



General Assembly

February Session, 2006

Raised Bill No. 5788

LCO No. 3006

03006_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING HEALTH CARE DECISION-MAKING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 1-54a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2006*):

3 In a statutory short form power of attorney, the language conferring
4 general authority with respect to health care decisions shall be
5 construed to mean that the principal, who, in the judgment of the
6 attending physician, is unable to receive and effectively evaluate
7 information pertaining to any health care decision, or to effectively and
8 rationally communicate such decisions, authorizes the agent to consent
9 to, refuse to consent to, or withdraw consent to any medical treatment,
10 [other than] including, but not limited to, that designed solely for the
11 purpose of maintaining physical comfort, the withdrawal of life
12 support systems or the withdrawal of nutrition or hydration. Nothing
13 in the language conferring general authority with respect to health care
14 decisions shall be construed to authorize the agent to take any action
15 [which] that would render void a document executed by the principal

16 in accordance with section 19a-575, as amended by this act, and section
17 19a-575a, as amended by this act.

18 Sec. 2. Subsection (g) of section 17a-238 of the general statutes is
19 repealed and the following is substituted in lieu thereof (*Effective*
20 *October 1, 2006*):

21 (g) The commissioner's oversight and monitoring of the medical
22 care of persons placed or treated under the direction of the
23 commissioner does not include the authority to make treatment
24 decisions, except in limited circumstances in accordance with statutory
25 procedures. In the exercise of such oversight and monitoring
26 responsibilities, the commissioner shall not impede or seek to impede a
27 properly executed medical order to withhold cardiopulmonary
28 resuscitation. For purposes of this subsection, "properly executed
29 medical order to withhold cardiopulmonary resuscitation" means (1) a
30 written order by the attending physician; (2) in consultation and with
31 the consent of the patient or a person authorized by law; (3) when the
32 attending physician is of the opinion that the patient is in a terminal
33 condition, as defined in [subdivision (3) of] section 19a-570, as
34 amended by this act, which condition will result in death within days
35 or weeks; and (4) when such physician has requested and obtained a
36 second opinion from a Connecticut licensed physician in the
37 appropriate specialty that confirms the patient's terminal condition;
38 and includes the entry of such an order when the attending physician
39 is of the opinion that the patient is in the final stage of a terminal
40 condition but cannot state that the patient may be expected to expire
41 during the next several days or weeks, or, in consultation with a
42 physician qualified to make a neurological diagnosis, deems the
43 patient to be permanently unconscious, provided the commissioner
44 has reviewed the decision with the department's director of
45 community medical services, the family and guardian of the patient
46 and others who the commissioner deems appropriate, and determines
47 that the order is a medically acceptable decision.

48 Sec. 3. Subsection (a) of section 19a-279c of the general statutes is
49 repealed and the following is substituted in lieu thereof (*Effective*
50 *October 1, 2006*):

51 (a) Any member of the following classes of persons, in the order of
52 priority listed, may make an anatomical gift of all or a part of the
53 decedent's body for an authorized purpose, unless the decedent, before
54 or at the time of death, has made an unrevoked refusal to make that
55 anatomical gift: (1) The spouse of the decedent; (2) a person designated
56 by the decedent pursuant to section 1-56r; (3) an adult son or daughter
57 of the decedent; (4) either parent of the decedent; (5) an adult brother
58 or sister of the decedent; (6) a grandparent of the decedent; (7) a
59 guardian of the person of the decedent at the time of death; (8) any
60 person legally authorized to make health care decisions for the
61 decedent prior to death, including, but not limited to, a health care
62 [agent] representative appointed under section 19a-576, as amended by
63 this act; and (9) a conservator of the person, as defined in section 45a-
64 644, as amended.

65 Sec. 4. Section 19a-570 of the general statutes is repealed and the
66 following is substituted in lieu thereof (*Effective October 1, 2006*):

67 For purposes of this section, [and] sections 19a-571 to 19a-580c,
68 inclusive, as amended by this act, and section 23 of this act:

69 [(1) "Life support system" means any medical procedure or
70 intervention which, when applied to an individual, would serve only
71 to postpone the moment of death or maintain the individual in a state
72 of permanent unconsciousness. In these circumstances, such
73 procedures shall include, but are not limited to, mechanical or
74 electronic devices including artificial means of providing nutrition or
75 hydration;

76 (2) "Beneficial medical treatment" includes the use of medically
77 appropriate treatment including surgery, treatment, medication and
78 the utilization of artificial technology to sustain life;

79 (3) "Terminal condition" means the final stage of an incurable or
80 irreversible medical condition which, without the administration of a
81 life support system, will result in death within a relatively short time,
82 in the opinion of the attending physician;

83 (4) "Permanently unconscious" includes permanent coma and
84 persistent vegetative state and means an irreversible condition in
85 which the individual is at no time aware of himself or the environment
86 and shows no behavioral response to the environment;

87 (5) "Health care agent" means an adult person to whom authority to
88 convey health care decisions is delegated in a written document by
89 another adult person, known as the principal;

90 (6) "Incapacitated" means being unable to understand and
91 appreciate the nature and consequences of health care decisions,
92 including the benefits and disadvantages of such treatment, and to
93 reach and communicate an informed decision regarding the treatment;

94 (7) "Living will" means a written statement in compliance with
95 section 19a-575a containing a declarant's wishes concerning any aspect
96 of his health care, including the withholding or withdrawal of life
97 support systems;

98 (8) "Next of kin" means any member of the following classes of
99 persons, in the order of priority listed: (A) The spouse of the patient;
100 (B) an adult son or daughter of the patient; (C) either parent of the
101 patient; (D) an adult brother or sister of the patient; and (E) a
102 grandparent of the patient;

103 (9) "Attending physician" means the physician selected by, or
104 assigned to, the patient and who has primary responsibility for the
105 treatment and care of the patient.]

106 (1) "Advance health care directive" or "advance directive" means a
107 writing executed in accordance with the provisions of this chapter,
108 including, but not limited to, a living will, or an appointment of health

109 care representative, or both;

110 (2) "Appointment of health care representative" means a document
111 executed in accordance with section 19a-575a, as amended by this act,
112 or section 19a-577, as amended by this act, that appoints a health care
113 representative to act for the declarant in the event the declarant
114 becomes incapacitated;

115 (3) "Attending physician" means the physician selected by, or
116 assigned to, the patient, who has primary responsibility for the
117 treatment and care of the patient;

118 (4) "Beneficial medical treatment" includes the use of medically
119 appropriate treatment, including surgery, treatment, medication and
120 the utilization of artificial technology to sustain life;

121 (5) "Health care representative" means the individual appointed by
122 a declarant pursuant to an appointment of health care representative
123 for the purpose of making health care decisions on behalf of the
124 declarant;

125 (6) "Incapacitated" means being unable to understand and
126 appreciate the nature and consequences of health care decisions,
127 including the benefits and disadvantages of such treatment, and to
128 reach and communicate an informed decision regarding the treatment;

129 (7) "Life support system" means any medical procedure or
130 intervention which, when applied to an individual, would serve only
131 to postpone the moment of death or maintain the individual in a state
132 of permanent unconsciousness, including, but not limited to,
133 mechanical or electronic devices, including artificial means of
134 providing nutrition or hydration;

135 (8) "Living will" means a written statement in compliance with
136 section 19a-575a, as amended by this act, containing a declarant's
137 wishes concerning any aspect of his or her health care, including the
138 withholding or withdrawal of life support systems;

139 (9) "Next of kin" means any member of the following classes of
140 persons, in the order of priority listed: (A) The spouse of the patient;
141 (B) an adult son or daughter of the patient; (C) either parent of the
142 patient; (D) an adult brother or sister of the patient; and (E) a
143 grandparent of the patient;

144 (10) "Permanently unconscious" means an irreversible condition in
145 which the individual is at no time aware of himself or herself or the
146 environment and shows no behavioral response to the environment
147 and includes permanent coma and persistent vegetative state;

148 (11) "Terminal condition" means the final stage of an incurable or
149 irreversible medical condition which, without the administration of a
150 life support system, will result in death within a relatively short period
151 time, in the opinion of the attending physician.

152 Sec. 5. Subsection (a) of section 19a-571 of the general statutes is
153 repealed and the following is substituted in lieu thereof (*Effective*
154 *October 1, 2006*):

155 (a) Subject to the provisions of subsection (c) of this section, any
156 physician licensed under chapter 370 or any licensed medical facility
157 who or which withholds, removes or causes the removal of a life
158 support system of an incapacitated patient shall not be liable for
159 damages in any civil action or subject to prosecution in any criminal
160 proceeding for such withholding or removal, provided (1) the decision
161 to withhold or remove such life support system is based on the best
162 medical judgment of the attending physician in accordance with the
163 usual and customary standards of medical practice; (2) the attending
164 physician deems the patient to be in a terminal condition or, in
165 consultation with a physician qualified to make a neurological
166 diagnosis who has examined the patient, deems the patient to be
167 permanently unconscious; and (3) the attending physician has
168 considered the patient's wishes concerning the withholding or
169 withdrawal of life support systems. In the determination of the wishes
170 of the patient, the attending physician shall consider the wishes as

171 expressed by a document executed in accordance with sections 19a-575
172 and 19a-575a, if any such document is presented to, or in the
173 possession of, the attending physician at the time the decision to
174 withhold or terminate a life support system is made. If the wishes of
175 the patient have not been expressed in a living will the attending
176 physician shall determine the wishes of the patient by consulting any
177 statement made by the patient directly to the attending physician and,
178 if available, the patient's health care [agent] representative, the
179 patient's next of kin, the patient's legal guardian or conservator, if any,
180 any person designated by the patient in accordance with section 1-56r
181 and any other person to whom the patient has communicated his
182 wishes, if the attending physician has knowledge of such person. All
183 persons acting on behalf of the patient shall act in good faith. If the
184 attending physician does not deem the incapacitated patient to be in a
185 terminal condition or permanently unconscious, beneficial medical
186 treatment including nutrition and hydration must be provided.

187 Sec. 6. Section 19a-575 of the general statutes is repealed and the
188 following is substituted in lieu thereof (*Effective October 1, 2006*):

189 Any person eighteen years of age or older may execute a document
190 [which shall contain] that contains directions as to [specific life support
191 systems which such person chooses to have administered] any aspect
192 of health care, including the withholding or withdrawal of life support
193 systems. Such document shall be signed and dated by the maker with
194 at least two witnesses and may be in substantially the following form:

195 DOCUMENT CONCERNING HEALTH CARE AND
196 WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

197 If the time comes when I am incapacitated to the point when I can
198 no longer actively take part in decisions for my own life, and am
199 unable to direct my physician as to my own medical care, I wish this
200 statement to stand as a testament of my wishes.

201 "I, (Name), request that, if my condition is deemed terminal or if

202 it is determined that I will be permanently unconscious, I be allowed to
203 die and not be kept alive through life support systems. By terminal
204 condition, I mean that I have an incurable or irreversible medical
205 condition which, without the administration of life support systems,
206 will, in the opinion of my attending physician, result in death within a
207 relatively short time. By permanently unconscious I mean that I am in
208 a permanent coma or persistent vegetative state which is an
209 irreversible condition in which I am at no time aware of myself or the
210 environment and show no behavioral response to the environment.
211 The life support systems which I do not want include, but are not
212 limited to:

- 213 Artificial respiration
- 214 Cardiopulmonary resuscitation
- 215 Artificial means of providing nutrition and hydration

216 (Cross out and initial life support systems you want administered)

217 I do not intend any direct taking of my life, but only that my dying
218 not be unreasonably prolonged."

219 Other specific requests:

220 "This request is made, after careful reflection, while I am of sound
221 mind."

222 (Signature)

223 (Date)

224 This document was signed in our presence, by the above-named
225 (Name) who appeared to be eighteen years of age or older, of sound
226 mind and able to understand the nature and consequences of health
227 care decisions at the time the document was signed.

228 (Witness)

229 (Address)

230 (Witness)

231 (Address)

232 Sec. 7. Section 19a-575a of the general statutes is repealed and the
233 following is substituted in lieu thereof (*Effective October 1, 2006*):

234 (a) Any person eighteen years of age or older may execute a
235 document [which] that contains health care instructions, the
236 appointment of a [health care agent, the appointment of an attorney-
237 in-fact for health care decisions] health care representative, the
238 designation of a conservator of the person for future incapacity and a
239 document of anatomical gift. Any such document shall be signed and
240 dated by the maker with at least two witnesses and may be in the
241 substantially following form:

242 THESE ARE MY HEALTH CARE INSTRUCTIONS.
243 MY APPOINTMENT OF A HEALTH CARE [AGENT,
244 MY APPOINTMENT OF AN ATTORNEY-IN-FACT
245 FOR HEALTH CARE DECISIONS] REPRESENTATIVE,
246 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
247 FOR MY FUTURE INCAPACITY
248 AND
249 MY DOCUMENT OF ANATOMICAL GIFT

250 To any physician who is treating me: These are my health care
251 instructions including those concerning the withholding or withdrawal
252 of life support systems, together with the appointment of my health
253 care [agent and my attorney-in-fact for health care decisions]
254 representative, the designation of my conservator of the person for
255 future incapacity and my document of anatomical gift. As my
256 physician, you may rely on any decision made by my health care
257 [agent, attorney-in-fact for health care decisions] representative or
258 conservator of my person, if I am unable to make a decision for myself.

259 I, ..., the author of this document, request that, if my condition is
260 deemed terminal or if I am determined to be permanently

261 unconscious, I be allowed to die and not be kept alive through life
262 support systems. By terminal condition, I mean that I have an
263 incurable or irreversible medical condition which, without the
264 administration of life support systems, will, in the opinion of my
265 attending physician, result in death within a relatively short time. By
266 permanently unconscious I mean that I am in a permanent coma or
267 persistent vegetative state which is an irreversible condition in which I
268 am at no time aware of myself or the environment and show no
269 behavioral response to the environment. The life support systems
270 which I do not want include, but are not limited to: Artificial
271 respiration, cardiopulmonary resuscitation and artificial means of
272 providing nutrition and hydration. I do want sufficient pain
273 medication to maintain my physical comfort. I do not intend any direct
274 taking of my life, but only that my dying not be unreasonably
275 prolonged.

276 I appoint to be my health care [agent and my attorney-in-fact for
277 health care decisions] representative. If my attending physician
278 determines that I am unable to understand and appreciate the nature
279 and consequences of health care decisions and unable to reach and
280 communicate an informed decision regarding treatment, my health
281 care [agent and attorney-in-fact for health care decisions]
282 representative is authorized to [:]

283 [(1) Convey to my physician my wishes concerning the withholding
284 or removal of life support systems;

285 (2) Take whatever actions are necessary to ensure that any wishes
286 are given effect;

287 (3) Consent, refuse or withdraw consent to any medical treatment as
288 long as such action is consistent with my wishes concerning the
289 withholding or removal of life support systems; and

290 (4) Consent to any medical treatment designed solely for the
291 purpose of maintaining physical comfort] make any and all health care

292 decisions for me, including the decision to accept or refuse any
293 treatment, service or procedure used to diagnose or treat my physical
294 or mental condition, and the decision to provide, withhold or
295 withdraw life support systems. I direct my health care representative
296 to make decisions on my behalf in accordance with my wishes, as
297 stated in this document or as otherwise known to my health care
298 representative. In the event my wishes are not clear or a situation
299 arises that I did not anticipate, my health care representative may
300 make a decision in my best interests, based upon what is known of my
301 wishes.

302 If is unwilling or unable to serve as my health care [agent and my
303 attorney-in-fact for health care decisions] representative, I appoint
304 to be my alternative health care [agent and my attorney-in-fact for
305 health care decisions] representative.

306 If a conservator of my person should need to be appointed, I
307 designate be appointed my conservator. If is unwilling or unable
308 to serve as my conservator, I designate, No bond shall be required
309 of either of them in any jurisdiction.

310 I hereby make this anatomical gift, if medically acceptable, to take
311 effect upon my death.

- T1 I give: (check one)
- T2 (1) any needed organs or parts
- T3 (2) only the following organs or parts
- T4 to be donated for: (check one)
- T5 (1) any of the purposes stated in subsection (a) of
- T6 section 19a-279f of the general statutes
- T7 (2) these limited purposes

312 These requests, appointments, and designations are made after

313 careful reflection, while I am of sound mind. Any party receiving a
314 duly executed copy or facsimile of this document may rely upon it
315 unless such party has received actual notice of my revocation of it.

T8 Date, 20.. L.S.

316 This document was signed in our presence by the author of this
317 document, who appeared to be eighteen years of age or older, of sound
318 mind and able to understand the nature and consequences of health
319 care decisions at the time this document was signed. The author
320 appeared to be under no improper influence. We have subscribed this
321 document in the author's presence and at the author's request and in
322 the presence of each other.

T9
T10	(Witness)	(Witness)
T11
T12	(Number and Street)	(Number and Street)
T13
T14	(City, State and Zip Code)	(City, State and Zip Code)

T15	STATE OF CONNECTICUT	}	ss.
T16			
T17	COUNTY OF		

323 We, the subscribing witnesses, being duly sworn, say that we
324 witnessed the execution of these health care instructions, the
325 appointments of a health care [agent and an attorney-in-fact]
326 representative, the designation of a conservator for future incapacity
327 and a document of anatomical gift by the author of this document; that

328 the author subscribed, published and declared the same to be the
329 author's instructions, appointments and designation in our presence;
330 that we thereafter subscribed the document as witnesses in the
331 author's presence, at the author's request, and in the presence of each
332 other; that at the time of the execution of said document the author
333 appeared to us to be eighteen years of age or older, of sound mind,
334 able to understand the nature and consequences of said document, and
335 under no improper influence, and we make this affidavit at the
336 author's request this day of 20...

T18
T19 (Witness) (Witness)

337 Subscribed and sworn to before me this day of 20..

T20
T21 Commissioner of the Superior Court
T22 Notary Public
T23 My commission expires:

338 (Print or type name of all persons signing under all signatures)

339 (b) Except as provided in section 19a-579b, as amended by this act,
340 an appointment of health care representative may only be revoked by
341 the declarant, in writing, and the writing shall be signed by the
342 declarant and two witnesses.

343 (c) The attending physician or other health care provider shall make
344 the revocation of an appointment of health care representative a part of
345 the declarant's medical record.

346 (d) In the absence of knowledge of the revocation of an appointment
347 of health care representative, a person who carries out an advance
348 directive pursuant to the provisions of chapter 368w shall not be
349 subject to civil or criminal liability or discipline for unprofessional
350 conduct for carrying out such advance directive.

351 (e) The revocation of an appointment of health care representative
352 does not, of itself, revoke the living will of the declarant.

353 Sec. 8. Section 19a-576 of the general statutes is repealed and the
354 following is substituted in lieu thereof (*Effective October 1, 2006*):

355 (a) Any person eighteen years of age or older may appoint a health
356 care [agent] representative by executing a document in accordance
357 with section 19a-575a, as amended by this act, or section 19a-577, as
358 amended by this act, signed and dated by such person in the presence
359 of two adult witnesses who shall also sign the document. The person
360 appointed as [agent] representative shall not act as witness to the
361 execution of such document or sign such document.

362 (b) For persons who reside in facilities operated or licensed by the
363 Department of Mental Health and Addiction Services, at least one
364 witness shall be an individual who is not affiliated with the facility and
365 at least one witness shall be a physician or clinical psychologist with
366 specialized training in treating mental illness.

367 (c) For persons who reside in facilities operated or licensed by the
368 Department of Mental Retardation, at least one witness shall be an
369 individual who is not affiliated with the facility and at least one
370 witness shall be a physician or clinical psychologist with specialized
371 training in developmental disabilities.

372 (d) An operator, administrator [,] or employee of a hospital,
373 residential care home, rest home with nursing supervision [,] or
374 chronic and convalescent nursing home may not be appointed as a
375 health care [agent] representative by any person who, at the time of the

376 appointment, is a patient or a resident of, or has applied for admission
377 to, one of the foregoing facilities. An administrator or employee of a
378 government agency [which] that is financially responsible for a
379 person's medical care may not be appointed as a health care [agent]
380 representative for such person. This restriction shall not apply if such
381 operator, administrator or employee is related to the principal by
382 blood, marriage or adoption.

383 (e) A physician shall not act as both [agent] health care
384 representative for a principal and attending physician for the principal.

385 Sec. 9. Section 19a-577 of the general statutes is repealed and the
386 following is substituted in lieu thereof (*Effective October 1, 2006*):

387 (a) Any person eighteen years of age or older may execute a
388 document that may, but need not be in substantially the following
389 form:

390 DOCUMENT CONCERNING THE APPOINTMENT OF HEALTH
391 CARE [AGENT] REPRESENTATIVE

392 "I understand that, as a competent adult, I have the right to make
393 decisions about my health care. There may come a time when I am
394 unable, due to incapacity, to make my own health care decisions. In
395 these circumstances, those caring for me will need direction and will
396 turn to someone who knows my values and health care wishes. By
397 signing this appointment of health care representative, I appoint a
398 health care representative with legal authority to make health care
399 decisions on my behalf in such case or at such time.

400 I appoint (Name) to be my health care [agent] representative. If
401 my attending physician determines that I am unable to understand
402 and appreciate the nature and consequences of health care decisions
403 and to reach and communicate an informed decision regarding
404 treatment, my health care [agent] representative is authorized to [:]

405 [(1) Convey to my physician my wishes concerning the withholding

406 or removal of life support systems.

407 (2) Take whatever actions are necessary to ensure that my wishes
408 are given effect] accept or refuse any treatment, service or procedure
409 used to diagnose or treat my physical or mental condition and the
410 decision to provide, withhold or withdraw life support systems. I
411 direct my health care representative to make decisions on my behalf in
412 accordance with my wishes as stated in a living will, or as otherwise
413 known to my health care representative. In the event my wishes are
414 not clear or a situation arises that I did not anticipate, my health care
415 representative may make a decision in my best interests, based upon
416 what is known of my wishes.

417 If this person is unwilling or unable to serve as my health care
418 [agent] representative, I appoint (Name) to be my alternative health
419 care [agent] representative."

420 "This request is made, after careful reflection, while I am of sound
421 mind."

422 (Signature)

423 (Date)

424 This document was signed in our presence, by the above-named
425 (Name) who appeared to be eighteen years of age or older, of sound
426 mind and able to understand the nature and consequences of health
427 care decisions at the time the document was signed.

428 (Witness)

429 (Address)

430 (Witness)

431 (Address)

432 Sec. 10. Section 19a-578 of the general statutes is repealed and the
433 following is substituted in lieu thereof (*Effective October 1, 2006*):

434 (a) Any or all of the attesting witnesses to any living will document

435 or any document appointing a health care [agent] representative may,
436 at the request of the declarant, make and sign an affidavit before any
437 officer authorized to administer oaths in or out of this state, stating
438 such facts as they would be required to testify to in court to prove such
439 living will. The affidavit shall be written on the living will document,
440 or if that is impracticable, on some paper attached thereto. The sworn
441 statement of any such witness so taken shall be accepted by [the Court
442 of Probate] a court of competent jurisdiction as if it had been taken
443 before such court.

444 (b) A physician or other health care provider who is furnished with
445 a copy of a written living will or appointment of health care [agent]
446 representative shall make it a part of the declarant's medical record. A
447 physician or other health care provider shall also record in the patient's
448 medical record any oral communication concerning any aspect of [his]
449 the patient's health care, including the withholding or withdrawal of
450 life support systems, made by the patient directly to the physician or
451 other health care provider or to the patient's health care [agent]
452 representative, legal guardian, conservator, next-of-kin or person
453 designated in accordance with section 1-56r.

454 Sec. 11. Section 19a-579 of the general statutes is repealed and the
455 following is substituted in lieu thereof (*Effective October 1, 2006*):

456 A living will or appointment of health care [agent] representative
457 becomes operative when (1) the document is furnished to the
458 attending physician, and (2) the declarant is determined by the
459 attending physician to be incapacitated.

460 Sec. 12. Section 19a-579a of the general statutes is repealed and the
461 following is substituted in lieu thereof (*Effective October 1, 2006*):

462 (a) A living will [or appointment of health care agent] may be
463 revoked at any time and in any manner by the declarant, without
464 regard to the declarant's mental or physical condition.

465 (b) The attending physician or other health care provider shall make
466 the revocation a part of the declarant's medical record.

467 (c) In the absence of knowledge of the revocation [either] of a living
468 will, [or an appointment of health care agent,] a person is not subject to
469 civil or criminal liability or discipline for unprofessional conduct for
470 carrying out the living will pursuant to the requirements of sections
471 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-
472 573 and 19a-575 to 19a-580c, inclusive, as amended by this act.

473 Sec. 13. Section 19a-579b of the general statutes is repealed and the
474 following is substituted in lieu thereof (*Effective October 1, 2006*):

475 The appointment of the principal's spouse as health care [agent]
476 representative shall be revoked upon the divorce or legal separation of
477 the principal and spouse or upon the annulment or dissolution of their
478 marriage, unless the principal specifies otherwise.

479 Sec. 14. Section 19a-580 of the general statutes is repealed and the
480 following is substituted in lieu thereof (*Effective October 1, 2006*):

481 Within a reasonable time prior to withholding or causing the
482 removal of any life support system pursuant to sections 19a-570, as
483 amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-
484 575 to 19a-580c, inclusive, as amended by this act, the attending
485 physician shall make reasonable efforts to notify the individual's
486 health care [agent] representative, next-of-kin, legal guardian,
487 conservator or person designated in accordance with section 1-56r, if
488 available.

489 Sec. 15. Section 19a-580b of the general statutes is repealed and the
490 following is substituted in lieu thereof (*Effective October 1, 2006*):

491 No physician, health care provider or health care insurer shall
492 require a person to execute a living will or appoint a health care
493 [agent] representative as a condition of treatment or receiving health
494 care benefits.

495 Sec. 16. Section 19a-580c of the general statutes is repealed and the
496 following is substituted in lieu thereof (*Effective October 1, 2006*):

497 The probate court for the district in which the person is domiciled or
498 is located at the time of the dispute shall have jurisdiction over any
499 dispute concerning the meaning or application of any provision of
500 sections 19a-570, as amended by this act, 19a-571, as amended by this
501 act, 19a-573 and 19a-575 to 19a-580c, inclusive, as amended by this act.
502 With respect to any communication of a patient's wishes other than by
503 means of a document executed in accordance with section 19a-575a, as
504 amended by this act, the court shall consider whether there is clear and
505 convincing evidence of such communication. A person appointed as a
506 health care representative shall have standing to bring a dispute to the
507 probate court even if such appointment has been revoked pursuant to
508 section 19a-579b, as amended by this act.

509 Sec. 17. Subsection (h) of section 45a-650 of the general statutes is
510 repealed and the following is substituted in lieu thereof (*Effective*
511 *October 1, 2006*):

512 (h) The court may limit the powers and duties of either the
513 conservator of the person or the conservator of the estate, to include
514 some, but not all, of the powers and duties set forth in subsections (a)
515 and (b) of section 45a-644, as amended, and sections 45a-655 and 45a-
516 656, as amended, and shall make specific findings to justify such a
517 limitation, in the best interests of the ward. In determining whether or
518 not any such limitations should be imposed, the court shall consider
519 the abilities of the ward, the prior appointment of any attorney-in-fact,
520 health care [agent] representative, trustee or other fiduciary acting on
521 behalf of the ward, any support services which are otherwise available
522 to the ward, and any other relevant evidence. The court may modify its
523 decree upon any change in circumstances.

524 Sec. 18. Subsection (a) of section 45a-654 of the 2006 supplement to
525 the general statutes is repealed and the following is substituted in lieu
526 thereof (*Effective October 1, 2006*):

527 (a) Upon written application for appointment of a temporary
528 conservator brought by any person deemed by the court to have
529 sufficient interest in the welfare of the respondent, including, but not
530 limited to, the spouse or any relative of the respondent, the first
531 selectman, chief executive officer or head of the department of welfare
532 of the town of residence or domicile of any respondent, the
533 Commissioner of Social Services, the board of directors of any
534 charitable organization, as defined in section 21a-190a, or the chief
535 administrative officer of any nonprofit hospital or such officer's
536 designee, the Court of Probate may appoint a temporary conservator if
537 the court finds that: (1) The respondent is incapable of managing his or
538 her affairs or incapable of caring for himself or herself, and (2)
539 immediate and irreparable injury to the mental or physical health or
540 financial or legal affairs of the respondent will result if a temporary
541 conservator is not appointed pursuant to this section. The court may,
542 in its discretion, require the temporary conservator to give a probate
543 bond. The court shall limit the duties, responsibilities and powers of
544 the temporary conservator to the circumstances that gave rise to the
545 application and shall make specific findings to justify such limitation.
546 In making such findings, the court shall consider the present and
547 previously expressed wishes of the respondent, the abilities of the
548 respondent, any prior appointment of an attorney-in-fact, health care
549 [agent] representative, trustee or other fiduciary acting on behalf of the
550 respondent, any support service otherwise available to the respondent
551 and any other relevant evidence. The temporary conservator shall have
552 charge of the property or of the person of the respondent or both for
553 such period of time or for such specific occasion as the court finds to be
554 necessary, provided a temporary appointment shall not be valid for
555 more than thirty days, unless at any time while the appointment of a
556 temporary conservator is in effect, an application is filed for
557 appointment of a conservator of the person or estate under section 45a-
558 650. The court may (A) extend the appointment of the temporary
559 conservator until the disposition of such application under section 45a-
560 650, or for an additional thirty days, whichever occurs first, or (B)

561 terminate the appointment of a temporary conservator upon a
562 showing that the circumstances that gave rise to the application for
563 appointment of a temporary conservator no longer exist.

564 Sec. 19. Subdivision (3) of subsection (a) of section 52-184d of the
565 2006 supplement to the general statutes is repealed and the following
566 is substituted in lieu thereof (*Effective October 1, 2006*):

567 (3) "Representative" means a legal guardian, attorney, health care
568 [agent] representative or any person recognized in law or custom as a
569 patient's agent.

570 Sec. 20. (NEW) (*Effective October 1, 2006*) (a) Except as authorized by
571 a court of competent jurisdiction, a conservator shall comply with a
572 ward's individual health care instructions and other wishes, if any,
573 expressed while the ward had capacity and to the extent known to the
574 conservator, and the conservator may not revoke the ward's advance
575 health care directive unless the appointing court expressly so
576 authorizes.

577 (b) Absent a court order to the contrary, a health care decision of a
578 health care representative takes precedence over that of a conservator.

579 Sec. 21. (NEW) (*Effective October 1, 2006*) An advance directive
580 properly executed prior to October 1, 2006, shall have the same legal
581 force and effect as if it had been executed in accordance with the
582 provisions of chapter 368w of the general statutes.

583 Sec. 22. (NEW) (*Effective October 1, 2006*) Health care instructions or
584 appointment of a health care proxy executed under the laws of another
585 state in compliance with the laws of that state or the state of
586 Connecticut, and which are not contrary to the public policy of this
587 state, are deemed validly executed for purposes of chapter 368w of the
588 general statutes. Health care instructions or appointment of a health
589 care proxy executed in a foreign country in compliance with the laws
590 of the country or the state of Connecticut, and which are not contrary

591 to the public policy of this state, are deemed validly executed for the
592 purposes of chapter 368w of the general statutes.

593 Sec. 23. (NEW) (*Effective from passage*) (a) The Secretary of the State
594 shall establish and maintain a central registry for advance health care
595 directives.

596 (b) A person may submit a copy of any of the following documents
597 or revocations of such documents to the Secretary of the State for
598 inclusion in the advance health care directive registry established
599 pursuant to subsection (a) of this section:

600 (1) Documents containing directions about administration,
601 withholding or withdrawal of specific life support systems, as defined
602 in section 19a-570 of the general statutes, as amended by this act, or
603 any other document created in accordance with chapter 368w of the
604 general statutes;

605 (2) Documents containing health care instructions, the appointment
606 of a health care representative, the designation of a conservator of the
607 person for future incapacity and a document of anatomical gift; and

608 (3) Statutory short form powers of attorney created in accordance
609 with section 1-43 of the general statutes;

610 (c) Documents submitted to the advance health care directive
611 registry established pursuant to subsection (a) of this section shall only
612 be deemed submitted when accompanied by the necessary registration
613 form prescribed by the Secretary of the State.

614 (d) Any person desiring to submit a document for inclusion in the
615 advance health care directive registry established pursuant to
616 subsection (a) of this section shall submit such document along with a
617 form prescribed by the Secretary of the State that contains (1) the
618 registrant's full name and mailing address, and (2) an indication of the
619 advance health care directives that the registrant is submitting
620 pursuant to this section. The Secretary of the State may prescribe such

621 other forms as the Secretary deems necessary for operating the
622 registry.

623 (e) Upon receipt of a document that may be included in the advance
624 health care directive registry, the Secretary of the State may create a
625 reproduction of the document and index the reproduced document.
626 Each indexed document shall be assigned a unique identifying number
627 and password. Upon indexing the reproduced document into the
628 registry, the document shall be returned to the person who submitted
629 the document, with a form prescribed by the Secretary that contains
630 the document's file number and password.

631 (f) The Secretary of the State shall not review or provide any advice
632 concerning any documents submitted for inclusion in the advance
633 health care directive registry, including but not limited to, advice
634 concerning whether the documents are in compliance with applicable
635 statutory requirements.

636 (g) The provisions of this section shall not be construed to
637 invalidate (1) documents containing advance health care directives that
638 are not submitted for inclusion in the registry, or (2) otherwise valid
639 revocations of such documents in cases where the Secretary of the State
640 has not been notified of the revocation.

641 (h) The entry of a document into the index does not (1) affect the
642 validity of the document in whole or in part, (2) relate to the accuracy
643 of information contained in the document, or (3) create a presumption
644 regarding the validity of the document, the accuracy of information
645 contained in the document, or that the statutory requirements for the
646 document have been satisfied.

647 (i) The Secretary of the State shall only disclose information in the
648 advance health care directive registry or index to individuals who
649 possess the valid file number and password for a document.

650 (j) Any document or record included in the advance health care

651 directive registry, including file numbers, passwords and any other
 652 information maintained by the Secretary of the State pursuant to this
 653 section, shall not be deemed a public record and shall not be subject to
 654 disclosure under the provisions of section 1-210 of the 2006
 655 supplement to the general statutes.

656 (k) The state of Connecticut, the Secretary of the State and any agent
 657 or person employed by the Secretary of the State shall be held harmless
 658 from any liability or causes of action arising out of the administration
 659 or operation of the advance health care directive registry authorized by
 660 subsection (a) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	1-54a
Sec. 2	<i>October 1, 2006</i>	17a-238(g)
Sec. 3	<i>October 1, 2006</i>	19a-279c(a)
Sec. 4	<i>October 1, 2006</i>	19a-570
Sec. 5	<i>October 1, 2006</i>	19a-571(a)
Sec. 6	<i>October 1, 2006</i>	19a-575
Sec. 7	<i>October 1, 2006</i>	19a-575a
Sec. 8	<i>October 1, 2006</i>	19a-576
Sec. 9	<i>October 1, 2006</i>	19a-577
Sec. 10	<i>October 1, 2006</i>	19a-578
Sec. 11	<i>October 1, 2006</i>	19a-579
Sec. 12	<i>October 1, 2006</i>	19a-579a
Sec. 13	<i>October 1, 2006</i>	19a-579b
Sec. 14	<i>October 1, 2006</i>	19a-580
Sec. 15	<i>October 1, 2006</i>	19a-580b
Sec. 16	<i>October 1, 2006</i>	19a-580c
Sec. 17	<i>October 1, 2006</i>	45a-650(h)
Sec. 18	<i>October 1, 2006</i>	45a-654(a)
Sec. 19	<i>October 1, 2006</i>	52-184d(a)(3)
Sec. 20	<i>October 1, 2006</i>	New section
Sec. 21	<i>October 1, 2006</i>	New section
Sec. 22	<i>October 1, 2006</i>	New section
Sec. 23	<i>from passage</i>	New section

Statement of Purpose:

To revise the statutes governing removal of life support systems and to require the Secretary of the State to establish and maintain a central registry for advance health care directives.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]