

Illinois Joins Twelve Other Jurisdictions in Adopting a Medical Aid in Dying Law

SB 1950, also known as “Deb’s Law,” takes effect on September 12, 2026.

Healthcare Alert | 3 min read

Dec 17, 2025

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On December 12, 2025, Governor J.B. Pritzker signed Senate Bill 1950 into law, making Illinois the 13th US jurisdiction to authorize medical aid in dying for terminally ill residents.

The legislation, also known as Deb’s Law, will take effect on **September 12, 2026**, providing time for state agencies and healthcare providers to implement procedural safeguards. Twelve other jurisdictions currently have aid-in-dying laws: California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, Washington, the District of Columbia, and Delaware (Delaware’s law soon takes effect on January 1, 2026).

Background

[Illinois Senate Bill 1950](#), formally titled “End-Of-Life Options for Terminally Ill Patients Act,” narrowly passed the Illinois General Assembly earlier this year. The measure authorizes qualified individuals with a terminal diagnosis and less than six months to live to request a prescription for a life-ending medication to self-administer.

The law honors Deb Robinson, an Illinois resident living with a rare terminal illness who advocated for the measure’s adoption, sharing personal and family experiences with end-of-life suffering.

Key Provisions

The bill is intended to offer medical aid in dying as another end-of-life option for terminally ill patients.

A “**terminal disease**” is a disease that is “incurable and irreversible” and is expected to result in death within six months. A major depressive disorder in itself does not qualify.

A physician is required to discuss other end-of-life care options with the patient. **In order to obtain the prescription, a patient must do the following:**

- “(1) The qualified patient may orally request a prescription for medication under this Act from the patient’s attending physician.
- (2) The oral request from the qualified patient shall be documented by the attending physician.
- (3) The qualified patient shall provide a written request in accordance with this Act to the patient’s attending physician after making the initial oral request.
- (4) The qualified patient shall repeat the oral request to the patient’s attending physician no less than 5 days after making the initial oral request.”

Process

- **A request for aid in dying must be made by the patient.**
 - The request cannot be made by a patient’s surrogate decision-maker, healthcare proxy, healthcare agent, attorney-in-fact for healthcare, guardian, or via an advance healthcare directive.
- **The patient’s written request must be witnessed by at least two witnesses** who can “attest that to the best of their knowledge and belief the patient has mental capacity, is acting voluntarily, and is not being coerced or unduly influenced to sign the request.”
 - One of the witnesses must not be a relative of the patient, someone who is entitled to a portion of the estate under will or law, is an owner, operator, or employee of the health care entity where the patient is receiving treatment, or is a resident, the patient’s attending physician, or a translator for the patient.
- **Following a request, the attending physician must make a referral to a consulting physician for confirmation** that the patient has a terminal disease with six months or less to live and has the mental capacity.
 - If either the attending or consulting physician has a concern regarding the patient’s mental capacity, a licensed mental health professional will determine if the patient has the mental capacity.

Other Considerations

No physician or facility is required to participate. “A health care entity shall not be under any duty, by law or contract, to participate in the provision of aid-in-dying care to a patient.”

However, a healthcare entity that prohibits its staff and healthcare professionals from participating in aid-in-dying care “must provide advance notice in writing to health care professionals and staff at the time of hiring,

contracting with, or privileging and on a yearly basis thereafter.”

Additionally, medical aid in dying:

- Should not be indicated as the cause of death on the death certificate;
- Is not designated as a suicide; and
- Does not invalidate a life insurance policy.

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