

Medical Aid in Dying

New Mexico Elizabeth Whitefield End-of-Life Options Act

2024 Annual Data Report





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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	1
Introduction.....	2
Background	2
Data Collection and Statistics.....	2
Confidentiality Notice	3
Medical Aid-in-Dying	4
Patient Characteristics.....	5
Gender.....	Error! Bookmark not defined.
Age Groups.....	5
Race and Ethnicity	6
Hospice Care.....	7
Underlying Illnesses.....	8
Conclusion.....	9

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 27 healthcare providers who prescribed MAID medication in 2024.

From 2022 through 2024, MAID medication was prescribed to 571 individuals in New Mexico. In 2024, 221 individuals were prescribed the medication, reflecting an increase from 213 in 2023. Among those prescribed, six individuals had not yet ingested the medication at the time of reporting. Females represented 51% of MAID patients and males were 49%. The median age was 78, with most individuals clustered in the 70–79 (32%), and 80–89 (24%) age group.

Most individuals prescribed MAID in 2024 were receiving hospice services, with 91% (201 individuals) enrolled at the time of ingestion. Malignant neoplasms were the most frequently reported underlying condition, accounting for 49.1% of all terminal diagnoses, followed by respiratory, cardiovascular and neurological diseases. Females had a higher proportion of cancer and males had a higher proportion of cardiovascular and neurological diseases.

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

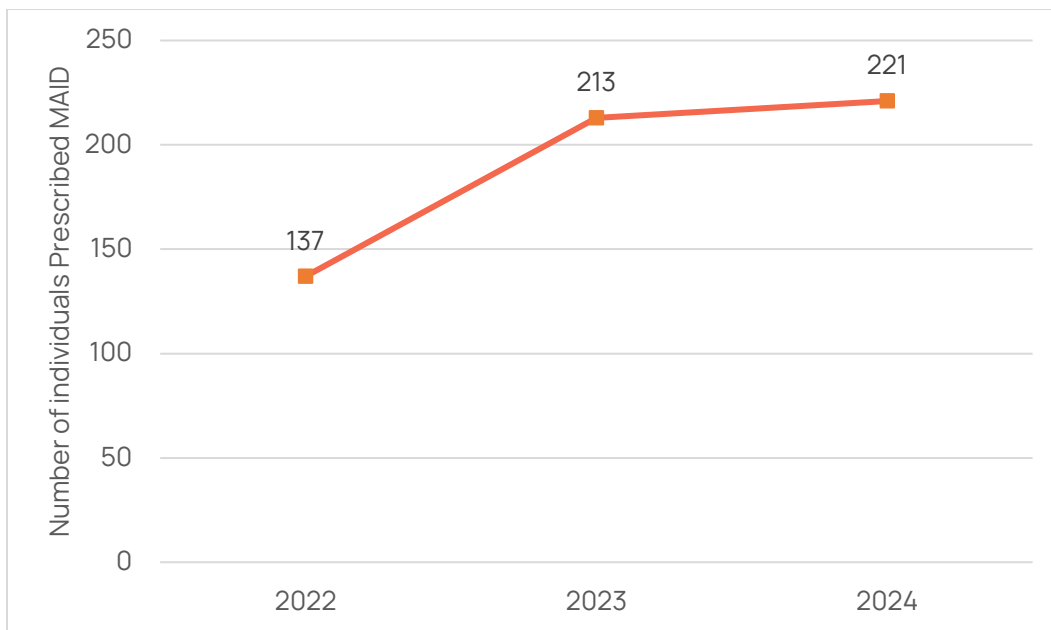
The Elizabeth Whitefield End-of-Life Options Act states that the information reported to NMDOH is not a public record and is not available for public inspection. To comply with this statutory mandate, NMDOH does not collect individually identifiable information, and NMDOH will not disclose any information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

Medical Aid-in-Dying

In 2024, a total of 221 individuals were prescribed medication to assist in dying, showing an increase from the previous two years, which recorded 137 prescriptions in 2022 and 213 in 2023 (Figure 1). From 2022 through 2024, MAID medication was prescribed to 571 individuals in New Mexico.

There were 27 healthcare providers who prescribed MAID medication in 2024. Of those prescribed in 2024, six individuals had not yet ingested the medication at the time of reporting, and four of them died naturally before ingestion.

Figure 1. MAID Medication Prescriptions, New Mexico, 2022-2024

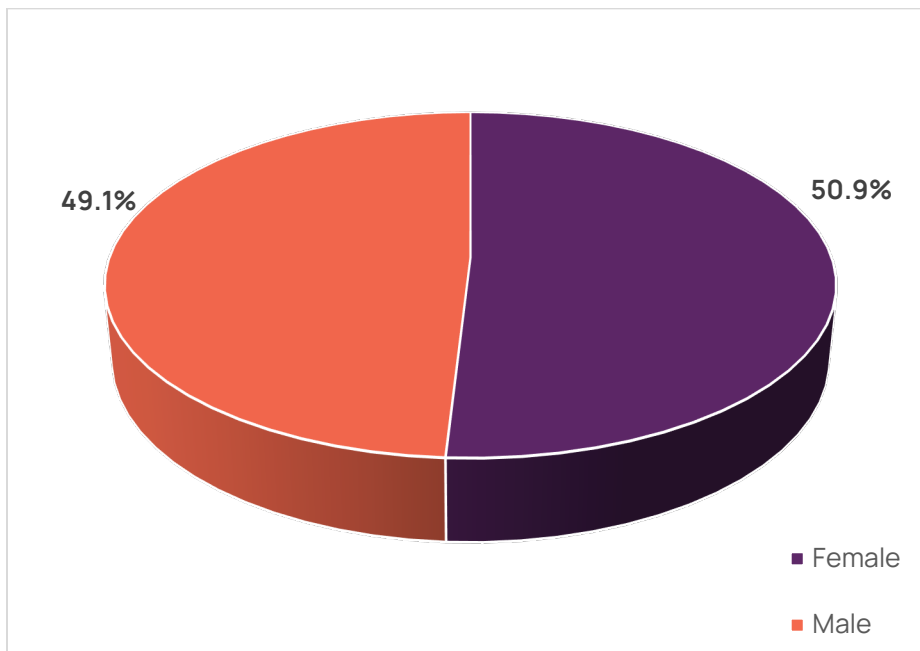


Patient Characteristics

Gender

Among all individuals prescribed MAID in 2024, approximately 51% were female (110 people) and 49% were male (106 people). Gender was not reported for five individuals.

Figure 2. Percentage of Individuals Prescribed MAID Medication by Gender, 2024



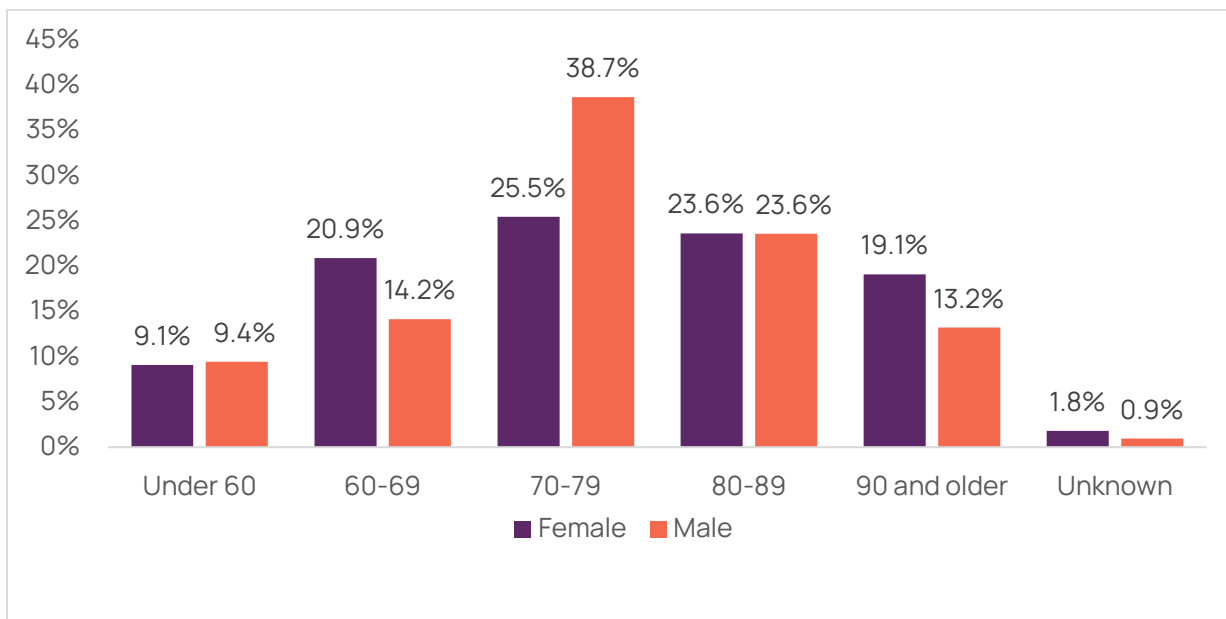
Age Groups

In 2024, the median age of individuals prescribed MAID medication was 78 years, with ages ranging from 41 to 105 years. Individuals aged 70–79 accounted for the largest proportion of those prescribed MAID medication, representing 32.1% of all cases. This was followed by the 80–89 age group, which made up an additional 24.0% (Table 1). The distribution of males and females across age groups shows higher percentage of males in the 70–79 age group and of females in the 60–69 and 90 and older age group (Figure 3).

Table 1. Age Groups of Individuals Prescribed MAID Medication, 2024

Age Group	Number of individuals	Percentage
Under 60	20	9.0%
60-69	38	17.2%
70-79	71	32.1%
80-89	53	24.0%
90 and Older	36	16.3%
Unknown	3	1.4%
Median Age (Range)	78 (41-105)	

Figure 3. Percentage of Individuals Prescribed MAID Medication by Age-Group and Gender, 2024

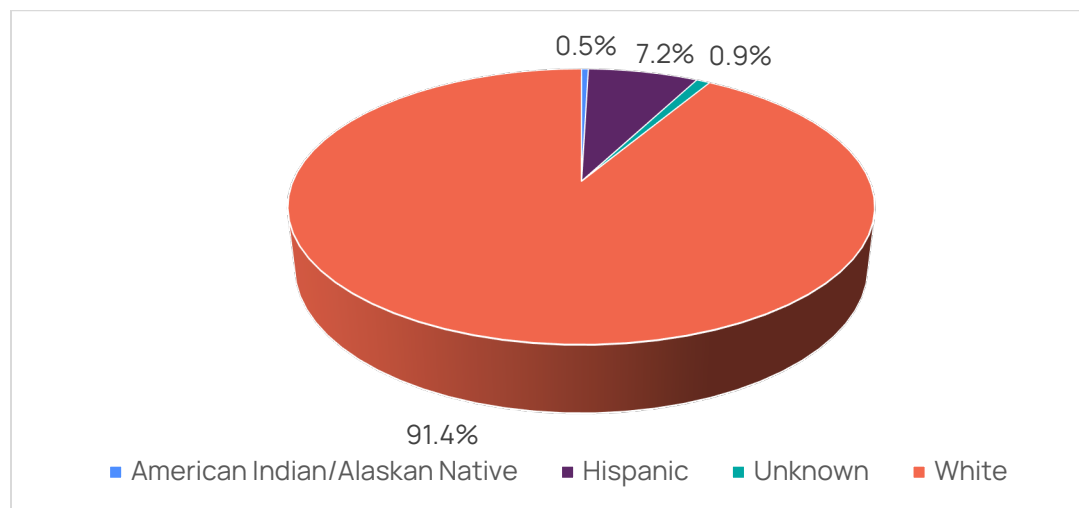


Race and Ethnicity

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 2024, White participants made up 91.4% of the individuals who participated in medical aid-in-dying; while Hispanic participants made up

7.2%; and American Indian or Alaskan Native participants made up 0.5%. In 2024, there were no Black or African American and Asian or Pacific Islander participants (Figure 4). Race and ethnicity were not reported for two individuals.

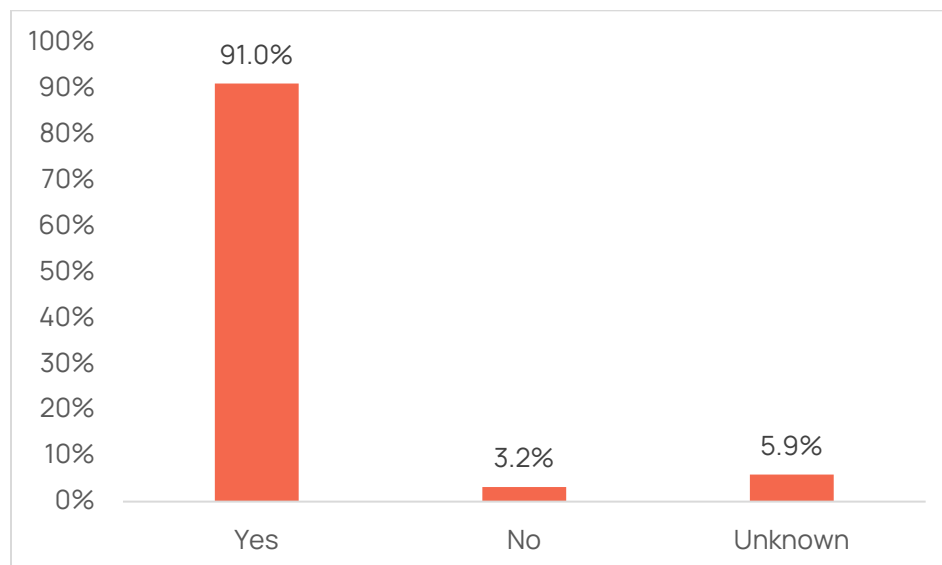
Figure 4. Individuals Prescribed MAID Medication, by Race/Ethnicity, 2024



Hospice Care

Most individuals who are prescribed MAID are receiving hospice care. In 2024, 91.0% of those who ingested MAID medication, totaling 201 individuals, were enrolled in hospice at the time of ingestion (Figure 5).

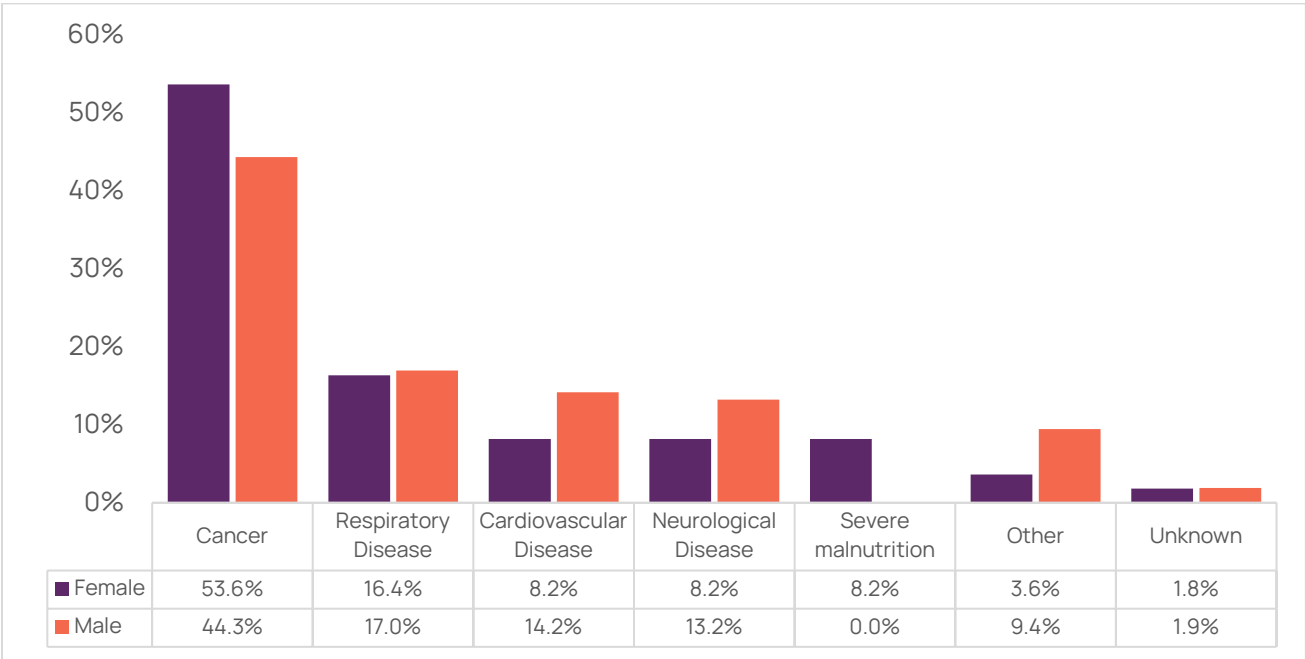
Figure 5. Percentage of Individuals Enrolled in Hospice at the Time of Death, 2024



Underlying Illnesses

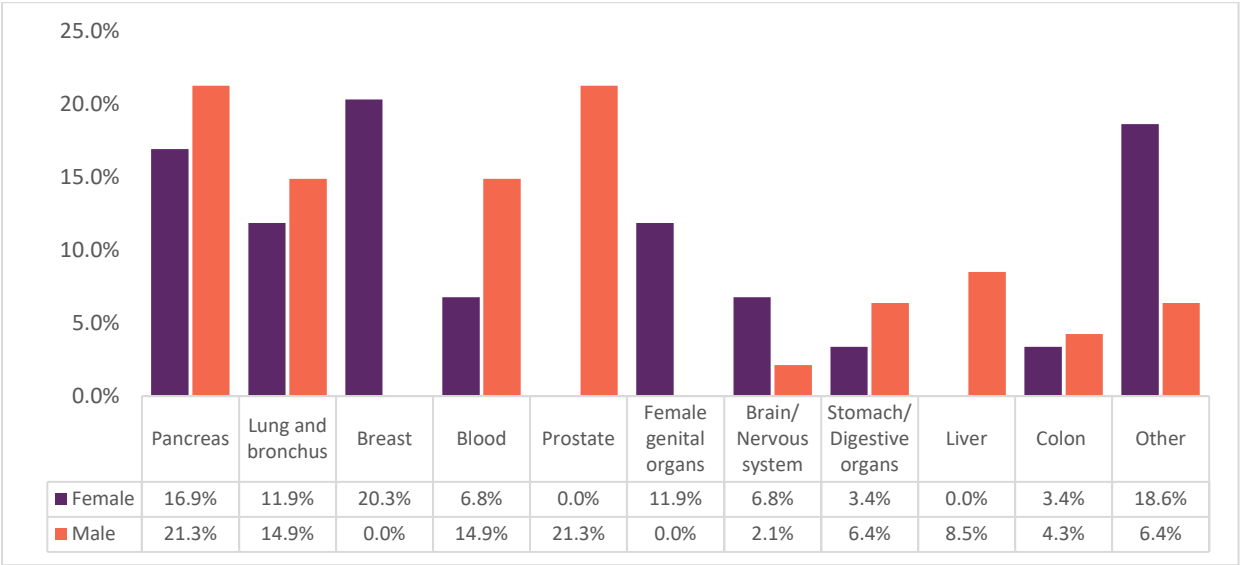
In 2024, the leading terminal illness was malignant neoplasms (cancer), which accounted for 49.1% of the terminal illnesses of patients participating in the medical aid-in-dying. Respiratory diseases accounted for 16.7%; cardiovascular diseases accounted for 11.1%; neurological diseases accounted for 10.6%; and severe protein calorie malnutrition accounted for 4.2% of terminal illnesses. The proportions of terminal illnesses were generally comparable between males and females, with females representing all severe protein calorie malnutrition and higher proportion of malignant neoplasms (Figure 6).

Figure 6. Percentage of Terminal Illnesses for Individuals Prescribed MAID Medication by Gender, 2024



Patients diagnosed with malignant neoplasms (cancer) as the underlying illness made up 49.1% of MAID participants. The leading forms of cancer were pancreas, lung and bronchus, breast, blood, prostate, and female gynecologic cancers. Pancreatic cancer accounted for 18.9%, lung and bronchus cancer accounted for 13.2%; breast cancer accounted for 11.3%; blood cancer accounted for 10.4%; prostate cancer accounted for 9.4%; and female gynecologic cancer accounted for 6.6% of all cancers. Among individuals prescribed MAID who had malignant neoplasms, breast cancer represented the highest proportion among females at 20.3%, while pancreatic and prostate cancer accounted for the largest share among males each at 21.3% (Figure 7).

Figure 7. Percentage of Malignant Neoplasm Types for Individuals Prescribed MAID Medication by Gender, 2024



Conclusion

The 2024 MAID 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. A total of 221 individuals received prescriptions in 2024. Patient characteristics remained generally consistent with prior years, with most participants being White or Hispanic older adults, with a nearly even gender distribution. 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 breast cancers most common among females and prostate and pancreatic cancer most common among males. Other terminal conditions included cardiovascular, neurological, respiratory, and severe protein calorie malnutrition.

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
2024 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
