New Mexico Elizabeth Whitefield End-of-Life Options Act

2022 Annual Data Report

NMHealth
VITAL RECORDS & HEALTH STATISTICS

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Michelle Lujan Grisham, Governor

NEW MEXICO DEPARTMENT OF HEALTH

Gina DeBlassie, Interim Cabinet Secretary

PUBLIC HEALTH DIVISION
José Acosta, M.D., M.B.A., M.P.H., F.A.C.S., Director

CENTER FOR HEALTH PROTECTION
Esperanza Lucero, MBA, MSW, Director

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
Michael A. Padilla, Bureau Chief
Renee Valencia, M.A., State Registrar, Registration Manager
Leo Fernandez, Issuance and Records Unit Manager
Josh Thrope, Management Analyst, Epidemiology Unit

The Elizabeth Whitefield End-of-Life Options Act 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

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OUR VISION: A healthier New Mexico!

OUR MISSION: To ensure health equity, we work with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

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Executive Summary

The Elizabeth Whitefield End-of-Life Options Act was passed through New Mexico Legislation, with House Bill 047 (HB47), in 2021 and became effective on July 1, 2021. The End-of-Life Options Act (the Act) amended sections of New Mexico Statutes (NMSA) to establish rights, procedures and protections relating to medical aid in dying (MAID); establish reporting requirements; and remove criminal liability for providing assistance pursuant to the Elizabeth Whitefield End-of-Life Options Act. 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 MAID to a terminally ill patient, the Act requires physicians to submit the required forms and information to the New Mexico Department of Health (NMDOH). The NMDOH collects the data from the forms submitted by physicians to produce an annual statistical report, pursuant to the Act and relevant confidentiality requirements. According to the Act, NMDOH is required to adopt and promulgate rules that establish timeframes and forms for reporting pursuant to HB47 and limit the reporting of data relating to qualified individuals who received prescriptions for aid-in-dying medication to the following:

- The qualified individual's age at death;
- The qualified individual's race and ethnicity;
- Th qualified individual's gender;
- Whether the qualified individual was enrolled in hospice at the time of death;

- The qualified individual's underlying medical condition; and
- Whether the qualified individual ingested the aid-in-dying medication and, if so, the date the medication was ingested.

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 Community of Health Protection within NMDOH.

Please note that the Act does not require NMDOH to follow up with physicians who prescribe MAID medication, patients who receive MAID medication, or their families to obtain information about the use of the medication. Additionally, the Act does not allow the MAID medication to be associated with a death certificate. The death certificate of an individual will reflect the underlying illness as the cause of death. Therefore, the data within this report are based on individuals prescribed MAID medication, noting that the death may have been caused by ingesting the MAID medication, the underlying terminal illness, or some other cause.

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 participants in activities covered by the Act.

Medical Aid-in-Dying

In 2022, a total of 137 individuals were prescribed MAID medication. Among those prescribed MAID medication, physicians reported that roughly 94% of the individuals ingested the medication and were enrolled in hospice at the time of ingestion. There were 71 male and 65 female individuals who were prescribed the aid-in-dying medication (Table 1).

Table 1. Overall Participation in MAID, 2022

	Number	Percent (%) of Overall Total, N=34
Total Medication Prescribed	137	100%
Medication Ingested	134	98%
Patients enrolled in hospice	131	96%
Gender		
Male	71	52%
Female	65	47%
Unknown	1	

Characteristics of Patients

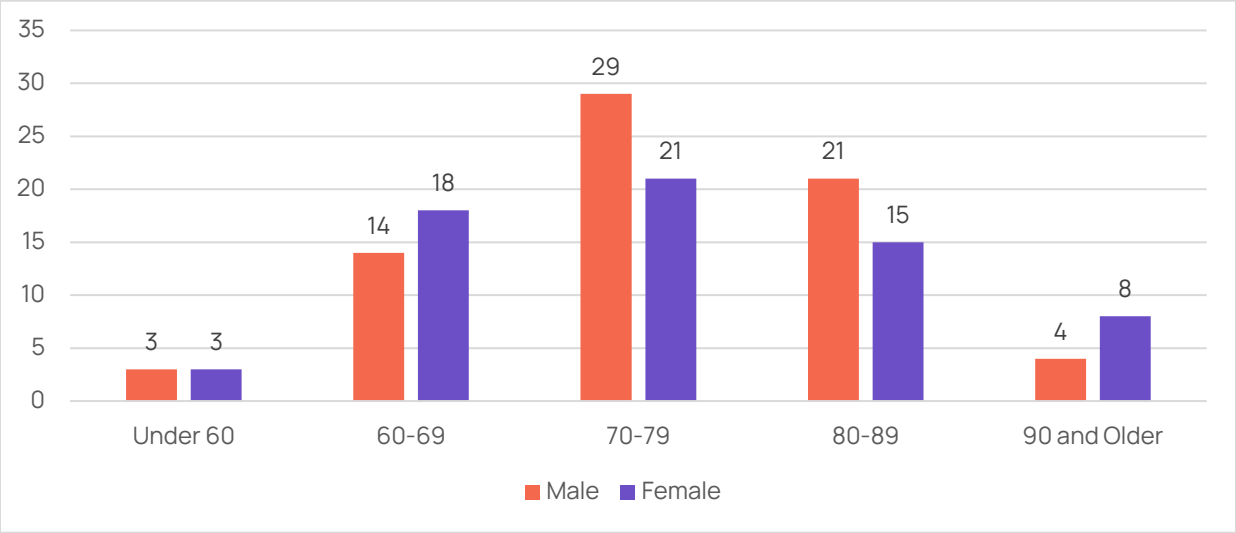
Age Groups

The median age of individuals prescribed MAID medication in 2022 was 76, with 53% of individuals within the age range of 70-79 (Table 2). The number was slightly higher for the number of male recipients between ages 80-89. (Figure 1).

Table 2. Age Groups of Individuals Prescribed MAID Medication, 2022

Age Group	Total
Under 60	6
60-69	32
70-79	50
80-89	36
90 and Older	12
Median Age (Range)	76

Figure 1. Age Groups, by Gender, of Individuals Prescribed MAID Medication, 2022



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 2022, 79% of the individuals who participated in medical aid-in-dying were White, only 6% were Hispanic, and barely 1% were Black/African American and American Indian/Alaskan Native, and with 3% for Asian/Pacific Islander. 2% made up the number of patients whose race and ethnicity was "unknown." (Figure 2).

Figure 2. Individuals Prescribed MAID Medication, by Race/Ethnicity, 2022

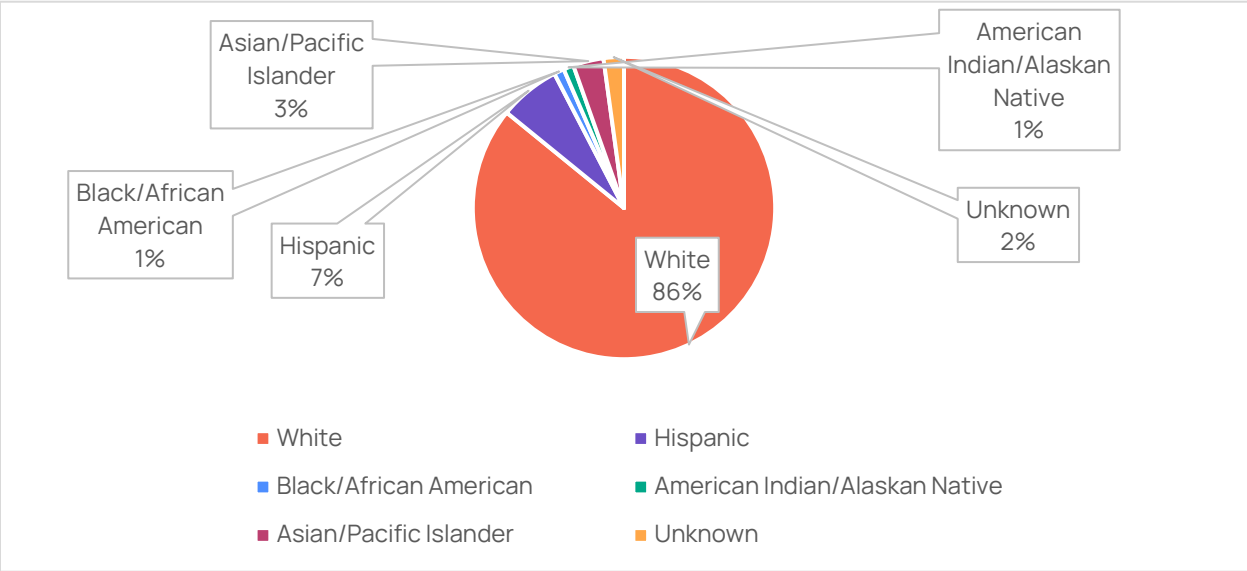
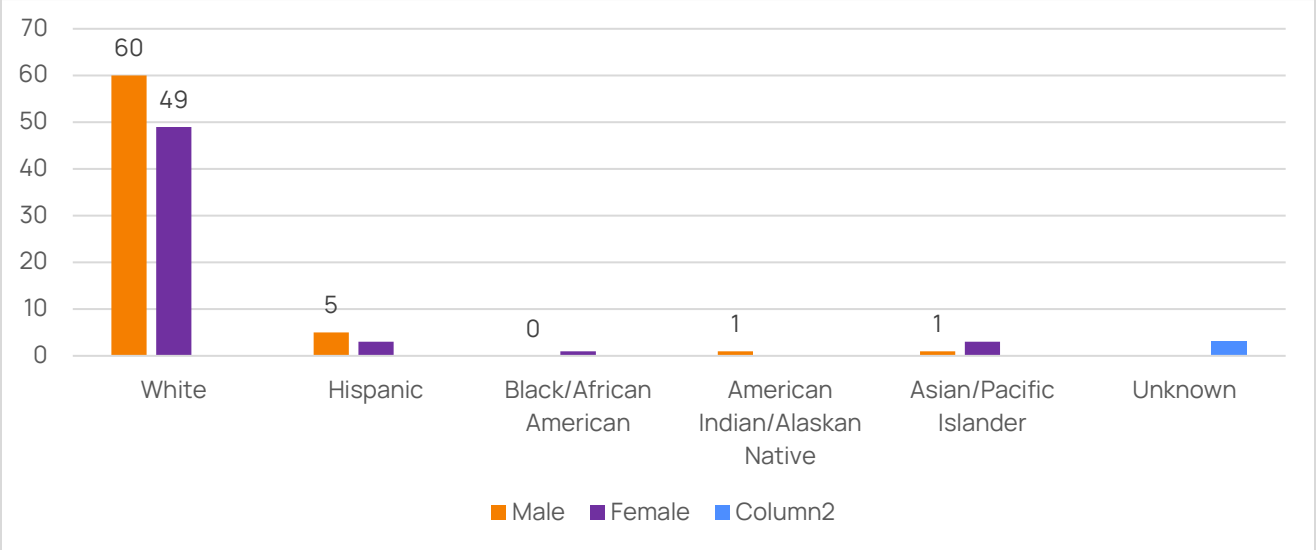


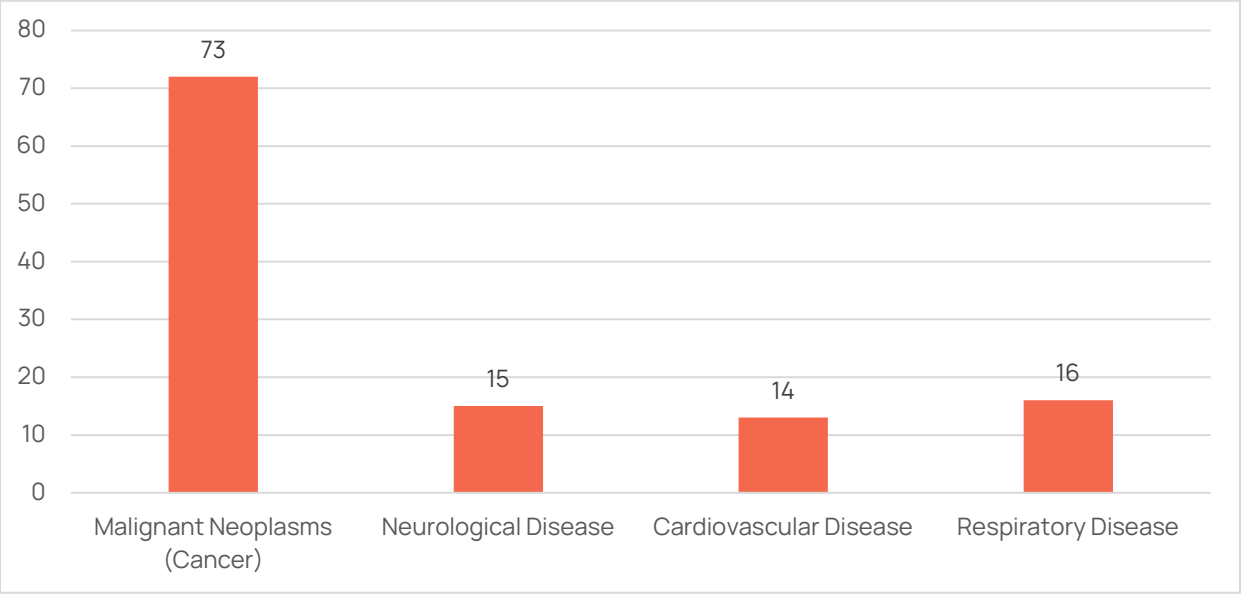
Figure 3. Individuals Prescribed MAID Medication, by Gender and Race/Ethnicity, 2022



Underlying Illnesses

In 2022, the leading terminal illness within patients was malignant neoplasms (cancer), which accounted for 53% of the terminal illnesses of patients participating in the medical aid-in-dying. Neurological diseases accounted for 11%, cardiovascular diseases accounted for 9%, and respiratory diseases accounted for 12% of the terminal illnesses (Figure 4).

Figure 4. Terminal Illnesses for Individuals Prescribed MAID Medication, 2022



Among the individuals, 24% were diagnosed with malignant neoplasms as the underlying illness. The major forms of cancer were stomach and other digestive organs, lung and bronchus, pancreas and colon. Stomach and other digestive organs accounted for 7%, lung and bronchus and the colon accounted for 6%, and the pancreas 5%. Other significant illnesses by gender, and having similar rates was 4% for the prostate for males, and $% for breast for the females.

Table 3. Malignant Neoplasm Types for Individuals Prescribed MAID Medication, 2022

	Number	Percent (%) of Cancers, N=19
Stomach/Digestive Organs	9	7%
Lung and Bronchus	8	6%
Colon	10	6%
Pancreas	7	5%
Total	34	24%

Figure 5. Major Malignant Neoplasms for Individuals Prescribed MAID Medication, 2022