

## New York’s Medical Aid in Dying Law Summary

April 2026

### Medical Aid in Dying (MAID) Background

- MAID is the medical practice of an attending physician prescribing medication to a qualified individual that the individual may choose to self-administer to bring about end of life.
- A qualified individual is a patient who is 18 years of age or older and residing in New York with a terminal illness or condition, who has decision-making capacity, has made an informed decision, and has fulfilled extensive requirements detailed below in order to obtain a prescription for medication.
- Terminal illness or condition is defined as an incurable and irreversible illness or condition that has been medically confirmed and will, within reasonable medical judgement, produce death with six months whether or not treatment is provided.
- Governor Kathy Hochul signed the Medical Aid in Dying Act ([S.138/A.136](#), Chapter 714 of the Laws of 2025) into law on February 6, 2026, including chapter amendments ([S.8835/A.9515](#), Chapter 1 of the Laws of 2026), making New York the 13th state, in addition to Washington, D.C., to authorize MAID. The [law](#) will take effect on August 5, 2026.

### MAID Process

1. MAID is optional for most involved – no patient is required to use it and no individual health care provider is mandated to provide it. Some private facilities may be exempt. Chapter amendments include an additional requirement that religiously-oriented home hospice providers are allowed to opt out of offering MAID, while ensuring a patient receiving hospice care within their own home is not restricted from accessing it.
  - A private health care facility can only prohibit the prescribing, dispensing, ordering or self-administering of MAID medication while the patient is being treated in the health care facility, or in an affiliated facility that is majority-owned, operated, or controlled by the same corporate entity as the health care facility or while the patient is residing in the health care facility if:
    - i. It is contrary to a formally adopted policy of the facility that is based on religious beliefs or moral convictions central to the facility’s operating principles and

- ii. The patient has been informed of this prior to admission or as soon as reasonably possible.
  - iii. If a facility has prohibited it, the patient must be transferred promptly to another facility that is reasonably accessible and willing to participate. Any health care provider, employee, or independent contractor of the facility who violates the prohibition may be subject to sanctions otherwise available to the facility.
2. A patient asking for MAID would first make the request and have an in-person examination by their attending physician. The request is required to be recorded by video or audio and permanently stored in the patient's medical record. An exception to the in-person visit is allowed if the attending physician believes it would result in extraordinary hardship, and the examination may be conducted via telehealth once the attending physician affirms that all other requirements have been fulfilled. Extraordinary hardship is defined as circumstances in which an in-person examination would cause the patient undue pain or suffering, or would necessitate extraordinary expense or logistical burden for medically necessary transportation.
  3. The attending physician would then confirm that the patient meets the strict eligibility requirements through examination of the patient and their medical records. The physician must ensure that the patient is making an informed decision and then refer the patient to another physician for a second consultation to confirm that the patient is eligible.
  4. The second physician would then review the patient's medical records and confirm if the patient has the mental capacity to make this decision while providing them with the opportunity to rescind their request for MAID.
  5. As mandated in the chapter amendments, the attending or consulting physician must refer the patient to a mental health professional for a final determination of whether the patient has decision-making capacity to make an informed decision. The mental health professional can be a psychologist, neurologist, or psychiatrist and must report in writing to the attending and consulting physicians their independent conclusions about the patient's capacity with a copy of the mental health professional's report.
  6. If confirmed by the mental health professional, the patient would go back to their primary attending physician, however if capacity is not confirmed, the patient would not qualify for MAID.
  7. Per their attending physician's advisement, the patient must then put their request for MAID in writing with two witnesses present.
  8. The patient's physician must also discuss with the patient the protocols for taking the medication and counsel them on all of their end-of-life care options including hospice and palliative care. Only after this, can the physician write the prescription. Once written, pharmacies are required to wait five days before filling the prescription unless the patient's attending physician believes the patient will die within that period.
  9. The patient's physician must offer the patient an opportunity to rescind their request for MAID at any time.
  10. The patient then will decide if they will take the medication – they must be able to ingest it on their own. No one may administer it to them as this would be a felony.

11. If the patient does not use the medication, the unused medication must be disposed of in accordance to state and federal laws in the same way as controlled substances.

## Other Provisions

- No person is eligible for MAID solely because of age or disability. Patients must have a qualifying terminal illness and decisional capacity to be eligible for MAID.
- It is specified in the law that health insurance companies are prohibited from denying coverage for care because a person requests or fails to request a MAID prescription.
  - Additionally, to protect against any coercion, a list of people who cannot serve as a witness to a patient who requests MAID is listed and includes: the attending physician; the consulting physician; the mental health professional providing the decision-making capacity determination; an owner, operator, employee, or independent contractor of a health care facility the patient's domestic partner; health care proxy; relative by blood, marriage, or adoption; or anyone who has power of attorney for the patient or who may benefit financially from the death of the patient.
- Similar to other states' laws, it is up to the attending physician to determine the aid-in-dying medication to be prescribed. Typically, MAID medications are made at compounding pharmacies.
  - The American Clinicians Academy issued a recommended aid-in-dying pharmacology on April 16, 2024 which can be found [here](#).
- The NYS Department of Health will be issuing regulations required for implementation of the law and develop health literate and culturally appropriate educational material regarding hospice and palliative care.
- The Academy of Aid-in-Dying Medicine has also created free Aid-in-Dying Care [Courses](#) for those interested in additional training noting though there is a charge for Continuing Medical Education.
- The NYS bill is modeled after the Oregon Death with Dignity Act, which has had no documented or substantiated incidents of abuse or coercion since it was first implemented in 1997, over 25 years ago. 12 other states and D.C. have authorized MAID.
- Any violation of the law is defined as professional misconduct under the Education Law and would be subject to applicable criminal liability under state law.