



UNIVERSITY HOSPITAL
Newark, New Jersey

**RESOLUTION OF UNIVERSITY HOSPITAL ADOPTING A
POLICY IN ACCORDANCE WITH THE NEW JERSEY MEDICAL
AID IN DYING FOR THE TERMINALLY ILL ACT, P.L. 2019, c.59
(C.26:16-1 ET SEQ.)**

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, the New Jersey Medical Aid in Dying for the Terminally Ill Act, P.L. 2019, c.59 (C.26:16-1 *et seq.*) (the "Act") was enacted into law on April 12, 2019 and became effective on August 1, 2019; and

WHEREAS, as set forth in the Act, the State: (i) has a long-standing commitment to individual dignity, informed consent, and the fundamental right of competent adults to make health care decisions about whether to have life-prolonging medical or surgical means or procedures provided, withheld, or withdrawn, (ii) affirms the right of a qualified terminally ill patient, protected by appropriate safeguards, to obtain medication that the patient may choose to self-administer in order to bring about the patient's humane and dignified death, and (iii) recognizes that the public welfare requires a defined and safeguarded process in order to effectuate the purposes of the Act; and

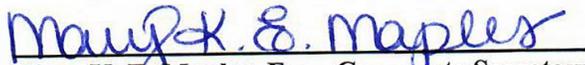
WHEREAS, consistent with the model policies promulgated by the New Jersey Hospital Association and its powers and responsibilities under the Restructuring Act, the Hospital intends to adopt the policy (as appended hereto and made a part hereof as Exhibit "A") (the "Policy") in furtherance of the Act;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The Policy appended hereto is hereby adopted consistent with the Act.
3. The President and Chief Executive Officer is hereby authorized to take the steps necessary and desirable to effectuate the purposes of this Resolution, including without limitation, the preparation and implementation of standard operating procedures in furtherance herewith.
4. This Resolution shall take effect immediately upon the adoption hereof.

I hereby certify that this Resolution 2019-1126-88 is a true copy of actions duly adopted by University Hospital as of the date hereof.

Resolution Adopted: November 26, 2019


Mary K. E. Maples, Esq., Corporate Secretary

Resolution 2019-1126-88



PATIENT CARE FOR MEDICAL AID IN DYING POLICY

DOCUMENT INFORMATION

Policy Title:	Patient Care for Medical Aid in Dying
Department/Manual:	
Issue Number:	
Date Issued:	November 12, 2019
Date Reviewed/Revised:	November 12, 2019
Supersedes:	
Approved By:	Mary Maples, Chief Legal Officer
Final Approval:	Carl Kirton DNP, RN, MBA
Attachments:	EXHIBITS A- E

PURPOSE

The New Jersey Medical Aid in Dying for the Terminally Ill Act (“the Act”) allows a “capable” adult patient who has been diagnosed with a terminal illness, disease or condition to request and obtain a prescription for medication (Aid-In-Dying Medication), which the patient may “self-administer” to end the patient’s life in a humane and dignified manner.

The purpose of this policy is to advise physicians engaged in practice at University Hospital (“UH” or “University”) and UH staff on the requirements of the Act and the procedures that must be followed if a patient requests Aid-In-Dying medication in order to comply with the Act and University policy.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Withdrawing or Foregoing Life Sustaining Treatment, Pain Management, Advance Directives/Practitioner Orders for Life-Sustaining Treatment (POLST), Resuscitation Status (DNR) or End-of-Life Care, referenced herein.

RESPONSIBILITY: The Chief Nursing Officer is responsible for overseeing the management and implementation of this policy, in consultation with the Chief Medical Officer and the Chief Legal Officer.

I. REFERENCES

- A. The New Jersey Medical Aid in Dying for the Terminally Ill Act, N.J.S.A. 26:16-1 et seq.
- B. University Hospital Administrative Policies:
 - 1. Advance Directives for Health Care
 - 2. Practitioner Orders for Life-Sustaining Treatment (POLST)

3. Request to be Excused from Patient Care
4. Palliative Care
5. Spoken Language, Sign Language and Document Translation
6. Pain Assessment and Management
7. Patient Rights and Responsibilities
8. Do Not Resuscitate (No Code) Order
9. Withholding or Withdrawing Life Sustaining Treatment
10. Self-Administration of Medications by Patients

II. DEFINITIONS

The definitions referenced below are based on the statutory requirements of the Act and should not be altered in any way absent consultation with the Chief Legal Officer.

Aid-In-Dying Medication means a medication determined and prescribed by an Attending Physician for a Qualified Terminally Ill Patient, which the Qualified Terminally Ill Patient may choose to Self-Administer to bring about his or her death in a humane and dignified manner.

Attending Physician means the licensed physician who has primary responsibility for the treatment and care of the Qualified Terminally Ill Patient and treatment of the patient's terminal illness, disease or condition. An Attending Physician does not include a physician assistant or nurse practitioner. The Attending Physician may not serve as a witness to the patient's written request for Aid-In-Dying Medication.

Capable/Capacity to Make Healthcare Decisions means a patient who, in the opinion of the patient's Attending Physician, Consulting Physician or Mental Health Care Professional, has the ability to understand the nature and consequences of a healthcare decision, the ability to understand its significant benefits, risks and alternatives and the ability to make and communicate an Informed Decision to healthcare providers.

Consulting Physician means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's terminal illness, disease or condition. A Consulting Physician does not include a physician assistant or nurse practitioner.

Informed Decision means a voluntary decision by a patient with a terminal illness, disease or condition to request and obtain a prescription for medication that the patient may choose to Self-Administer to end the patient's life in a humane and dignified manner, which is based on an understanding and acknowledgement of the relevant facts and made after being fully informed by the Attending Physician of the following:

1. The patient's medical diagnosis and prognosis

2. The potential risks associated with taking the medication to be prescribed
3. The probable result of taking the medication to be prescribed, and
4. The feasible alternatives including, but not limited to, concurrent or additional treatment opportunities, comfort care, hospice care, palliative care and pain control.

Mental Health Care Professional means only a licensed psychiatrist, licensed psychologist or licensed clinical social worker. A Mental Health Care Professional does not include a physician assistant or nurse practitioner.

Qualified Terminally Ill Patient means a capable adult who is a resident of New Jersey and has satisfied the requirements to obtain a prescription for medicine pursuant to the Act

Self-Administer means a Qualified Terminally Ill Patient's physical act of administering the Aid-In-Dying Medication to the patient's own self.

Surrogate means a surrogate decision maker may be a healthcare representative appointed in an advance directive, a patient representative under POLST, a court-appointed guardian or a conservator.

Terminally Ill means that the patient is in the terminal stage of an irreversibly fatal illness, disease or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six (6) months or less.

III. POLICY

- A. The Act allows a Terminally Ill Patient 18 years or older ("adult" patients) who have the Capacity to Make Healthcare Decisions to request Aid-In-Dying Medication from an Attending Physician. The Terminally Ill Patient must be a New Jersey resident. A Terminally Ill Patient requesting Aid-In-Dying Medication must satisfy all requirements of the Act to be considered a Qualified Terminally Ill Patient and obtain the prescription for that medication. Such a request must be initiated by an eligible Terminally Ill Patient and cannot be made through utilization of an Advance Directive, POLST or other document. It cannot be requested by the Terminally Ill Patient's Surrogate.
- B. University Hospital neither encourages nor discourages participation in the Act. UH allows its physicians, Mental Health Care Professionals and other healthcare providers to **voluntarily** participate in activities authorized by the Act. Hospital physicians, mental health professionals and other healthcare providers may, as applicable and as defined in the Act and herein:
 1. Perform the duties of an Attending Physician
 2. Perform the duties of a Consulting Physician
 3. Perform the duties of a Mental Health Care Professional
 4. Prescribe medication under this Act

5. Fill a prescription under this Act
 6. Participate in patient or provider support related to the Act.
- C. Palliative Care is designated as the central office at University Hospital responsible for maintaining information about the Act and overseeing the implementation of this policy. Palliative Care may review records necessary to ensure all requirements of the Act have been followed and the correct documentation is completed and submitted.
- D. If a patient makes a request for Aid-In-Dying Medication to any physician engaged in practice at UH or any UH staff member, the physician or staff member must inform the Attending Physician and contact Palliative Care. Palliative Care personnel are well versed in the requirements of the Act. As such, they will assist the patient in understanding whether they are eligible to make such request, including the process and requirements for being designated a Qualified Terminally Ill Patient. Palliative Care is equipped with educational material related to the patient's options. This activity will augment, but not substitute for, the obligations of the Attending and Consulting Physicians in accordance with their roles as described in this policy.
- E. Under the Act, a physician's participation in the Act is voluntary. If a physician engaged in practice at UH declines to participate in a patient's request under the Act, Palliative Care will, if possible, refer the patient to a physician who has made the voluntary decision to participate in the Act.
- F. UH staff members may also participate in this policy voluntarily. UH staff members who object to participation in the facilitation of patient requests under the Act must do so in accordance with the University's Request to be Excused from Patient Care Policy and must advise their immediate supervisor, who will elevate such notification as appropriate.
- G. A UH staff member who objects to participation in the facilitation of patient Aid-In-Dying choices permitted under the Act is nevertheless required to communicate a patient's request for Aid-In-Dying Medication to Palliative Care and the patient's Attending Physician.
- H. Residents and Fellows may not fulfill the duties of the Attending Physician, Consulting Physician, or Mental Health Care Professional.
- I. An eligible patient's request for Aid-In-Dying Medication triggers a process (described in Section IV below) that is mandated by law and/or UH policy to determine whether the patient is a Qualified Terminally Ill Patient. The goal of this process is to support the fundamental right of competent adults to make informed and voluntary end-of-life health care decisions, including the decision to Self-Administer Aid-In-Dying Medication. The outcome of the process may or may not result in a patient receiving Aid-In-Dying Medication.
- J. Aid-in-Dying Medication shall not be prescribed to a patient who is determined not to be Capable. A physician who believes a patient may not be Capable must refer the patient to a Mental Health Care Professional in accordance with the procedures specified in Section V. of this policy.

- K. A patient's request for information about the Act or for Aid-In-Dying Medication should not, by itself, be interpreted to mean that such patient lacks Capacity to Make Healthcare Decisions or is in need of a guardian or conservator.
- L. Any physician engaged to practice at UH or UH staff member who has a reasonable belief that a University Hospital employee is not in compliance with this policy must report the suspected violation to University Hospital's Office of Ethics and Compliance.
- M. In addition to any penalties prescribed under the Act¹, the failure to comply with this policy may result in disciplinary action.

IV. PROCEDURE

- A. The Act and this policy specify certain eligibility criteria and procedures for both the patient making a request for Aid-In-Dying Medication and for specified personnel. These criteria and procedures are summarized in forms attached to this Policy:

Exhibit A – Patient Form

Exhibit B – Attending Physician Form

Exhibit C – Consulting Physician Form

Exhibit D – Mental Health Care Professional Form

Exhibit E – Request for Medication to End My Life in a Humane and Dignified Manner

The patient eligibility criteria and procedures for determining whether a patient is qualified to receive Aid-In-Dying Medication are described below.

- B. Patient Eligibility to Request Aid-in Dying Medication:

1. To be eligible to request Aid-in-Dying Medication from his/her Attending Physician, a patient must:
 - i. Be at least 18 years of age;
 - ii. Be a UH patient;
 - iii. Demonstrate residency in New Jersey by furnishing documentation specified under the Act;
 - iv. Have been determined by his/her Attending Physician and a Consulting Physician to be Terminally Ill, as defined under the Act;
 - v. Have the Capacity to Make Healthcare Decisions;
 - vi. Voluntarily express a wish to receive a prescription for Aid-In-Dying Medication under the Act; and

¹Violations of the Act may result in various criminal penalties. See N.J.S.A. 26:16-18.

- vii. Be able to Self-Administer the medication.
2. Determination of Whether Eligible Terminally Ill Patient is Qualified to Receive Aid-in-Dying-Medication
- i. To be qualified to receive Aid-in-Dying-Medication, a patient must:
 - a. Voluntarily request Aid-In-Dying Medication in two (2) oral requests and one (1) written request;
 - b. Be determined by the Attending Physician and Consulting Physician to be acting voluntarily and making an Informed Decision;
 - c. If referred to a Mental Health Care Professional for evaluation of Capacity, be determined to be capable.
3. Method of Request for Aid-in-Dying Medication and Documentation Requirements
- i. Requests for Aid-In-Dying Medication must come directly and solely from the patient who will Self-Administer the medication. Such requests cannot be made by a patient's Surrogate or by the patient's healthcare provider.
 - ii. To make a request for a prescription for an Aid-In-Dying Medication, the Terminally Ill patient must directly submit to his or her Attending Physician:
 - a. **Two (2) oral requests** (made in person) that are made a minimum of fifteen (15) days apart.
 - 1. Patients who are unable to speak because of their medical condition shall communicate their request in a manner consistent with their inability to speak, such as through sign language.
 - 2. The Attending Physician must document these requests in the medical record (the Act does not specify any particular language); **AND**
 - b. **One (1) written request**, which must be submitted using Exhibit E – Request for Medication to End by Life in a Humane and Dignified Manner. A completed copy of Exhibit E must be placed in the patient's medical record. Exhibit E sets forth the following conditions:
 - iii. The written request form must be signed and dated, in the presence of two (2) witnesses, by the patient seeking the Aid-In-Dying Medication.

- iv. The witnesses must also sign the form and by so doing attest that to the best of their knowledge and belief the patient is all of the following:
 - a. An individual who is personally known to them or has provided proof of identity.
 - b. An individual who voluntarily signed the request in their presence.
 - c. An individual whom they believe to be of sound mind and not under duress, fraud or undue influence.
- v. The patient's Attending Physician may not serve as a witness.
- vi. Additionally, **one (1) witness must not be:** (i) related to the requesting patient by blood, marriage or adoption; (ii) entitled to a portion of the requesting patient's estate upon death (whether by operation of law or by will); or (iii) own, operate or be employed at a healthcare facility, other than a long term care facility, where the person is a patient or resident.

C. Responsibility of Attending Physicians:

The responsibilities of an Attending Physician are non-delegable. Before prescribing the Aid-In-Dying Medication, the Attending Physician must do all of the following:

1. Make the initial determination about whether the patient is eligible under the Act as described in Section B (above) including a determination that patient has the Capacity to Make Healthcare Decisions.
2. Make additional determinations that:
 - i. The patient has made a voluntary request for an Aid-In-Dying Medication, including completion of witness attestations that the patient is of sound mind and not under fraud, duress or undue influence.
 - ii. The patient's request does not arise from coercion or undue influence. The physician must do this by discussing with the patient, outside the presence of any other person (except for a UH-provided interpreter) whether the patient is feeling coerced or unduly influenced by another person. Family members or friends of the patient cannot act as interpreters.
 - iii. The patient has met the residency requirements of the Act.
 - iv. The patient is making an Informed Decision as defined herein.
3. Refer the patient to a Consulting Physician.

4. Refer the patient to a Mental Health Care Professional if the Attending Physician has concerns that the patient is not capable. The determination by the Mental Health Care Professional must be documented in the patient's medical record.
5. Inform and advise the patient about the following:
 - i. Having another person present when he or she Self-Administers the Aid-In-Dying Medication.
 - ii. Not Self-Administering the Aid-In-Dying Medication in a public place.²
 - iii. Notifying the next of kin of his or her request for Aid-In-Dying Medication. A patient who declines or is unable to notify next of kin must not have his or her request denied for that reason.
 - iv. Feasible alternatives to taking the medication, including, but not limited to, concurrent or additional treatment opportunities, palliative care, comfort care, hospice care and pain control.
 - v. Maintaining the Aid-In-Dying Medication in a safe and secure location until the patient Self-Administers it.
6. Inform the patient that he or she may withdraw or rescind the request for Aid-In-Dying Medication at any time and in any manner. The patient has the right to change his or her mind without regard to his or her mental state. Therefore, if a patient makes a request for an Aid-In-Dying Medication while having the Capacity to Make Healthcare Decisions, then loses his or her Capacity, the patient can still decide not to Self-Administer the Aid-In-Dying Medication.
7. Offer the patient an opportunity to withdraw or rescind the request for an Aid-In-Dying Medication at the time the patient makes the **second** oral request.
8. Confirm that all requirements are met and all appropriate steps are carried out in accordance with the Act (as outlined in this Policy) before writing a prescription for an Aid-In-Dying Medication.
9. Fulfill all the documentation requirements and comply with all regulatory reporting requirements.

D. Responsibility of Consulting Physicians:

A physician who chooses to act as a Consulting Physician must not be involved in the patient's healthcare and must do all the following:

1. Examine the patient and his or her relevant medical records.

²Public place means any street, alley, park, public building or any place of business or assembly open to or frequented by the public and any other place that is open to the public view or to which the public has access.

2. Confirm in writing the Attending Physician's diagnosis and prognosis.
3. Determine that the individual has the Capacity to Make Healthcare Decisions, is acting voluntarily and has made an Informed Decision.
4. Refer the patient to a Mental Health Care Professional if the Consulting Physician determines that the patient may not be capable for a determination as to whether the patient is capable. A Consulting Physician who refers the patient to a Mental Health Care Professional must provide written notice of the referral to the Attending Physician.
5. A Consulting Physician who refers the patient to a Mental Health Care Professional must provide written notice of the referral to the Attending Physician.
6. Fulfill the documentation requirements.

E. Responsibility of Mental Health Care Professionals:

A licensed psychiatrist, psychologist or clinical social worker who chooses to act as a Mental Health Care Professional must conduct one or more consultations with the patient and do all of the following:

1. Examine the Terminally Ill patient and his or her relevant medical records.
2. Determine that the Terminally Ill patient has the Capacity to Make Healthcare Decisions, act voluntarily and make an Informed Decision.
3. Submit a written report to the Attending Physician regarding the determination of whether the patient is capable.
4. Document in the patient's medical record a report of the outcome and determinations made as part of the Mental Health Care Professional's determination.
5. Fulfill the documentation requirements.

F. Documentation requirements:

All of the following must be documented in the patient's medical record:

1. All oral requests for Aid-In-Dying Medication.
2. All written requests for Aid-In-Dying Medication.
3. The Attending Physician's diagnosis and prognosis of the patient's terminal illness, the determination that the Terminally Ill patient has the Capacity to Make Healthcare Decisions, is acting voluntarily and has made an Informed Decision, or that the Attending Physician has determined that the individual is not a qualified patient.

4. Statement of whether or not the patient is currently receiving palliative care, comfort care, hospice care, or pain control treatments;
5. The Attending Physician's recommendation that the patient participate in a consultation concerning concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options; and Attending Physician's referral of patient to a health care professional qualified to discuss these options with the patient; and an indication as to whether the patient participated in the consultation
6. The Consulting Physician's confirmation of the Attending Physician's diagnosis and prognosis; the determination that the patient has the Capacity to Make Healthcare Decisions, is acting voluntarily and has made an Informed Decision, or that the Consulting Physician has determined that the individual is not a qualified patient.
7. A report of the determination made by the Mental Health Care Professional, if applicable.
8. The Attending Physician's offer to the patient to withdraw or rescind his or her request at the time of the second oral request.
9. A note by the Attending Physician indicating that all requirements of the Act have been met and the steps that have been taken to carry out the request, including a notation of the Aid-In-Dying Medication prescribed.
10. Cause of death: The Act provides that actions taken under the Act shall not, for any purpose, constitute suicide, assisted suicide, homicide or elder abuse. It is UH policy that the physician reference the patient's underlying medical illness, disease or condition that qualified the patient for the Aid-In-Dying Medication as the underlying cause of death in medical records and in the Death Certificate.

G. Prescribing or Delivering the Aid-In-Dying Medication:

After the Attending Physician has fulfilled his or her responsibilities under the Act, the Attending Physician may deliver the Aid-In-Dying Medication by any of the following methods:

1. Dispensing the Aid-In-Dying Medication directly, including ancillary medication intended to minimize the patient's discomfort, if the Attending Physician (a) Is authorized to dispense medicine under the law (the Act does not specify which medications may be prescribed as Aid-In-Dying Medication); and (b) Has a current U.S. Drug Enforcement Agency certificate of registration.
2. Contacting a pharmacist, informing the pharmacist of the prescription, and delivering the written prescription personally, by mail, or electronically to the pharmacist. It is not permissible to give the patient a written prescription to take to a pharmacy. The pharmacist may dispense the Aid-In-Dying Medication to the patient, the Attending Physician or the expressly identified agent of the

patient. This designation may be delivered to the pharmacist in writing or verbally.

3. Delivering the dispensed Aid-In-Dying Medication to the patient or an expressly designated agent of the patient. Medication may not be dispensed to the patient via mail or any other form of courier.

UNIVERSITY HOSPITAL – Newark, NJ
PATIENT CARE FOR MEDICAL AID IN DYING POLICY

Exhibit A

This Exhibit shall not be altered in any way without the express authority of the Chief Legal Officer of University Hospital

Patient Requirements to Participate in the Act

Patient must:

- Be an adult (at least 18 years of age) and a resident of New Jersey
- Be qualified Terminally Ill (terminal stage of an irreversible fatal illness with a life expectancy of 6 months or less)
- Be capable of making and communicating voluntary and informed health care decisions
- Make an informed decision about patient's end-of-life choice using:
 - Their medical diagnosis and prognosis; the potential risks associated with taking the medication to be prescribed; the probable result of taking the medication to be prescribed; and the feasible alternatives to taking the medication, including, but not limited to, concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.
- Voluntarily communicate two oral requests (through patient's typical form of communication) to the attending physician
- Voluntarily execute one written request with two witnesses using the Patient Written Request to End My Life Form and give the Patient Written Request to End My Life Form to the Attending Physician.
- Able to take affirmative action to physically Self-Administer their prescribed Aid-In-Dying Medication
- Designate a person to properly and legally dispose of any unused medication

No other person may make a decision or any requests on behalf of a patient

UNIVERSITY HOSPITAL – Newark, NJ
PATIENT CARE FOR MEDICAL AID IN DYING POLICY

Exhibit B

This Exhibit shall not be altered in any way without the express authority of the Chief Legal Officer of University Hospital

Attending Physician Responsibilities under the Act

Determine patient eligibility:

- Patient must be capable, acting voluntarily, and making an informed decision
- New Jersey resident: receive documentation to confirm residency
 - Documentations: a. a driver's license or non-driver identification card issued by the New Jersey Motor Vehicle Commission; b. proof that the person is registered to vote in New Jersey; c. a New Jersey resident gross income tax return filed for the most recent tax year; or d. any other government record that the attending physician reasonably believes to demonstrate the individual's current residency in this State.
- Qualified as Terminally Ill: terminal stage of an irreversible fatal illness with a life expectancy of 6 months or less
- Mentally Capable: Patient must be capable of making and communicating health care decisions using relevant facts and an understanding of treatments and potential risks provided by the Attending Physician
 - Attending Physician, if unsure of mental capability, must refer the patient to a Mental Health Care Professional and wait for determination of mental capacity before further proceeding under the Act
- Refer patient to a Consulting Physician to confirm the patient's Terminally Ill diagnosis and that the patient is capable, acting voluntarily, and making an Informed Decision

Communicate with patient:

- Inform patient of: their medical diagnosis and prognosis; the potential risks associated with taking the medication to be prescribed; the probable result of taking the medication to be prescribed; and the feasible alternatives to taking the medication, including, but not limited to, concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.
- Inform patient that patient can rescind their request at any time in any manner and regardless of patient's mental state, and take reasonable steps to confirm that patient is not being influenced by others in their decision-making (i.e talking with patient alone).
- Recommend that patient inform next of kin of the request.
- Recommend, after the initial request, that the patient participate in a consultation concerning concurrent or additional treatment opportunities or other care and provide the patient with a referral to a health care professional qualified to discuss these options
- Advise patient to have another person present when patient Self-Administers and not to self-administer in a public place

- **Document all requests, procedures, information, referrals, treatments, consultations, and prescribed medication in patient records pursuant to the Documentation Requirements listed below**
- **Comply with all regulatory reporting requirements**
- **Follow ALL steps and allow appropriate time to elapse for receiving TWO oral requests and ONE written request before writing a prescription:**
 1. Patient makes initial oral request
 2. **At least 15 days passed** before Patient made 2nd oral request
 3. At time of 2nd oral request: Attending Physician offered for patient to rescind request
 4. Patient gave Attending Physician a written request using the Patient Written Request to End My Life Form signed by Patient and two witnesses in accordance with the Form
 - Attending Physician may NOT serve as a witness to the patient's request form
 - Witnesses: at least two individuals, who in the patient's presence, attest that, to the best of their knowledge and belief, the patient is capable and is acting voluntarily
 - At least one witness cannot be a relative by blood, marriage or adoption; entitled to any portion of the patient's estate at the time the request is signed; an owner, operator or employee of a health care facility where the patient is receiving treatment.
 5. Attending Physician must **wait 48 hours after receiving Patient's written request to write a prescription for aid-in-dying medication**
 6. Attending Physician must document following all required steps and timing
 - **All valid requests must be made through the Attending Physician. If the Attending Physician becomes unavailable, Palliative Care should be consulted concerning guidance on how to proceed.**

UNIVERSITY HOSPITAL – Newark, NJ
PATIENT CARE FOR MEDICAL AID IN DYING POLICY

Exhibit C

This Exhibit shall not be altered in any way without the express authority of the Chief Legal Officer of University Hospital

Consulting Physician Responsibilities under the Act

Consulting physician must:

- Examine the patient and relevant medical records
- Confirm the patient's Terminally Ill diagnosis
- Confirm that the patient is Capable, acting voluntarily, and making an Informed Decision
- If unsure of a patient's mental capability, must refer the patient to a Mental Health Care Professional, wait for determination of mental capacity before further proceeding under the Act, and notify the Attending Physician of the referral
- Document all determinations and referrals in patient's records

UNIVERSITY HOSPITAL – Newark, NJ
PATIENT CARE FOR MEDICAL AID IN DYING POLICY

Exhibit D

This Exhibit shall not be altered in any way without the express authority of the Chief Legal Officer of University Hospital

Mental Health Care Professional Responsibilities under the Act

□ If a patient is referred to a Mental Health Care Professional, the Mental Health Care Professional must:

- Examine the patient and relevant medical records
- Confirm whether the patient is capable of making health care decisions
- Confirm that patient is acting voluntarily and making an Informed Decision
- Notify the requesting physician and the Attending Physician of the determination
- Document all determinations in the patient's records



PATIENT WRITTEN REQUEST TO END MY LIFE FORM

Exhibit E

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I,, am an adult of sound mind and a resident of New Jersey.

I am suffering from, which my attending physician has determined is a terminal illness, disease, or condition and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist as necessary to fill the prescription.

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.

INITIAL ALL THAT APPLY:

..... My attending physician has recommended that I participate in a consultation concerning concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options, and provided me with a referral to a health care professional qualified to discuss these options with me.

..... I have participated in a consultation concerning concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options.

..... I am currently receiving palliative care, comfort care, or hospice care.

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

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

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

Signed:

Dated [Month/Day/Year]:

Time of Request [12-Hour Format AM/PM]:



PATIENT WRITTEN REQUEST TO END MY LIFE FORM

DECLARATION OF WITNESSES

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

Witness 1 Witness 2

Initials Initials

.....

1. Is personally known to us or has provided proof of identity.

.....

2. Signed this request in our presence on the date of the person's signature.

.....

3. Appears to be of sound mind and not under duress, fraud, or undue influence.

.....

4. Is not a patient for whom either of us is the attending physician.

.....

Printed Name of Witness 1:

Signature of Witness 1:

Dated [Month/Day/Year]:

Time of Declaration
[12-Hour Format AM/PM]:

Printed Name of Witness 2:

Signature of Witness 2:

Dated [Month/Day/Year]:

Time of Declaration
[12-Hour Format AM/PM]:

[NOTE: At least one 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, other than a long term care facility, where the person is a patient or resident. [If the patient is a resident of a long-term care facility, one of the witnesses shall be an individual designated by the facility.]



UNIVERSITY HOSPITAL

Newark, New Jersey

RESOLUTION OF UNIVERSITY HOSPITAL APPROVING AN EXECUTIVE SESSION IN ACCORDANCE WITH THE SENATOR BYRON M. BAIR OPEN PUBLIC MEETINGS ACT, N.J.S.A. 10:4-6 ET SEQ.

WHEREAS, in accordance with the Senator Byron M. Bair Open Public Meetings Act, N.J.S.A. 10:4-6 *et seq.*, University Hospital (the “Hospital”) is permitted to discuss certain matters in a session closed to the public; and

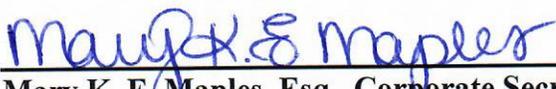
WHEREAS, the Hospital desires to go into an executive session during its public meeting on November 26, 2019;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The Hospital will meet in executive session during its public meeting on the 26th of November 2019, in accordance with Senator Byron M. Bair Open Public Meetings Act, N.J.S.A. 10:4-12b.
3. The subjects to be discussed in executive session concern contract negotiations, personnel, and attorney-client privileged matters.
4. The Hospital may take official action on the items discussed during the executive session.
5. The discussion conducted during the executive session will be disclosed to the public as fully as possible during the public portion of the meeting of the Hospital on November 26th 2019 or thereafter, in accordance with the Senator Byron M. Bair Open Public Meetings Act.
6. This Resolution shall take effect immediately upon the adoption hereof.

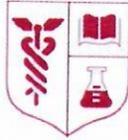
I hereby certify that this Resolution 2019-1126-87 is a true copy of actions duly adopted by University Hospital as of the date hereof.

Resolution Adopted: November 26, 2019



Mary K. E. Maples, Esq., Corporate Secretary

Resolution 2019-1126-87



UNIVERSITY HOSPITAL
Newark, New Jersey

**RESOLUTION OF UNIVERSITY HOSPITAL AUTHORIZING
CERTAIN PROCUREMENTS IN FURTHERANCE OF P.L. 2012, c. 45**

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, pursuant to the Restructuring Act, the Hospital's board of directors (the "Board") has the power and duty to exercise general oversight over the affairs of the Hospital to ensure fulfillment of its mission and to: (1) direct and control expenditures of Hospital funds; (2) borrow money; (3) enter into contracts with the State or federal government, or any individual, firm or corporation; (4) solicit and accept grant moneys; (5) acquire, own, lease, dispose or, use, and operate property; (6) sue and be sued; (7) enter into a contract or other agreement with a nonprofit corporation operating one or more hospitals in New Jersey to operate and manage or assist in the operation and management of the Hospital; and (8) hire, fire, and fix salaries for all employees of the Hospital; and

WHEREAS, in accordance with the Hospital's amended bylaws adopted June 26, 2018 (the "Bylaws"), the Hospital approved a new *Procurement and Purchasing and Delegation of Authority to Contract Policy* pursuant to Resolution 2019-0917-83 adopted September 26, 2019 (hereinafter the "Procurement Policy"); and

WHEREAS, in accordance with the Procurement Policy and subject to annual appropriation, the Hospital intends to approve the purchase of: (i) the implant devices as enumerated on Exhibit "A" appended hereto and (ii) the professional services as described on Exhibit "B" appended hereto (collectively, the "Procurements"); and

WHEREAS, the Hospital's Finance, Investment and Administration Committee has reviewed the proposed action and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The Procurements are hereby approved in accordance with the Procurement Policy, subject to annual appropriations.

3. The President and Chief Executive Officer is hereby authorized to take the steps necessary and desirable to effectuate the purposes of this Resolution.

4. This Resolution shall take effect immediately upon the adoption hereof.

I hereby certify that this Resolution 2019-1126-86 is a true copy of actions duly adopted by University Hospital as of the date hereof.

Resolution Adopted: November 26, 2019



Mary K. E. Maples, Esq., Corporate Secretary