

| Is this a change to a previously submitted form? | ☐ Yes ☐ No |
|--|------------|
| Date original form submitted: | |

Please submit form electronically or manually at: New Mexico Vital Records and Health Statistics PO Box 26110 Santa Fe, NM 87502-6110 Or

Fax: (505) 827-0403

MFDICAL AID IN DYING REPORTING FORM

The Elizabeth Whitefield End-of-Life Options Act, signed into law in 2021, requires the New Mexico Department of Health to obtain and report information regarding the aid-in-dying medication prescribed. This form is required to be submitted to the Bureau of Vital Records and Health Statistics within 30 days of the aid-in-dying medication prescribed to a patient.

If you have prescribed aid-in-dying medication, please provide the following information regarding the individual who received prescriptions for aid-in-dying medication:

| received prescriptions for aid-in-dying medication: | | | | | | |
|--|--|--|------------------------|---------------------|--|--|
| 1. Gender: 2. Age at Death: | | | | | | |
| 3. Race/Ethnicity (please mark one): | ☐ White | ☐ Hispanic | ☐ Black/Afric | can American | | |
| | ☐ American Indian/Alaskan Native | | Asian/Pacific Islander | | | |
| 4. Was the individual enrolled in hospice at t | the time of death? | ☐ Yes | □ No | | | |
| 5. Underlying medical condition(s) at time of | f death: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6. Was the aid-in-dying medication ingested | ?* □ Yes | ☐ Not yet ing | ested | ☐ Unknown | | |
| 7. If "yes," the date the aid-in-dying medicat | ion was ingested: | | | | | |
| *A provider has up to 6 months to complete information in aid-in-dying medication. If "Not yet ingested" or information is submitted into the Bureau of Vital submitted to the bureau, please notate on the form | "Unknown" is marked fo Records and Health Stati | or question 6, the pr stics within the 6-mo | ovider will need | to ensure completed | | |
| Signature of person completing this form to Records and Health Statistics. | be submitted into the | New Mexico Depa | artment of Hea | th, Bureau of Vital | | |
| Signature: | · · · · · · · · · · · · · · · · · · · | Date: | | | | |
| Printed Name: | | | | | | |

NOTE: According to Senate Bill 471, passed in 2023, physicians may object to participating in medical aid-in-dying for reasons of conscience, and therefore would not be required to assist a patient if they decided to end their life. Physicians who choose not to participate in medical aid-in-dying would not be required to provide information on medical aid-in-dying medication to patients, prescribe aid-in-dying medication, or complete and submit this information to the New Mexico Department of Health.

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