulting provider evaluation:** A second clinician independently reviews your records, meets with you, and confirms eligibility.
3. **Additional capacity assessments:** If required by law, or if there are questions about decision-making capacity, a mental health professional will complete an additional evaluation.
4. **Written request:** Some states require a signed, witnessed written request form.
5. **Language attestation, if needed:** If translation or interpreter support is used, an additional form may confirm that you received information and gave consent in your preferred language.

6. **Waiting period:** A mandatory waiting period applies, with timing that varies by state. In some places, it begins after your first request; in others, it begins after the prescription is issued. The waiting period may be shortened if it appears that you may not survive the full duration.
7. **Second verbal request and final steps:** Your attending provider will take a second verbal request, and some states require it to be audio- or video-recorded. The provider will offer final counseling, answer any remaining questions, and then issue the prescription, which can be safely held at the pharmacy until it is needed.

Note: To help ensure a safe and peaceful process, ask your attending prescriber to communicate with the care team that will be supporting you through your death, typically hospice.

Attending providers, cost, and bedside support: what to know

There are three main sources of attending providers, or prescribers, for medical aid in dying, though availability varies by region. They differ in response times, costs, and bedside services:

| Provider type | Cost/coverage | Timing and access | Bedside support |
|---|--|--|--|
| Large medical organizations | Visits are usually covered by insurance. | Visits may occur in person or by telehealth, but appointments can take time to schedule. | Bedside support is uncommon, though referrals to hospices, doulas, or volunteers may be offered. |
| Hospices that permit prescribers | Services are covered by Medicare or insurance; direct separate billing is not allowed. | Admission, transfer, and care planning may take time to arrange. | Support varies. Some hospices train staff to prepare medications, manage non-oral routes, and remain at the bedside during ingestion; others do not, but may have referrals to doulas. |
| Independent physicians | They usually charge a flat fee, often on a sliding scale; few can bill insurance. | They often offer home visits and faster, more personalized response. | They provide attentive personalized bedside care, can manage non-oral medication routes, and typically attend deaths. |

Medication costs

The aid-in-dying medications themselves typically cost \$600 to \$800 out of pocket, regardless of provider type.

For patients residing in a facility or requiring another location to die

Skilled nursing facilities

SNFs may legally prohibit patients from taking aid-in-dying medication within the facility, but they cannot interfere with or prevent patients from seeking or being evaluated for this care.

Assisted living and other residential care facilities

Residents have the right to make their own choices within their apartments or rooms, though facility staff may decline to manage medications. In smaller settings, such as board-and-care homes, this process can be stressful for staff unless it is discussed well in advance.

Alternative arrangements

Some patients choose to spend their final days in a friend's or family member's home. Short-term rentals or hotels may also be possible. As a matter of courtesy and ethics, the property owner should be informed beforehand that a seriously ill person will be staying there and may die on the premises.

For patients living in states without aid-in-dying laws

You must be physically present in the aid-in-dying state to make requests, complete evaluations, obtain the medications, and take them. Out-of-state doctors cannot prescribe while you remain at home. Carefully weigh the financial, physical, and emotional impacts of travel. While consultations or hospice may be covered by insurance, expenses such as medication, lodging, and transportation often are not. Leaving familiar surroundings while seriously ill can also be difficult for you and your loved ones.

Medications generally cannot be taken across state lines, except in limited areas near Oregon or Vermont, and transporting them from a non-legal state could expose helpers to legal risk.

Because your condition may change unexpectedly, consider arranging hospice care in both your home state and your chosen aid-in-dying state. Once you qualify, plan to arrive five to seven days before taking the medication to allow time for assessments, preparation, and support, ideally before becoming significantly weaker.

Oregon and Vermont

These states no longer require residency. Patients from other states may qualify if they meet all clinical criteria and complete every required step while physically present in those states.

Other aid-in-dying states

Washington, California, Colorado, Hawaii, Maine, New Jersey, New Mexico, the District of Columbia, New York, Illinois, Delaware, and Montana may allow residency to be established by showing legal ties to the state rather than length of time there. Proof may include a state driver's license or ID, voter registration, a lease or property deed, a state tax return, or recent utility or insurance documents showing an in-state address.

For patients who are not yet terminal but are interested in planning for the future

Medical aid in dying cannot be included in an advance care directive, and making detailed plans for it long before serious illness develops is usually not practical. Preferences often change as health changes. If your doctors determine that you do not currently have a life-limiting illness or a prognosis of six months or less, it can still be helpful to share your thoughts, hopes, and concerns about the end of life with your healthcare team. If managing symptoms becomes difficult, palliative care may help improve quality of life. When you are

closer to meeting the legal criteria, you can consider exploring hospice care as described above. The Academy can offer guidance and referrals when that time comes.

Crucial considerations for eligible patients

Being eligible for medical aid in dying does not mean you must take the medication, and it is normal for your plans to change as your end-of-life process unfolds.

Whenever possible, ask the pharmacy to hold the medication until you have a clear plan. You are not charged until it is dispensed, and it is safer for the pharmacy to store these powerful medications than to keep them at home. Most pharmacies can deliver within a few days, giving you and your loved ones time to prepare emotionally and feel at peace.

If your pain or other symptoms become hard to manage, contact your hospice team first. They can ease your discomfort and help you avoid feeling rushed.

When the time feels right, plan the day with care. Having a knowledgeable clinician prepare the medication, and support you during ingestion, allows your loved ones to focus on love and presence rather than medical details.

For a safe, peaceful process, ask your attending prescriber to coordinate with the hospice or care team that will support you through your death.