

Colorado End-of-Life Options Act, 2025

2025 Data Summary, with 2017-2025 Trends and Totals

Prepared by the Center for Health and Environmental Data
Colorado Department of Public Health and Environment

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 for who must report in 2024 (*6 CCR 1009-4, Reporting and Collecting Medical Aid-in-Dying Medication Information*).

This report is the ninth annual statistical report published per this Act, and describes Colorado's participation in End-of-Life Options activities in 2025; it incorporates updates to previously-published statistics and includes summary statistics for the complete nine-year period of participation, 2017-2025.

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 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

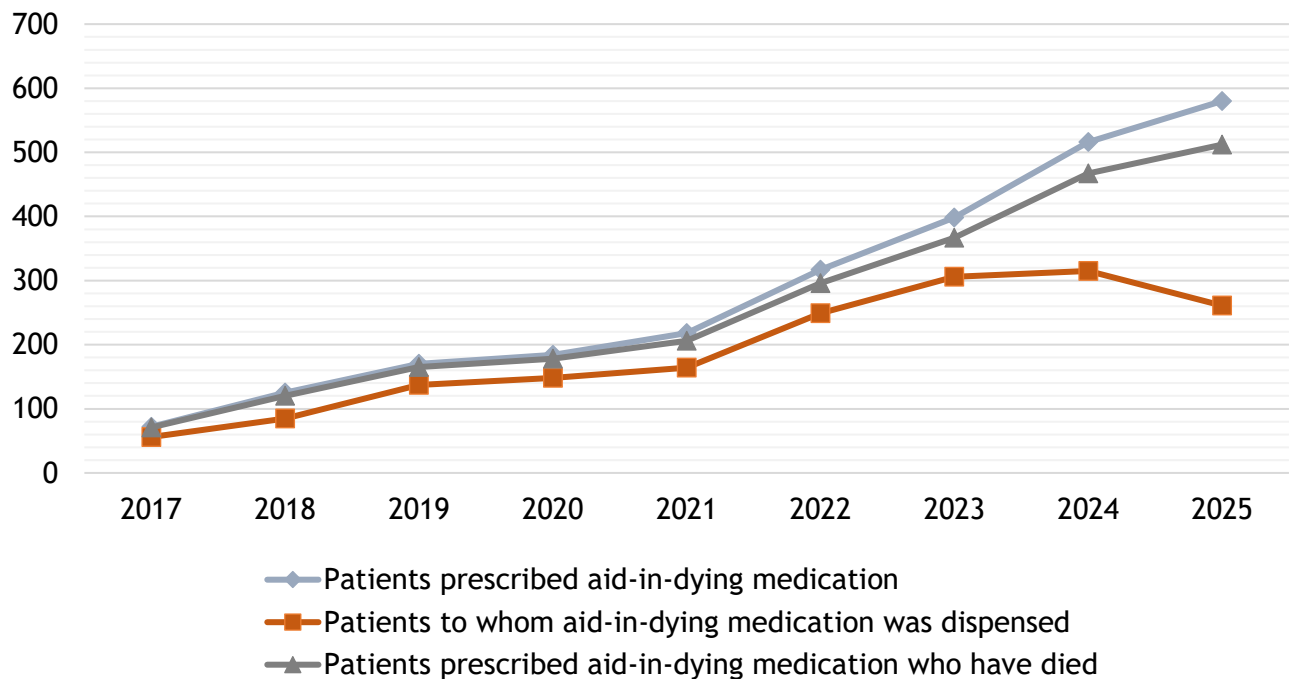
medication, whether or not they used this medication, and noting that death may have been caused by ingestion of medical aid-in-dying medication, the underlying terminal illness or condition, or some other cause.

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 2025. CDPHE also received more death certificates associated with patients who were prescribed aid-in-dying medication in prior years. This report incorporates the additional information received about patients participating in End-of-Life Options activities in prior years in addition to the new data for 2025.

Participation in End-of-Life Options Activities

In 2025, **580** patients received prescriptions for aid-in-dying medications under the provisions of the Colorado End-of-Life Options Act. This represents a 12.4% increase in the number of prescriptions compared to 2024. Among those prescribed aid-in-dying medication in 2025, CDPHE has received reports for **261** patients to whom aid-in-dying medication was dispensed. Also among those prescribed aid-in-dying medication, CDPHE has received death certificates for **512** 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, 2017-2025



90 unique Colorado physicians or advanced practice registered nurses wrote prescriptions for aid-in-dying medication in 2025. Over the nine-year period 2017-2025, 319 unique Colorado physicians or advanced practice registered nurses provided prescriptions. In 2025, the median age of patients prescribed aid-in-dying medication was 77 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, 2022-2025 with 2017-2025 totals

	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2025 Count	2025 %	2017- 2025 Total Count	2017- 2025 Total %
Total number of patients prescribed aid-in-dying medication	317	100	398	100	516	100	580	100	2,580	100
Cancers - Total	188	59.4	224	56.4	303	58.7	334	57.6	1,539	59.4
Pancreas	14	4.4	36	9.0	32	6.2	40	6.9	189	7.3
Lung and bronchus	39	12.3	26	6.5	30	5.8	36	6.2	206	8.0
Colon, rectum and anus	14	4.4	18	4.5	26	5.0	32	5.5	131	5.1
Prostate	8	2.5	12	3.0	30	5.8	27	4.7	109	4.2
Breast	20	6.3	33	8.3	27	5.2	24	4.1	153	5.9
Central nervous system	8	2.5	18	4.5	23	4.5	21	3.6	104	4.0
Head and neck	6	1.9	7	1.8	13	2.5	20	3.4	74	2.9
Ovary and fallopian tube	10	3.2	10	2.5	13	2.5	13	2.2	65	2.5
Liver, gallbladder and bile duct	4	1.3	6	1.5	7	1.4	13	2.2	41	1.6
Uterus and endometrium	4	1.3	7	1.8	8	1.6	11	1.9	45	1.7
Kidney and urinary tract	10	3.2	5	1.3	5	1.0	9	1.6	43	1.7
Bladder	5	1.6	6	1.5	10	1.9	8	1.4	37	1.4
Leukemia	2	0.6	7	1.8	10	1.9	8	1.4	32	1.2
Esophagus	5	1.6	4	1.0	12	2.3	7	1.2	45	1.7
Melanoma	6	1.9	3	0.8	10	1.9	5	0.9	36	1.4

Multiple myeloma	8	2.5	1	0.3	1	0.2	5	0.9	23	0.9
Neuroendocrine	1	0.3	2	0.5	1	0.2	5	0.9	11	0.4
Lymphoma	4	1.3	4	1.0	8	1.6	4	0.7	26	1.0
Stomach	5	1.6	2	0.5	6	1.2	4	0.7	24	0.9
Cervix	1	0.3	1	0.3	5	1.0	3	0.5	13	0.5
Other cancers	14	4.4	16	4.0	26	5.0	39	6.7	132	5.1
Progressive neurological or neurodegenerative disorders - Total	46	14.5	64	16.1	55	10.7	57	9.7	360	14.0
Amyotrophic lateral sclerosis	24	7.6	23	5.8	21	4.1	24	4.1	168	6.5
Parkinson's disease	10	3.2	20	5.0	15	2.9	19	3.3	82	3.2
Progressive supranuclear palsy	2	0.6	6	1.5	7	1.4	6	1.0	33	1.3
Corticobasal degeneration	1	0.3	1	0.3	1	0.2	3	0.5	11	0.4
Multiple sclerosis	3	0.9	8	2.0	0	0.0	2	0.3	17	0.7
Other progressive neurological or neurodegenerative disorder	6	1.9	6	1.5	11	2.1	3	0.5	49	1.9
Cardiovascular disease	26	8.2	37	9.3	43	8.3	56	9.7	217	8.4
Chronic lower respiratory disease	25	7.9	26	6.5	42	8.1	40	6.9	175	6.8
Severe protein calorie malnutrition	2	0.6	8	2.0	19	3.7	17	2.9	47	1.8
Interstitial lung disease	9	2.8	9	2.3	14	2.7	15	2.6	59	2.3
Cerebrovascular disease	3	0.9	5	1.3	8	1.6	10	1.7	33	1.3
Chronic kidney disease	0	0.0	6	1.5	5	1.0	10	1.7	27	1.0
Chronic liver disease	3	0.9	0	0.0	4	0.8	1	0.2	15	0.6
Other illness or conditions	15	4.7	19	4.8	23	4.5	40	6.9	108	4.2

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

In 2025, 16 unique pharmacists in Colorado dispensed aid-in-dying medications. Medications dispensed included combinations of diazepam, digoxin, morphine sulfate or hydromorphone, 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, 2022-2025 with 2017-2025 totals

	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2025 Count	2025 %	2017- 2025 Total Count	2017- 2025 Total %
Total number of patients to whom aid-in-dying medication was dispensed	249	100	306	100	315	100.1	261	100	1721	100
DDMAPh combination	89	35.7	64	20.9	250	79.4	233	89.3	706	41
DDMA combination	111	44.6	168	54.9	55	17.5	28	10.7	538	31.3
DDMP/DDMP2 combination	47	18.9	73	23.9	9	2.9	0	0.0	421	24.5
Secobarbital	0	0.0	0	0.0	0	0.0	0	0.0	49	2.8
Other (morphine sulfate alone, or in some other combination)	2	0.8	1	0.3	1	0.3	0	0.0	7	0.4

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

Among patients who died following an aid-in-dying prescription written in 2025, the median duration of time between the date the prescription was written and date of death was 12 days (minimum of zero days, maximum of approximately 37 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, 2022-2025 with 2017-2025 totals

	2022 Count	2022 %	2023 Count	2023 %	2024 Count	2024 %	2025 Count	2025 %	2017- 2025 Total Count	2017- 2025 Total %
Total number of decedents prescribed aid-in-dying medication	296	100	367	100	467	100	512	100	2,382	100
Female	194	52.9	246	52.7	234	45.7	1,200	50.4	194	52.9
Male	173	47.1	221	47.3	278	54.3	1,182	49.6	173	47.1
18-34	0	0.0	2	0.5	4	0.9	1	0.2	12	0.5
35-44	2	0.7	6	1.6	4	0.9	7	1.4	30	1.3
45-54	8	2.7	14	3.8	22	4.7	15	2.9	110	4.6
55-64	54	18.2	55	15.0	58	12.4	56	10.9	351	14.7
65-74	88	29.7	114	31.1	137	29.3	130	25.4	700	29.4
75-84	82	27.7	94	25.6	153	32.8	184	35.9	706	29.6
85+	62	20.9	82	22.3	89	19.1	119	23.2	473	19.9
White, non-Hispanic	279	94.3	341	92.9	434	92.9	472	92.2	2,225	93.4
White, Hispanic	7	2.4	11	3.0	17	3.6	23	4.5	81	3.4
Black/African American	1	0.3	2	0.5	3	0.6	6	1.2	15	0.6
Asian/Pacific Islander	5	1.7	8	2.2	3	0.6	4	0.8	33	1.4
American Indian/Alaska Native	1	0.3	1	0.3	3	0.6	1	0.2	6	0.3
Other or not stated	3	1.0	4	1.1	7	1.5	6	1.2	22	0.9
Married	123	41.6	165	45.0	219	46.9	237	46.3	1,089	45.7
Divorced	74	25.0	91	24.8	113	24.2	121	23.6	597	25.1
Widow/widower	70	23.6	80	21.8	98	21.0	109	21.3	497	20.9
Never been married	28	9.5	27	7.4	35	7.5	42	8.2	184	7.7
Unknown or not stated	1	0.3	4	1.1	2	0.4	3	0.6	15	0.6
8 th grade or less	2	0.7	0	0.0	4	0.9	3	0.6	18	0.8
9 th -12 th grade, no diploma or no GED completed	5	1.7	7	1.9	9	1.9	13	2.5	50	2.1



High school graduate or GED completed	49	16.6	75	20.4	112	24.0	111	21.7	498	20.9
Some college credit but no degree	32	10.8	53	14.4	67	14.3	73	14.3	328	13.8
Associate's degree	26	8.8	28	7.6	35	7.5	32	6.3	189	7.9
Bachelor's degree	89	30.1	108	29.4	118	25.3	150	29.3	668	28.0
Master's degree	65	22.0	58	15.8	72	15.4	78	15.2	397	16.7
Doctorate or professional degree	26	8.8	34	9.3	47	10.1	46	9.0	217	9.1
Unknown or not stated	2	0.7	3	0.8	3	0.6	6	1.2	16	0.7
Denver Metro Area	198	66.9	223	60.8	278	59.5	333	65.0	1,482	62.2
Other Front Range Counties	62	20.9	68	18.5	111	23.8	91	17.8	496	20.8
Other Counties	33	11.1	73	19.9	78	16.7	87	17.0	395	16.6
Unknown or not stated	3	1.0	3	0.8	0	0.0	1	0.2	9	0.4
Urban Counties	4	1.4	9	2.5	10	2.1	9	1.8	56	2.4
Rural Counties	26	8.8	48	13.1	58	12.4	62	12.1	281	11.8
Frontier Counties	263	88.9	307	83.7	399	85.4	440	85.9	2,036	85.5
Unknown or not stated	3	1.0	3	0.8	0	0.0	1	0.2	9	0.4
Residence	242	81.8	285	77.7	382	81.8	431	84.2	1,957	82.2
Nursing home/long-term care facility	22	7.4	31	8.4	41	8.8	40	7.8	191	8
Hospice facility	14	4.7	14	3.8	12	2.6	14	2.7	83	3.5
Hospital inpatient	4	1.4	6	1.6	3	0.6	1	0.2	24	1.0
Other or unknown	14	4.7	31	8.4	29	6.2	26	5.1	127	5.3
Under hospice care	240	81.1	302	82.3	407	87.2	478	93.4	2,051	86.1

Not under hospice care or unknown	56	18.9	64	17.4	59	12.6	34	6.6	328	13.8
Unknown	0	0.0	1	0.3	1	0.2	0	0.0	3	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, 2022-2025 with 2017-2025 totals

Form/Document	2022 Count	2023 Count	2024 Count	2025 Count	2017-2025 Total
Attending/prescribing provider form	264	327	439	489	2,180
Patient's completed written request	262	313	421	485	2,092
Mental health provider's confirmation	3	0	2	1	11
Consulting provider's written confirmation	263	310	415	477	2,054
Medication dispensing form	249	311	324	261	1,735
Death certificate	296	367	467	512	2,382

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](#).