Medical Aid in Dying

New Mexico Elizabeth Whitefield End-of-Life Options Act

2025 Annual Data Report

NMHealth
VITAL RECORDS & HEALTH STATISTICS

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More information on the Elizabeth Whitefield End-of-Life Options Act and the reporting process and forms are available at: www.nmhealth.org/about/erd/bvrhs/vrp/maid

Table Of Contents

Executive Summary

The Elizabeth Whitefield End-of-Life Options Act (HB47), effective July 1, 2021, authorizes eligible New Mexicans with a terminal illness to request medical aid-in-dying (MAID) medication. The Act outlines eligibility criteria, reporting requirements, and confidentiality protections for patients and providers.

The New Mexico Bureau of Vital Records and Health Statistics (BVRHS) collects information submitted by prescribing clinicians and produces annual statistical reports based on these required forms. There were 26 healthcare providers who prescribed MAID medication in 2025.

From 2022 through 2025, MAID medication was prescribed to 741 individuals in New Mexico. In 2025, 170 individuals were prescribed the medication, reflecting a decrease from 221 in 2024. Among those prescribed, three individuals had not yet ingested the medication at the time of reporting. Females represented 51% of prescriptions and males 49%. The median age was 78 years, with most individuals clustered in the 70–79 (36%) and 80–89 (31%) age groups.

Most individuals prescribed MAID in 2025 were receiving hospice services, with 92% (157 individuals) enrolled at the time of ingestion. Malignant neoplasms were the most frequently reported underlying condition, accounting for 49% of all terminal diagnoses, followed by cardiovascular, neurological, respiratory, and renal diseases. Distribution patterns by gender were generally similar, with small differences in cardiovascular and cancer-specific categories.

Among cancer diagnoses, lung and bronchus cancers comprised the largest proportion among females, while prostate cancer represented the highest share among males. Additional frequently reported cancers included hematologic malignancies, pancreatic cancer, breast cancer, and female gynecologic cancers.

Introduction

Background

The Elizabeth Whitefield End-of-Life Options Act was passed by the 2021 New Mexico Legislature via House Bill 047 (HB47) and became effective on July 1 of that year. The End-of-Life Options Act (the Act) amended sections of New Mexico Statutes (NMSA) to establish rights, procedures, and protections relating to MAID; establish reporting requirements; and remove criminal liability for aiding patients in dying. The Act allows individuals diagnosed with a terminal illness, who meet certain qualifications, to request MAID medication from their attending physician.

According to the Act, the prescribing healthcare provider may provide a prescription for aid-in-dying medication to an individual after the prescribing healthcare provider has determined that the individual has:

- Mental capacity,
- A terminal illness,
- Voluntarily made the request for medical aid-in-dying, and
- The ability to self-administer the aid-in-dying medication.

Once the healthcare provider has prescribed the medication to a terminally ill patient, the Act requires physicians to submit the required forms and information to the New Mexico Department of Health (NMDOH). NMDOH collects the data from the forms submitted by physicians to produce an annual statistical report, pursuant to the Act and relevant confidentiality requirements. NMDOH promulgated rules (**7.2.2.26)**, as required by the Act, to establish timeframes and forms for reporting pursuant to HB47. The rules limit the data collected to the following:

- age at death
- race and ethnicity
- gender
- hospice enrollment status
- underlying medical condition
- whether the medication was ingested and the date of ingestion

Data Collection and Statistics

The statistics presented within this report reflect data of patients for whom MAID medication were prescribed, and among those, the patients who ingested the medication.

Data within this report are based on the required forms completed by prescribing healthcare providers and submitted into the New Mexico Bureau of Vital Records and Health Statistics (BVRHS), which is part of the Center for Health Protection Division within NMDOH.

The Act does not require NMDOH to follow up with physicians who prescribe MAID medication, patients who receive MAID medication, or patients' families to obtain information about the use of the medication. The Act requires that the cause of death be listed as the person's underlying terminal illness. Medical aid in dying cannot be included on the death certificate.

Confidentiality Notice

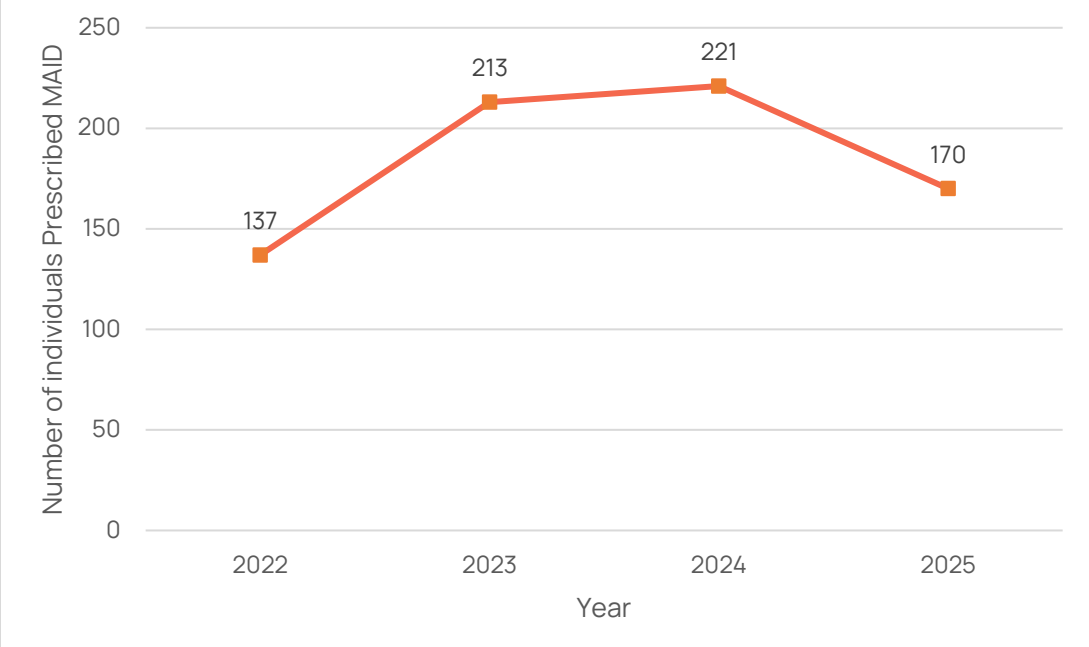
The Elizabeth Whitefield End-of-Life Options Act states that the information reported to NMDOH is not a public record and is not available for public inspection. To comply with this statutory mandate, NMDOH does not collect individually identifiable information, and NMDOH will not disclose any information that identifies patients, physicians, pharmacists, family members, or other MAID participants.

Medical Aid-in-Dying

In 2025, a total of 170 individuals were prescribed medication to assist in dying, showing a decline from the previous two years, which recorded 213 prescriptions in 2023 and 221 in 2024 (Figure 1). From 2022 through 2025, MAID medication was prescribed to 741 individuals in New Mexico.

There were 26 healthcare providers who prescribed MAID medication in 2025. Of those prescribed in 2025, three individuals had not yet ingested the medication at the time of reporting, and one of them died before ingestion.

Figure 1. *MAID Medication Prescriptions, New Mexico, 2022-2025*

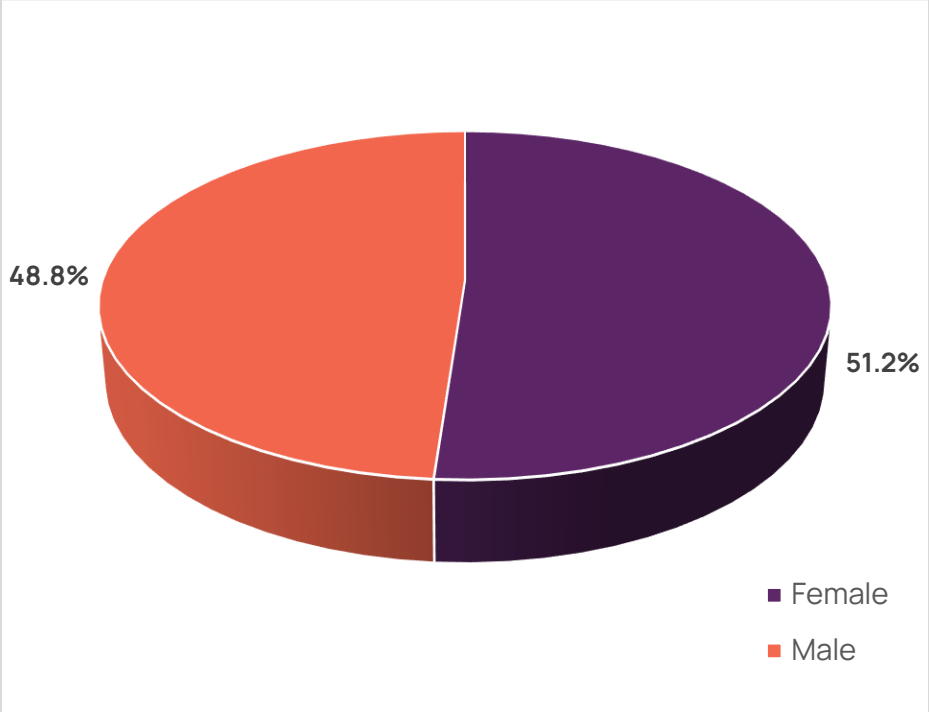


Patient Characteristics

Gender

Among all individuals prescribed MAID in 2025, approximately 51% were female (87 people) and 49% were male (83 people).

***Figure 2**. Percentage of Individuals Prescribed MAID Medication by Gender, 2025*



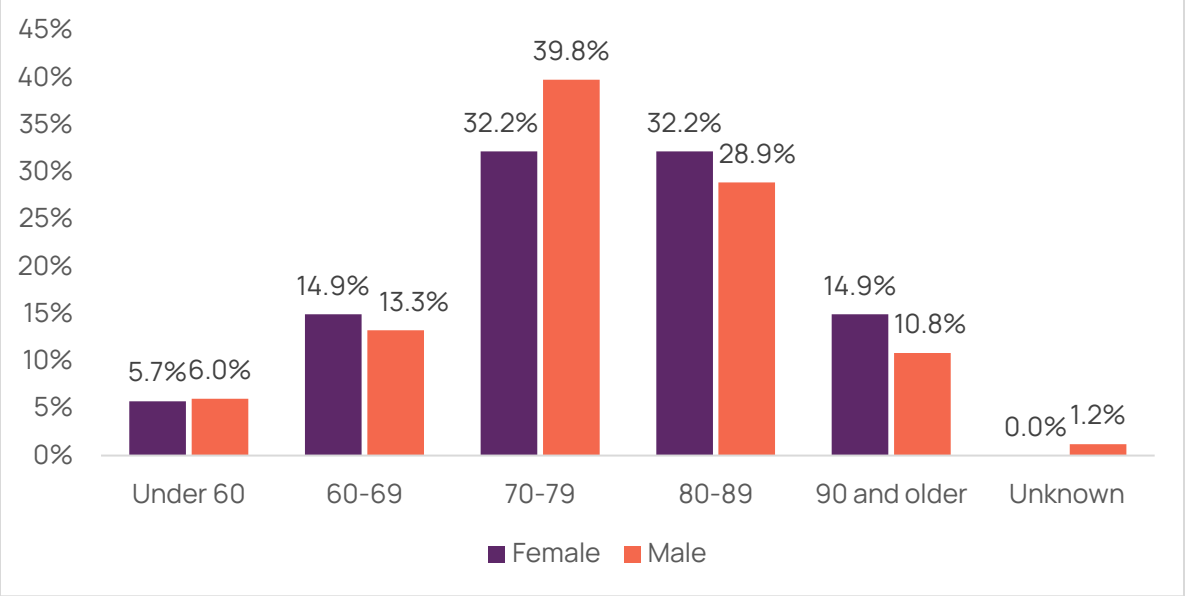
Age Groups

In 2025, the median age of individuals prescribed MAID medication was 78 years, with ages ranging from 38 to 101 years. Individuals aged 70–79 accounted for the largest proportion of those prescribed MAID medication, representing 36% of all cases. This was followed by the 80–89 age group, which made up an additional 31% (Table 1). The distribution of males and females across age groups was generally balanced, with slightly higher percentage of males in the 70–79 age group and of females in the 90 and older age group. (Figure 3).

***Table 1**. Age Groups of Individuals Prescribed MAID Medication, 2025*

Age Group	Number of individuals	Percentage
Under 60	10	5.9%
60-69	24	14.1%
70-79	61	35.9%
80-89	52	30.6%
90 and Older	22	12.9%
Unknown	1	0.6%
Total	170	

***Figure 3**. Percentage of Individuals Prescribed MAID Medication by Age-Group and Gender, 2025*

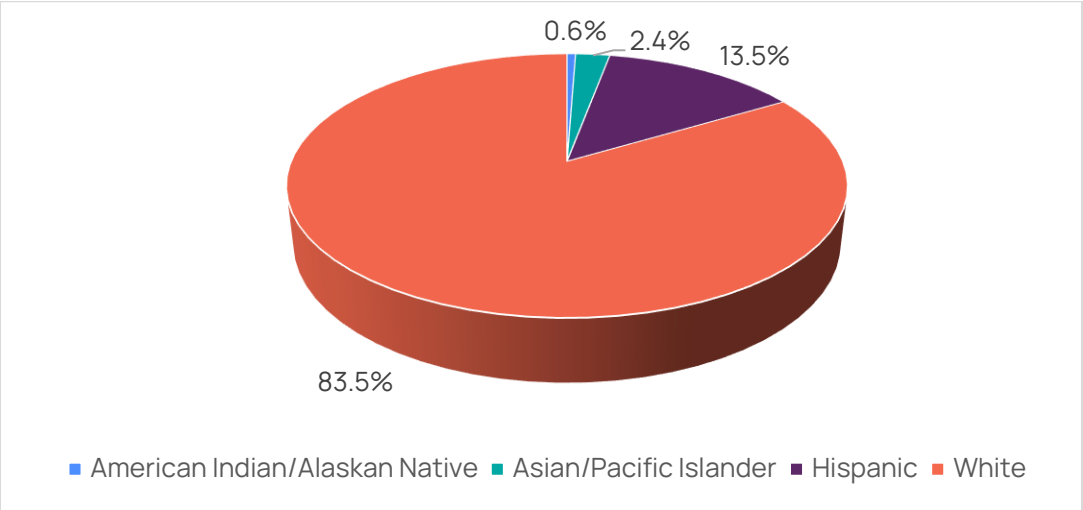


Race and Ethnicity

The race and ethnicity reported within this report follow the same guidelines as those normally captured by BVRHS data. The BVRHS reports race and ethnicity as a single measure with five categories: White, Hispanic, Black or African American, American Indian or Alaskan Native, and Asian or Pacific Islander. In 2025, white participants made up 83.5% of the individuals who participated in medical aid-in-dying; while Hispanic participants made up

14.5%; Asian or Pacific Islander participants made up 2.4%; and American Indian or Alaskan Native participants made up 0.6%. In 2025 there were no Black or African American participants. (Figure 4).

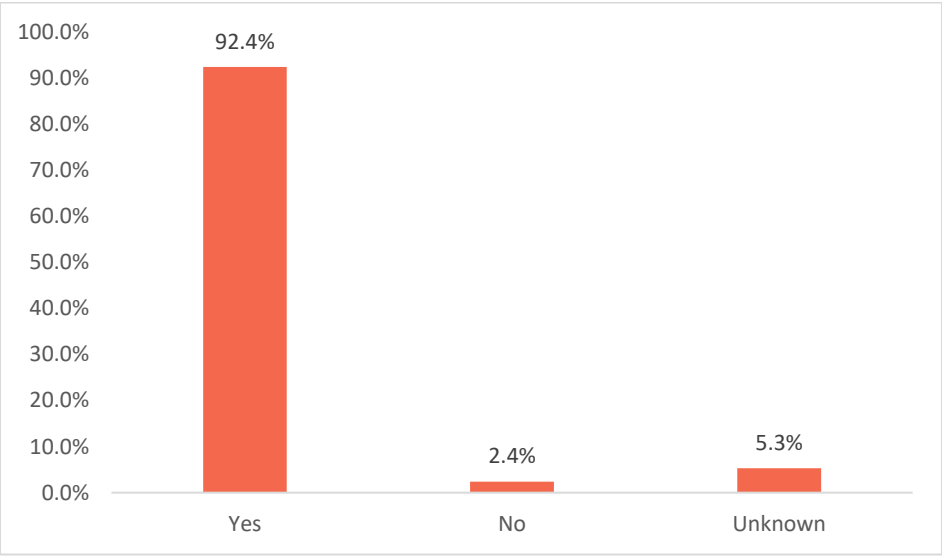
***Figure 4**. Individuals Prescribed MAID Medication, by Race/Ethnicity, 2025*



Hospice Care

The majority of the individuals who are prescribed MAID are receiving hospice care. In 2025, 92.4% of those who ingested MAID medication, totaling 157 individuals, were enrolled in hospice at the time of ingestion. (Figure 5).

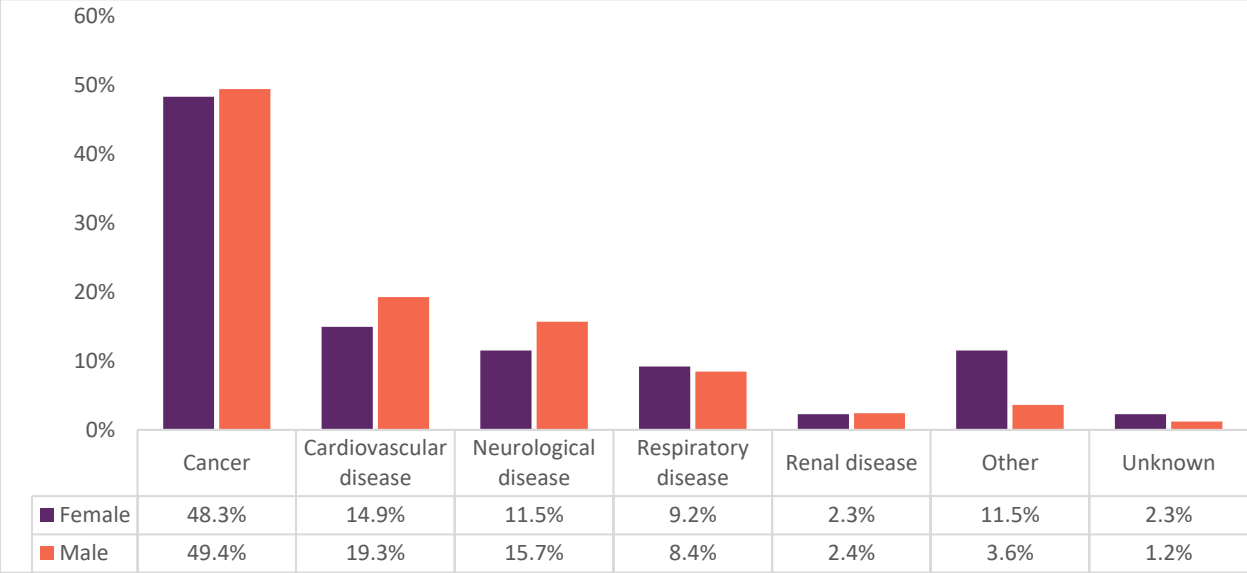
***Figure 5**. Percentage of Individuals Enrolled in Hospice at the Time of Death, 2025*



Underlying Illnesses

In 2025, the leading terminal illness was malignant neoplasms (cancer), which accounted for 49% of the terminal illnesses of patients participating in the medical aid-in-dying. Cardiovascular diseases accounted for 17%; neurological diseases accounted for 14%; respiratory diseases accounted for 9%; and renal disease accounted for 2% of terminal illnesses. The proportions of terminal illnesses were generally comparable between males and females, with males showing slightly higher representation in cardiovascular and neurological diseases. (Figure 6).

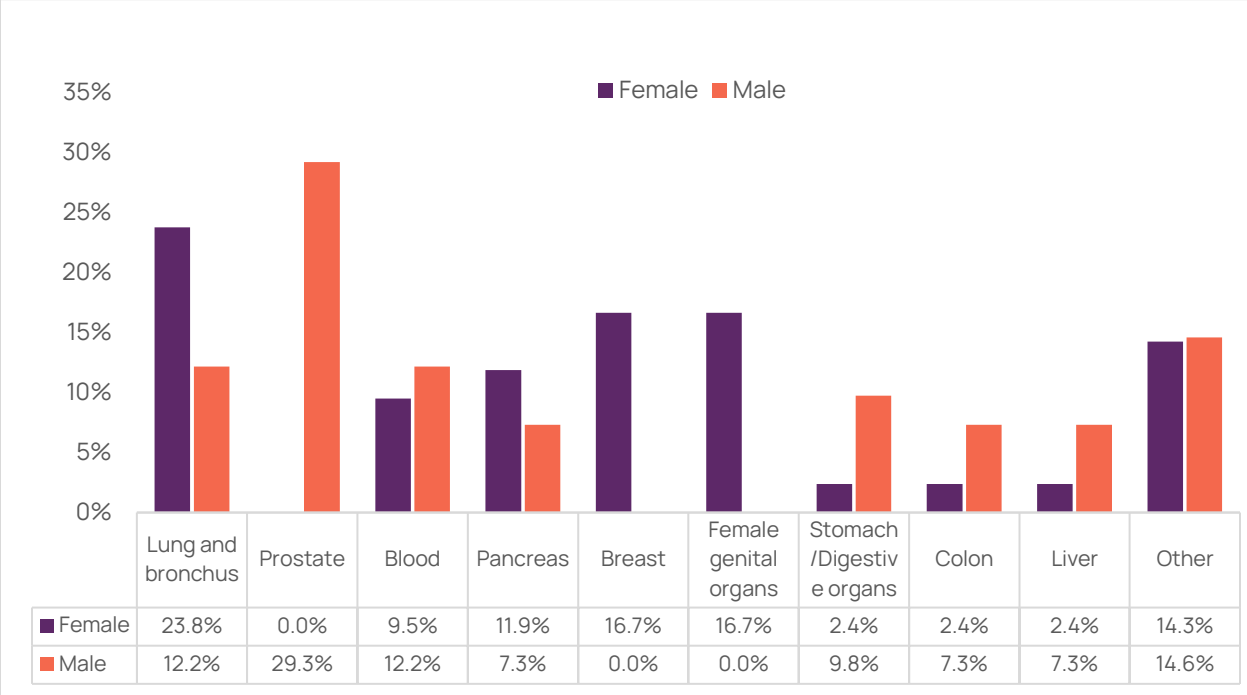
***Figure 6**. Percentage of Terminal Illnesses for Individuals Prescribed MAID Medication by Gender, 2025*



	Cancer	Cardiovascular disease	Neurological disease	Respiratory disease	Renal disease	Other	Unknown
Female	48.3%	14.9%	11.5%	9.2%	2.3%	11.5%	2.3%
Male	49.4%	19.3%	15.7%	8.4%	2.4%	3.6%	1.2%

Patients diagnosed with malignant neoplasms (cancer) as the underlying illness made up 49% of MAID participants. The leading forms of cancer were lungs and bronchus, prostate, blood, pancreas, breast, and female gynecologic cancers. Lung and bronchus cancer accounted for 18%; prostate cancer accounted for 15%; blood cancer accounted for 11%; pancreatic cancer accounted for 10%; and breast and female gynecologic cancers each accounted for 8% of all cancers. Among individuals prescribed MAID who had malignant neoplasms, lung and bronchus cancers represented the highest proportion among females at 24%, while prostate cancer accounted for the largest share among males at 29%. (Figure 7).

***Figure 7**. Percentage of Malignant Neoplasm Types for Individuals Prescribed MAID Medication by Gender, 2025*



	Lung and bronchus	Prostate	Blood	Pancreas	Breast	Female genital organs	Stomach /Digestive organs	Colon	Liver	Other
Female	23.8%	0.0%	9.5%	11.9%	16.7%	16.7%	2.4%	2.4%	2.4%	14.3%
Male	12.2%	29.3%	12.2%	7.3%	0.0%	0.0%	9.8%	7.3%	7.3%	14.6%

Conclusion

The 2025 data collected under the Elizabeth Whitefield End-of-Life Options Act show continued use of medical aid-in-dying among New Mexicans with terminal illnesses, with a total of 170 individuals receiving prescriptions. Patient characteristics remained generally consistent with prior years, with most participants being older adults and a nearly even distribution between males and females. Most individuals utilizing aid-in-dying were enrolled in hospice, underscoring the role of end-of-life care services in supporting patients' decisions.

Malignant neoplasms remained the leading underlying diagnosis, with lung and bronchus cancers most common among females and prostate cancer most common among males. Other terminal conditions included cardiovascular, neurological, respiratory, and renal diseases.

These findings support ongoing efforts to better understand the characteristics of patients who use medical aid-in-dying and to ensure transparency and compliance with the Act.

The Medical Aid in Dying: New Mexico Elizabeth Whitefield End-of-Life Options Act 2025 Annual Data Report was prepared by the Bureau of Vital Records and Health Statistics.

More information on the Elizabeth Whitefield End-of-Life Options Act, the reporting process, required forms for this annual report, and the publication of this report are available at: www.nmhealth.org/about/erd/bvrhs/vrp/maid