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Healthcare Alert

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New York expected to enact medical aid in dying law in 2026

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Explore key amendments and compliance steps in the amended bill, which is expected to take effect in 2026.



What's the impact?

- Governor Kathy Hochul has announced her intention to sign an amended Medical Aid in Dying Act in January, joining 12 other states and DC in authorizing physician-prescribed, self-administered life-ending medication for mentally competent, terminally ill adults.
- The amended bill has not yet been released and will have to be passed by the legislature when it returns in January. The law will take effect six months after the Governor's signature to allow the New York Department of Health time to adopt rules and regulations.
- Healthcare facilities and providers that serve terminally ill patients should expect additional guidance, and be prepared to update policies, procedures, and conduct staff training to ensure compliance.

On December 17, Governor Kathy Hochul [announced an agreement](#) with the NY Legislature to enact the New York Medical Aid in Dying Act ([Legislation S138/A136](#)) with certain amendments.

First introduced in 2016, the Medical Aid in Dying Act has been revised multiple times and has gained increasing support over the past 10 years. The version reintroduced in early 2025 passed the New York General Assembly and state Senate in July. In her announcement, Hochul indicated her intention to sign a further amended version of the Medical Aid in Dying Act with added safeguards to ensure the integrity of the patient's decision and the preparedness of medical institutions to administer medical aid in dying.

The amended bill has not yet been released; however, the legislature is expected to pass the amended bill and present it to Hochul for signature in January 2026. The law will take effect six months after signing, making New York the 13th state to authorize medical aid in dying.

Expected key differences between current and amended bill

Here are some of the expected key differences between the current bill and the amended bill

NEW YORK RESIDENCY AND RECORDED ORAL REQUEST

The current bill permits every adult patient with a medically confirmed terminal illness or conditions expected to cause death within six months and who have decision-making capacity to request medication for medical aid in dying. To request the medication, the patient must voluntarily submit two requests — one oral and one written.

The amended bill is expected to limit eligibility to New York residents and require that the patient's oral request be recorded by audio or video.

WITNESSES AND INTERPRETER RESTRICTIONS

The current bill requires that the patient's written request for medication for medical aid in dying be witnessed by two adults and imposes certain restrictions on who may serve as witnesses.

The amended bill would add protections against undue influence by prohibiting anyone who may benefit financially from the patient's death from serving as a witness to the oral request or acting as an interpreter for the patient.

IN-PERSON INITIAL EVALUATION

The current bill requires an attending physician to examine the patient and a consulting physician to independently confirm the patient's terminal diagnosis and determine the patient's capacity to make an informed decision.

The amended bill would clarify that the patient's initial evaluation by the attending physician must occur in person.

MANDATORY MENTAL HEALTH EVALUATION

The current bill requires that an attending physician refer the patient to a mental health professional, licensed physician, psychiatric nurse practitioner, or psychologist only if the attending physician believes the patient may lack decision-making capacity.

The amended bill would require that a licensed psychologist or psychiatrist conduct a mental health evaluation for every patient seeking medical aid in dying, regardless of whether the attending physician has any such concern.

WAITING PERIOD BEFORE MEDICATION FULFILLMENT

The current bill provides that on receiving the consulting physician's written confirmation, the attending physician may prescribe or order the medication and, at the patient's request, may facilitate filling and delivery of the prescription.

The amended bill would impose a mandatory five-day waiting period between the attending physician's writing of the prescription and its fulfillment.

RELIGIOUSLY AFFILIATED HOME HOSPICE OPT-OUT

The current bill contains an opt-out provision for individual clinicians and private healthcare facilities. Providers acting or refusing in good faith are granted immunity from civil, administrative, criminal, and professional liability, and private facilities may prohibit prescribing, dispensing, ordering, or self-administration on their premises based on religious or moral considerations, provided they comply with notice and transfer obligations.

The amended bill would expand this provision to allow religiously affiliated home hospice providers to opt out of offering medical aid in dying.

PROFESSIONAL ACCOUNTABILITY

While the current bill makes violations subject to applicable criminal liability under state law, the amended bill is expected to provide that violations of the statute by licensed professionals would constitute "professional misconduct" under the New York Education Law.

IMPLEMENTATION PERIOD

The amended bill would not become effective until six months after Hochul's signature to permit the Department of Health to promulgate regulations and give healthcare facilities time to develop policies, train staff, and update documentation and compliance systems.

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