

# Colorado End-of-Life Options Act, 2024

## 2024 Data Summary, with 2017-2024 Trends and Totals

Prepared by the Center for Health and Environmental Data

Colorado Department of Public Health and Environment

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### Introduction

In 2016, Colorado voters approved Proposition 106, “Access to Medical Aid in Dying,” which amends Colorado statutes to include the Colorado End-of-Life Options Act, *Article 48 of Title 25, Colorado Revised Statutes (C.R.S.)*. Further amended in 2024 through Senate Bill 24-068, Colorado statute allows an eligible terminally-ill individual with a prognosis of six months or less to live to request and self-administer medical aid-in-dying medication in order to voluntarily end his or her life; authorizes a physician or advanced practice registered nurse to prescribe medical aid-in-dying medication to a terminally ill individual under certain conditions; and creates criminal penalties for tampering with a person's request for medical aid-in-dying medication or knowingly coercing a person with a terminal illness to request the medication.

This Act requires health care professionals prescribing and dispensing aid-in-dying medication to report to the Colorado Department of Public Health and Environment specific information outlined in statute. CDPHE is required to use this information to ensure documentation requirements outlined in statute are met, as well as to make available to the public an annual statistical report. The Board of Health adopted rules for reporting in 2017, and minor modifications who must report in 2024 (6 CCR 1009-4, *Reporting and Collecting Medical Aid-in-Dying Medication Information*).

This report is the eighth annual statistical report published per this Act, and describes Colorado’s participation in End-of-Life Options activities in 2024; it incorporates updates to previously-published statistics and includes summary statistics for the complete seven-year period of participation, 2017-2024.

### Data Collection and Statistics

Statistics presented in this report reflect patients for whom prescriptions for aid-in-dying medication were written; among those, patients to whom aid-in-dying medications were dispensed; and deaths among patients subsequent to prescription of aid-in-dying medication. Data used for this report are based on required reporting forms and death certificates received by CDPHE. More information about the reporting process and required forms as well as this annual report are available [online](#).

It is important to note that the Colorado End-of-Life Options Act does not authorize or require the Colorado Department of Public Health and Environment to follow up with providers who prescribe aid-in-dying medication, patients, or their families to obtain information about use of aid-in-dying medication. Additionally, the Colorado End-of-Life Options Act requires that the cause of death assigned on a patient’s death certificate be the underlying terminal illness. Thus, statistics in this report for deaths are based on all deaths identified among individuals prescribed aid-in-dying

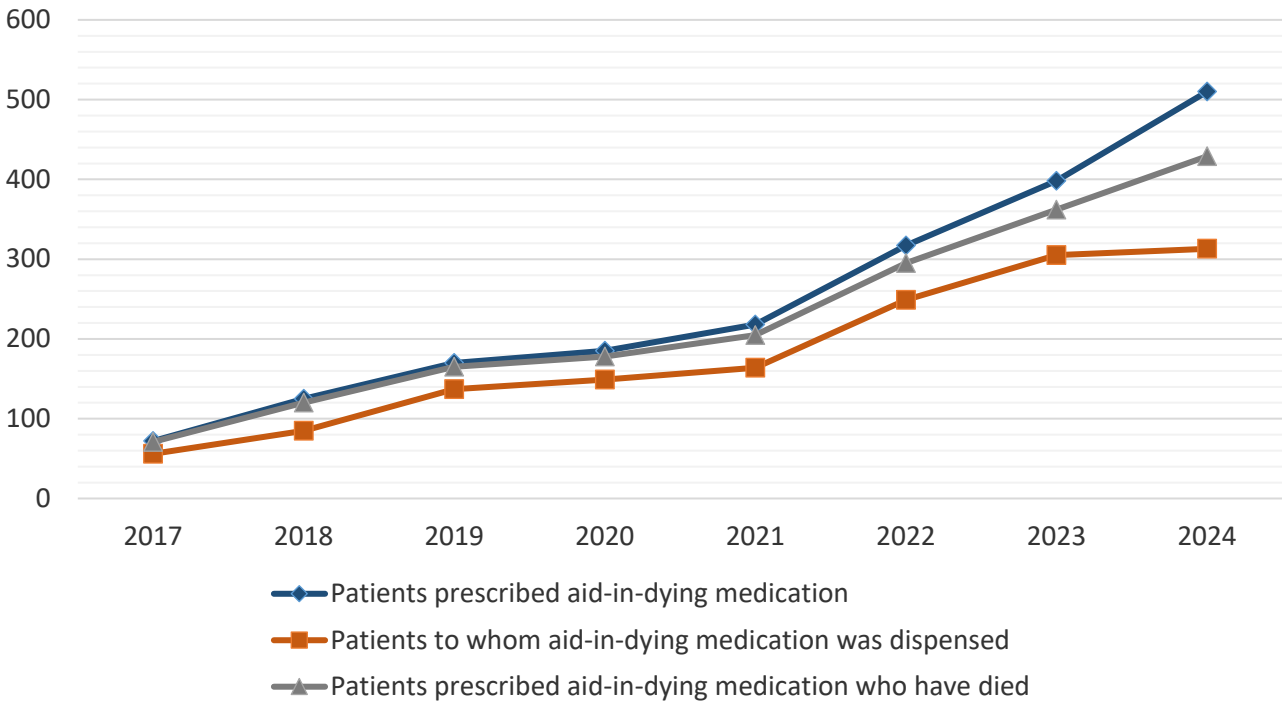
medication, whether or not they used this medication, and noting that death may have been caused by ingestion of medical aid-in-dying medication, the underlying terminal illness or condition, or some other cause.

Since the publication of past annual statistical reports, additional or amended reporting forms from health care providers concerning prescriptions in earlier years may have been submitted to CDPHE throughout 2024. CDPHE also received more death certificates associated with patients who were prescribed aid-in-dying medication in the prior year. This report incorporates this additional information received about patients participating in End-of-Life Options activities in prior years in addition to the new data for 2024.

Participation in End-of-Life Options Activities

In 2024, 510 patients received prescriptions for aid-in-dying medications under the provisions of the Colorado End-of-Life Options Act. This represents a 28% increase in the number of prescriptions compared to 2023. Among those prescribed aid-in-dying medication in 2024, CDPHE has received reports for 313 patients to whom aid-in-dying medication was dispensed. Also among those prescribed aid-in-dying medication, CDPHE has received death certificates for 429 patients through routine vital records registration. Note that not all of these deceased patients were dispensed aid-in-dying medication, and deaths may have been due to ingestion of aid-in-dying medication, the underlying terminal illness or condition, or other causes.

Figure 1. Trends in patients prescribed or dispensed aid-in-dying medication, or who have died following receiving a prescription, 2017-2024



94 unique Colorado physicians or advanced practice registered nurses wrote prescriptions for aid-in-dying medication in 2024. Over the eight-year period 2017-2024, 288 unique Colorado physicians or advanced practice registered nurses provided prescriptions. In 2024, the median age of patients prescribed aid-in-dying medication was 74 years (minimum age was in the 20's, maximum age was in the upper-90's or older).

Among patients prescribed aid-in-dying medication, the most common illnesses or conditions were cancers, progressive neurological or neurodegenerative disorders (including amyotrophic lateral sclerosis /ALS, Parkinson's disease, multiple sclerosis and progressive supranuclear palsy), major cardiovascular diseases (including heart disease, heart failure, stroke and vascular diseases) and chronic lower respiratory diseases (including chronic obstructive pulmonary disease). (Table 1)

**Table 1. Underlying terminal illnesses/conditions among patients prescribed aid-in-dying medication, 2021-2024 with 2017-2024 totals**

	2021 Count	2021 %	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2017- 2024 Total Count	2017- 2024 Total %
<b>Total number of patients prescribed aid-in-dying medication</b>	218	100	317	100	398	100	510	100	1,995	100
<b>Cancers - Total</b>	136	62.4	188	59.3	222	55.8	295	57.8	1,195	59.9
Pancreas	22	10.1	14	4.4	36	9	31	6.1	148	7.4
Lung and bronchus	22	10.1	39	12.3	26	6.5	30	5.9	170	8.5
Prostate	7	3.2	8	2.5	12	3	30	5.9	82	4.1
Breast	12	5.5	20	6.3	33	8.3	27	5.3	129	6.5
Colon, rectum and anus	11	5	14	4.4	17	4.3	25	4.9	97	4.9
Central nervous system	11	5	8	2.5	18	4.5	23	4.5	83	4.2
Ovary and fallopian tube	4	1.8	10	3.2	8	2	12	2.4	49	2.5
Esophagus	5	2.3	5	1.6	4	1	12	2.4	38	1.9
Melanoma	4	1.8	6	1.9	3	0.8	10	2	31	1.6
Bladder	2	0.9	5	1.6	6	1.5	10	2	29	1.5
Leukemia	1	0.5	2	0.6	7	1.8	10	2	24	1.2
Head and neck	4	1.8	6	1.9	7	1.8	9	1.8	50	2.5
Uterus and endometrium	3	1.4	4	1.3	7	1.8	8	1.6	34	1.7
Lymphoma	3	1.4	4	1.3	4	1	7	1.4	21	1.1
Liver, gallbladder and bile duct	1	0.5	4	1.3	6	1.5	6	1.2	25	1.3

Kidney and urinary tract	8	3.7	10	3.2	5	1.3	5	1	34	1.7
Stomach	2	0.9	5	1.6	2	0.5	5	1	19	1
Cervix	1	0.5	1	0.3	1	0.3	5	1	10	0.5
Multiple myeloma	2	0.9	8	2.5	1	0.3	1	0.2	18	0.9
Neuroendocrine	0	0	1	0.3	2	0.5	1	0.2	5	0.3
Other cancers	11	5	14	4.4	17	4.3	28	5.5	99	5
Progressive neurological or neurodegenerative disorders - Total	38	17.4	46	14.5	64	16.1	54	10.6	302	15.1
Amyotrophic lateral sclerosis	22	10.1	24	7.6	23	5.8	21	4.1	144	7.2
Parkinson's disease	6	2.8	10	3.2	20	5	14	2.7	62	3.1
Corticobasal degeneration	1	0.5	1	0.3	1	0.3	1	0.2	8	0.4
Progressive supranuclear palsy	2	0.9	2	0.6	6	1.5	7	1.4	27	1.4
Multiple sclerosis	1	0.5	3	0.9	8	2	0	0	15	0.8
Other progressive neurological or neurodegenerative disorder	6	2.8	6	1.9	6	1.5	11	2.2	46	2.3
Cardiovascular disease	13	6	26	8.2	37	9.3	42	8.2	160	8
Chronic lower respiratory disease	9	4.1	25	7.9	26	6.5	42	8.2	135	6.8
Severe protein calorie malnutrition	1	0.5	2	0.6	9	2.3	18	3.5	30	1.5
Interstitial lung disease	6	2.8	9	2.8	9	2.3	14	2.7	44	2.2
Cerebrovascular disease	3	1.4	3	0.9	5	1.3	8	1.6	23	1.2
Chronic kidney disease	2	0.9	0	0	6	1.5	5	1	17	0.9
Chronic liver disease	5	2.3	3	0.9	0	0	4	0.8	14	0.7
Other illnesses or conditions	5	2.3	15	4.7	20	5	28	5.5	75	3.8

*'Other illnesses/conditions' also includes patients for whom the underlying terminal illness or condition has not yet been reported to CDPHE.*

In 2024, 19 unique pharmacists in Colorado dispensed aid-in-dying medications. Medications dispensed included combinations of diazepam, digoxin, morphine sulfate, and propranolol (DDMP or DDMP2), substitution of propranolol with amitriptyline (DDMA), or DDMA with addition of phenobarbital (DDMAPh). Secobarbital has not been prescribed or dispensed in Colorado for medical aid-in-dying since 2018; while DDMAPh began to be used commonly in early 2021. (Table 2)

**Table 2. Categories of medications dispensed to patients prescribed aid-in-dying medication, 2021-2024 with 2017-2024 totals**

	2021 Count	2021 %	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2017- 2024 Total Count	2017- 2024 Total %
Total number of patients to whom aid-in-dying medication was dispensed	164	100	249	100	305	100	313	100	1,458	100
DDMAPh combination	66	40.2	89	35.7	64	21.0	249	79.6	472	32.4
DDMA combination	65	39.6	111	44.6	169	55.4	54	17.3	511	35.0
DDMP/DDMP2 combination	33	20.1	47	18.9	71	23.3	9	2.9	419	28.7
Secobarbital	0	0.0	0	0.0	0	0.0	0	0.0	49	3.4
Other (morphine sulfate alone, or in some other combination)	0	0.0	2	0.8	1	0.3	1	0.3	7	0.5

### Characteristics of Patients Prescribed Aid-in-Dying Medication Who Have Died

Among patients who died following an aid-in-dying prescription written in 2024, the median duration of time between the date the prescription was written and date of death was **15** days (minimum of zero days, maximum of approximately 42 months). Patients sometimes wait before filling their prescriptions or taking the medication, so this duration does not reflect the time that it takes for the medication to take effect. Table 3 presents characteristics of patients who have been prescribed aid-in-dying medication, and for whom a death certificate was subsequently registered with CDPHE. Again, it is important to note that these statistics reflect all deaths identified among individuals prescribed aid-in-dying medication, whether or not they used this medication, and irrespective of whether their death was caused by ingestion of medication, the underlying terminal illness or condition, or some other cause.

**Table 3. Summary of patients who died following prescription of aid-in-dying medication, 2021-2024 with 2017-2024 totals**

Category	2021 Count	2021 %	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2017- 2024 Total Count	2017- 2024 Total %
<b>Total number of decedents prescribed aid-in-dying medication</b>	205	100	295	100	362	100	429	100	1,825	100
<b>Female</b>	93	45.4	166	56.3	190	52.5	223	52	937	51.3
<b>Male</b>	112	54.6	129	43.7	172	47.5	206	48	888	48.7
<b>18-34</b>	2	1	0	0.0	2	0.6	4	0.9	11	0.6
<b>35-44</b>	5	2.4	2	0.7	6	1.7	4	0.9	23	1.3
<b>45-54</b>	12	5.9	8	2.7	13	3.6	20	4.7	92	5
<b>55-64</b>	27	13.2	54	18.3	55	15.2	51	11.9	288	15.8
<b>65-74</b>	67	32.7	88	29.8	113	31.2	125	29.1	557	30.5
<b>75-84</b>	61	29.8	81	27.5	92	25.4	144	33.6	510	27.9
<b>85+</b>	31	15.1	62	21	81	22.4	81	18.9	344	18.8
<b>White, non-Hispanic</b>	190	92.7	278	94.2	337	93.1	401	93.5	1,714	93.9
<b>White, Hispanic</b>	8	3.9	7	2.4	10	2.8	15	3.5	55	3
<b>Black/African American</b>	0	0.0	1	0.3	2	0.6	3	0.7	9	0.5
<b>Asian/Pacific Islander</b>	5	2.4	5	1.7	8	2.2	3	0.7	29	1.6
<b>American Indian/Alaska Native</b>	0	0.0	1	0.3	1	0.3	1	0.2	3	0.2
<b>Other or not stated</b>	2	1	3	1	4	1.1	6	1.4	15	0.8
<b>Married</b>	90	43.9	123	41.7	162	44.8	207	48.3	837	45.9
<b>Divorced</b>	58	28.3	74	25.1	89	24.6	102	23.8	463	25.4
<b>Widow/widower</b>	40	19.5	70	23.7	80	22.1	86	20	375	20.5
<b>Never been married</b>	13	6.3	27	9.2	27	7.5	32	7.5	138	7.6
<b>Unknown or not stated</b>	4	2	1	0.3	4	1.1	2	0.5	12	0.7
<b>8<sup>th</sup> grade or less</b>	1	0.5	2	0.7	0	0.0	4	0.9	15	0.8

9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma or no GED completed	4	2	5	1.7	7	1.9	9	2.1	37	2
High school graduate or GED completed	38	18.5	49	16.6	74	20.4	100	23.3	374	20.5
Some college credit but no degree	21	10.2	32	10.8	53	14.6	62	14.5	250	13.7
Associate's degree	18	8.8	26	8.8	27	7.5	32	7.5	153	8.4
Bachelor's degree	60	29.3	89	30.2	108	29.8	109	25.4	509	27.9
Master's degree	46	22.4	65	22	56	15.5	67	15.6	312	17.1
Doctorate or professional degree	17	8.3	25	8.5	33	9.1	43	10	164	9
Unknown	0	0.0	2	0.7	4	1.1	3	0.7	11	0.6
Denver Metro Area	130	63.4	198	67.1	218	60.2	254	59.2	1,119	61.3
Other Front Range Counties	43	21	62	21	68	18.8	101	23.5	395	21.6
Other Counties	32	15.6	32	10.8	73	20.2	74	17.2	303	16.6
Unknown	0	0.0	3	1	3	0.8	0	0.0	8	0.4
Urban Counties	177	86.3	263	89.2	302	83.4	365	85.1	1,556	85.3
Rural Counties	22	10.7	25	8.5	48	13.3	56	13.1	216	11.8
Frontier Counties	6	2.9	4	1.4	9	2.5	8	1.9	45	2.5
Unknown	0	0.0	3	1	3	0.8	0	0.0	8	0.4
Residence	171	83.4	241	81.7	280	77.3	356	83	1,494	81.9
Nursing home/long-term care facility	19	9.3	22	7.5	31	8.6	36	8.4	145	7.9
Hospice facility	7	3.4	14	4.7	14	3.9	9	2.1	66	3.6
Hospital inpatient	4	2	4	1.4	6	1.7	3	0.7	23	1.3
Other or unknown	4	1.9	14	4.7	31	8.5	25	5.8	97	5.3

Under hospice care	174	84.9	240	81.4	299	82.6	372	86.7	1,535	84.1
Not under hospice care or unknown	31	15.1	55	18.6	62	17.1	57	13.3	288	15.8
Unknown	0	0.0	0	0.0	1	0.3	0	0.0	2	0.1

*‘Denver Metro Area’ includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson Counties.*

*‘Other Front Range’ includes El Paso, Larimer, Pueblo and Weld Counties.*

*‘Rural counties’ represent a non-metropolitan county with no cities over 50,000 residents*

*‘Frontier counties’ represent counties with population density of 6 or fewer residents per square mile*

*‘Place of death - Other/unknown’ includes outpatient facilities, emergency departments, residences other than the decedent’s and unspecified locations.*

## Monitoring Compliance with Reporting Requirements

To comply with the Colorado End-of-Life Options Act, physicians and advanced practice registered nurses who prescribe aid-in-dying medication, and those health care providers who dispense such medication, must submit documentation to CDPHE per rules promulgated by the Colorado Board of Health.

Physicians and advanced practice registered nurses who prescribe aid-in-dying medication must submit:

- Attending/prescribing provider form
- Patient’s completed written request for medical aid-in-dying medication
- Written confirmation of mental capacity from a licensed mental health provider (if applicable)
- Consulting provider’s written confirmation of diagnosis and prognosis

Health care providers who dispense aid-in-dying medication must submit:

- Medication dispensing form

Table 4 contains a summary of documentation received by CDPHE concerning patients who were prescribed aid-in-dying medication. This information is based on reporting forms and supplemental documentation received by CDPHE as of **March 10, 2025**.



**Table 4. Documentation received for patients participating in the Colorado End-of-Life Options Act, 2021-2024 with 2017-2024 totals**

Form/Document	2021 Count	2022 Count	2023 Count	2024 Count	2017-2024 Total Count
Attending/prescribing provider form	186	263	327	425	1,676
Patient's completed written request	183	261	314	407	1,593
Mental health provider's confirmation	0	3	0	2	10
Consulting provider's written confirmation	183	262	311	401	1,563
Medication dispensing form	164	249	310	322	1,472
Death certificate	205	295	362	429	1,825

While reporting of the required documentation (including prescribing forms, patients' written requests, consulting providers' written confirmations, and mental health provider confirmation when applicable) may be incomplete, attending/prescribing forms received contained providers' signed attestations that all requirements of the Colorado End-of-Life Options Act have been met, and that required documentation is complete and contained in patients' records. Efforts continue to educate health care providers about reporting requirements.

### Confidentiality

Colorado's End-of-Life Options Act states that the information reported to CDPHE is not a public record and is not available for public inspection. To comply with that statutory mandate, CDPHE will not disclose any information that identifies patients, physicians, advanced practice registered nurses, pharmacists, family members, witnesses or other participants in activities covered by the Colorado End-of-Life Options Act. The information presented in this report is limited to such categories within a reporting field to ensure that confidentiality is preserved.

Additional instructions for reporting, including specific regulations and forms, and past reports are available on the [Colorado Medical Aid in Dying website](#).