



General Assembly

January Session, 2009

**Raised Bill No. 1138**

LCO No. 4916

\*04916\_\_\_\_\_JUD\*

Referred to Committee on Judiciary

Introduced by:  
(JUD)

***AN ACT CONCERNING DEATH WITH DIGNITY.***

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

1 Section 1. (NEW) (*Effective January 1, 2010*) As used in this section  
2 and sections 2 to 25, inclusive, of this act:

3 (1) "Adult" means an individual who is eighteen years of age or  
4 older;

5 (2) "Attending physician" means the physician who has primary  
6 responsibility for the care of the patient and treatment of the patient's  
7 terminal disease;

8 (3) "Competent" means that, in the opinion of a court or in the  
9 opinion of the patient's attending physician or consulting physician,  
10 psychiatrist or psychologist, a patient has the ability to make and  
11 communicate an informed decision to health care providers, including  
12 communication through persons familiar with the patient's manner of  
13 communicating if those persons are available;

14 (4) "Consulting physician" means a physician who is qualified by

15 specialty or experience to make a professional diagnosis and prognosis  
16 regarding the patient's disease;

17 (5) "Counseling" means one or more consultations as necessary  
18 between a psychiatrist or a psychologist and a patient for the purpose  
19 of determining that the patient is competent and not suffering from  
20 depression or any other psychiatric or psychological disorder that  
21 causes impaired judgment;

22 (6) "Health care provider" means a person licensed, certified or  
23 otherwise authorized or permitted by law to administer health care or  
24 dispense medication in the ordinary course of business or practice of a  
25 profession, and includes a health care facility;

26 (7) "In a humane and dignified manner" means in a manner  
27 permitted by and in accordance with sections 1 to 25, inclusive, of this  
28 act.

29 (8) "Informed decision" means a decision by a qualified patient to  
30 request and obtain a prescription for medication that the qualified  
31 patient may self-administer to end his or her life in a humane and  
32 dignified manner, that is based on an appreciation of the relevant facts  
33 and after being fully informed by the attending physician of:

34 (A) The patient's medical diagnosis;

35 (B) The patient's prognosis;

36 (C) The potential risks associated with taking the medication to be  
37 prescribed;

38 (D) The probable result of taking the medication to be prescribed;  
39 and

40 (E) The feasible alternatives including, but not limited to, comfort  
41 care, hospice care and pain control;

42 (9) "Medically confirmed" means that the medical opinion of the

43 attending physician has been confirmed by a consulting physician who  
44 has examined the patient and the patient's relevant medical records;

45 (10) "Patient" means an individual who is under the care of a  
46 physician;

47 (11) "Physician" means an individual licensed as a physician  
48 pursuant to chapter 370 of the general statutes;

49 (12) "Psychiatrist" means a psychiatrist licensed pursuant to chapter  
50 370 of the general statutes;

51 (13) "Psychologist" means a psychologist licensed pursuant to  
52 chapter 383 of the general statutes;

53 (14) "Qualified patient" means a competent adult who is a resident  
54 of this state and has satisfied the requirements of sections 1 to 25,  
55 inclusive, of this act, in order to obtain a prescription for medication  
56 that the qualified patient may self-administer to end his or her life in a  
57 humane and dignified manner;

58 (15) "Self-administer" means a qualified patient's act of ingesting  
59 medication to end his or her life in a humane and dignified manner;  
60 and

61 (16) "Terminal disease" means an incurable and irreversible disease  
62 that has been medically confirmed and will, within reasonable medical  
63 judgment, produce death within six months.

64 Sec. 2. (NEW) (*Effective January 1, 2010*) (a) An adult who is  
65 competent, is a resident of this state, and has been determined by the  
66 attending physician and consulting physician to be suffering from a  
67 terminal disease, and who has voluntarily expressed his or her wish to  
68 die, may make a written request pursuant to section 22 of this act for  
69 medication that the patient may self-administer to end his or her life in  
70 a humane and dignified manner in accordance with sections 1 to 25,  
71 inclusive, of this act.

72 (b) An individual is not a qualified patient under sections 1 to 25,  
73 inclusive, of this act, solely because of age or disability.

74 Sec. 3. (NEW) (*Effective January 1, 2010*) (a) A valid request for  
75 medication under sections 1 to 25, inclusive, of this act, shall be in  
76 substantially the form described in section 22 of this act, signed and  
77 dated by the patient and witnessed by at least two individuals who, in  
78 the presence of the patient, attest that to the best of their knowledge  
79 and belief the patient is competent, acting voluntarily and is not being  
80 coerced to sign the request.

81 (b) One of the witnesses described in subsection (a) of this section  
82 shall be a person who is not:

83 (1) A relative of the patient by blood, marriage or adoption;

84 (2) A person who at the time the request is signed would be entitled  
85 to any portion of the estate of the patient upon death under any will or  
86 by operation of law; or

87 (3) An owner, operator or employee of a health care facility where  
88 the patient is receiving medical treatment or is a resident.

89 (c) The patient's attending physician at the time the request is signed  
90 shall not be a witness.

91 (d) If the patient is a patient in a nursing home, as defined in section  
92 19a-490 of the general statutes, at the time the written request is made,  
93 one of the witnesses shall be an individual designated by the nursing  
94 home and having the qualifications specified by the Department of  
95 Public Health, pursuant to regulations which the Commissioner of  
96 Public Health shall adopt, in accordance with chapter 54 of the general  
97 statutes.

98 Sec. 4. (NEW) (*Effective January 1, 2010*) (a) With respect to a written  
99 request for medication made pursuant to section 2 of this act, the  
100 attending physician shall:

101 (1) Make the initial determination of whether a patient has a  
102 terminal disease, is competent and has made the request voluntarily;

103 (2) Request that the patient demonstrate residency in this state  
104 under section 13 of this act;

105 (3) Ensure that the patient is making an informed decision by  
106 informing the patient of:

107 (A) The patient's medical diagnosis;

108 (B) The patient's prognosis;

109 (C) The potential risks associated with taking the medication to be  
110 prescribed;

111 (D) The probable result of taking the medication to be prescribed;  
112 and

113 (E) The feasible alternatives including, but not limited to, comfort  
114 care, hospice care and pain control;

115 (4) Refer the patient to a consulting physician for medical  
116 confirmation of the diagnosis, and for a determination that the patient  
117 is competent and acting voluntarily;

118 (5) Refer the patient for counseling if appropriate under section 6 of  
119 this act;

120 (6) Recommend that the patient notify the patient's next of kin;

121 (7) Counsel the patient about the importance of having another  
122 person present when the patient takes the medication prescribed under  
123 sections 1 to 25, inclusive, of this act, of not taking the medication in a  
124 public place and the potential cause of action under section 21 of this  
125 act for taking the medication in a public place;

126 (8) Inform the patient that the patient has an opportunity to rescind

127 the request at any time and in any manner, and offer the patient an  
128 opportunity to rescind the request at the end of the fifteen-day waiting  
129 period set forth in section 9 of this act;

130 (9) Verify, immediately before writing the prescription for  
131 medication under sections 1 to 25, inclusive, of this act, that the patient  
132 is making an informed decision;

133 (10) Fulfill the medical record documentation requirements of  
134 section 12 of this act;

135 (11) Ensure that all appropriate steps are carried out in accordance  
136 with sections 1 to 25, inclusive, of this act, before writing a prescription  
137 for medication to enable a qualified patient to end his or her life in a  
138 humane and dignified manner; and

139 (12) (A) Dispense medications directly, including ancillary  
140 medications intended to facilitate the desired effect to minimize the  
141 patient's discomfort, if the attending physician is authorized under  
142 state law to dispense such medication; or

143 (B) With the patient's written consent:

144 (i) Contact a pharmacist and inform the pharmacist of the  
145 prescription; and

146 (ii) Deliver the written prescription personally, by mail or facsimile  
147 to the pharmacist, who shall dispense the medications directly to either  
148 the patient, the attending physician or an expressly identified agent of  
149 the patient. Medications dispensed pursuant to this subsection shall  
150 not be dispensed by mail or other form of courier.

151 (b) The attending physician may sign the patient's death certificate  
152 which shall list the underlying terminal disease as the cause of death.

153 Sec. 5. (NEW) (*Effective January 1, 2010*) In order for a patient to be  
154 found to be a qualified patient for the purposes of sections 1 to 25,

155 inclusive, of this act, a consulting physician shall examine the patient  
156 and his or her relevant medical records and confirm, in writing, the  
157 attending physician's diagnosis that the patient is suffering from a  
158 terminal disease and verify that the patient is competent, is acting  
159 voluntarily and has made an informed decision.

160 Sec. 6. (NEW) (*Effective January 1, 2010*) If, in the opinion of the  
161 attending physician or the consulting physician, a patient may be  
162 suffering from depression or any other psychiatric or psychological  
163 disorder that causes impaired judgment, either physician shall refer  
164 the patient for counseling. Medication to end a patient's life in a  
165 humane and dignified manner shall not be prescribed until the person  
166 performing the counseling determines that the patient is not suffering  
167 from depression or any other psychiatric or psychological disorder that  
168 causes impaired judgment.

169 Sec. 7. (NEW) (*Effective January 1, 2010*) An individual shall not  
170 receive a prescription for medication to end his or her life unless he or  
171 she has made an informed decision. Immediately before writing a  
172 prescription for medication under sections 1 to 25, inclusive, of this act,  
173 the attending physician shall verify that the qualified patient is making  
174 an informed decision.

175 Sec. 8. (NEW) (*Effective January 1, 2010*) The attending physician  
176 shall recommend that the patient notify the patient's next of kin of his  
177 or her request for medication under sections 1 to 25, inclusive, of this  
178 act. A patient who declines or is unable to notify such next of kin shall  
179 not have his or her request for medication denied solely for failure to  
180 notify next of kin.

181 Sec. 9. (NEW) (*Effective January 1, 2010*) To receive a prescription for  
182 medication that the qualified patient may self-administer to end his or  
183 her life in a humane and dignified manner, a qualified patient shall  
184 have made an oral request and a written request, and reiterate the oral  
185 request to his or her attending physician at least fifteen days after  
186 making the initial oral request. At the time the qualified patient makes

187 his or her second oral request, the attending physician shall offer the  
188 qualified patient an opportunity to rescind the request.

189       Sec. 10. (NEW) (*Effective January 1, 2010*) An individual may rescind  
190 his or her request for medication to end his or her life in a humane and  
191 dignified manner at any time and in any manner without regard to his  
192 or her mental state. No prescription for such medication may be  
193 written without the attending physician offering the qualified patient  
194 an opportunity to rescind the request.

195       Sec. 11. (NEW) (*Effective January 1, 2010*) (a) At least fifteen days  
196 shall elapse between the qualified patient's initial oral request and the  
197 writing of a prescription for medication to end his or her life in a  
198 humane and dignified manner under sections 1 to 25, inclusive, of this  
199 act.

200       (b) At least forty-eight hours shall elapse between the date the  
201 qualified patient signs the written request for such medication and the  
202 writing of a prescription for such medication under sections 1 to 25,  
203 inclusive, of this act.

204       Sec. 12. (NEW) (*Effective January 1, 2010*) With respect to a request by  
205 a qualified patient for medication to end his or her life in a humane  
206 and dignified manner, the following shall be documented or filed in  
207 the qualified patient's medical record:

208       (1) All oral requests by a qualified patient for medication to end his  
209 or her life in a humane and dignified manner;

210       (2) All written requests by a qualified patient for medication to end  
211 his or her life in a humane and dignified manner;

212       (3) The attending physician's diagnosis and prognosis, and  
213 determination that the qualified patient is competent, is acting  
214 voluntarily and has made an informed decision;

215       (4) The consulting physician's diagnosis and prognosis, and



216 verification that the qualified patient is competent, is acting voluntarily  
217 and has made an informed decision;

218 (5) A report of the outcome and determinations made during  
219 counseling, if performed;

220 (6) The attending physician's offer to the qualified patient to rescind  
221 his or her request at the time of the qualified patient's second oral  
222 request under section 9 of this act; and

223 (7) A note by the attending physician indicating that all  
224 requirements under sections 1 to 25, inclusive, of this act, have been  
225 met and indicating the steps taken to carry out the request, including a  
226 notation of the medication prescribed.

227 Sec. 13. (NEW) (*Effective January 1, 2010*) Only requests made by  
228 qualified patients who are residents of this state may be granted under  
229 sections 1 to 25, inclusive, of this act. Factors demonstrating residency  
230 of this state include, but are not limited to:

231 (1) Possession of a Connecticut driver's license;

232 (2) Registration to vote in this state; or

233 (3) Evidence that the person owns or leases property in this state.

234 Sec. 14. (NEW) (*Effective January 1, 2010*) Any qualified patient who  
235 does not self-administer medication dispensed under sections 1 to 25,  
236 inclusive, of this act, to end his or her life shall dispose of such  
237 medication by lawful means.

238 Sec. 15. (NEW) (*Effective January 1, 2010*) (a) (1) The Department of  
239 Public Health shall annually review all records maintained under  
240 section 12 of this act.

241 (2) The Department of Public Health shall require any health care  
242 provider upon writing a prescription or dispensing medication under  
243 sections 1 to 25, inclusive, of this act, to file a copy of the prescription

244 record and such other administratively required documentation with  
245 the department. All administratively required documentation shall be  
246 mailed or otherwise transmitted in such form as the Commissioner of  
247 Public Health prescribes not later than thirty calendar days after the  
248 writing of a prescription and dispensing of medication under sections  
249 1 to 25, inclusive, of this act, except that all documents required to be  
250 filed with the department by the prescribing physician after the death  
251 of the patient shall be transmitted to the department not later than  
252 thirty calendar days after the date of death of the patient. If any person  
253 who is required to report information to the department pursuant to  
254 any provision of sections 1 to 25, inclusive, of this act, provides an  
255 inadequate or incomplete report, the department shall contact the  
256 person to request a complete report.

257 (b) The Commissioner of Public Health may adopt regulations, in  
258 accordance with chapter 54 of the general statutes, to facilitate the  
259 collection of information regarding compliance with sections 1 to 25,  
260 inclusive, of this act. The commissioner shall maintain as confidential  
261 information collected pursuant to sections 1 to 25, inclusive, of this act.

262 (c) The department shall generate and make available to the public  
263 an annual statistical report of information collected under subsections  
264 (a) and (b) of this section, provided such report shall not include any  
265 individually identifiable information.

266 Sec. 16. (NEW) (*Effective January 1, 2010*) (a) Any provision in a  
267 contract, will or other agreement, whether written or oral, to the extent  
268 the provision would affect whether an individual may make or rescind  
269 a request for medication to end his or her life in a humane and  
270 dignified manner, is not valid.

271 (b) Any obligation owing under any currently existing contract shall  
272 not be conditioned or affected by the making or rescinding of a request  
273 by an individual for medication to end his or her life in a humane and  
274 dignified manner.

275       Sec. 17. (NEW) (*Effective January 1, 2010*) The sale, procurement or  
276 issuance of any life, health or accident insurance or annuity policy or  
277 the rate charged for any such policy shall not be conditioned upon or  
278 affected by the making or rescinding of a request, by an individual, for  
279 medication that the individual as a qualified patient may self-  
280 administer to end his or her life in a humane and dignified manner. A  
281 qualified patient's act of ingesting medication to end his or her life in a  
282 humane and dignified manner shall not have an effect on a life, health  
283 or accident insurance or annuity policy, or benefits payable under such  
284 policy.

285       Sec. 18. (NEW) (*Effective January 1, 2010*) (a) Nothing in sections 1 to  
286 25, inclusive, of this act, authorizes a physician or any other person to  
287 end a patient's life by lethal injection, mercy killing or any other active  
288 euthanasia.

289       (b) Any action taken in accordance with sections 1 to 25, inclusive,  
290 of this act, does not constitute causing another person to commit  
291 suicide in violation of section 53a-54a or 53a-56 of the general statutes.

292       (c) No report of a public agency, as defined in section 1-200 of the  
293 general statutes, may refer to the practice of obtaining and self-  
294 administering life-ending medication to end a qualified patient's life in  
295 a humane and dignified manner as "suicide" or "assisted suicide", and  
296 shall refer to such practice as "obtaining and self-administering life-  
297 ending medication to end a qualified patient's life in a humane and  
298 dignified manner".

299       Sec. 19. (NEW) (*Effective January 1, 2010*) (a) Except as provided in  
300 section 20 of this act and subsection (b) of this section:

301       (1) A person shall not be subject to civil or criminal liability or  
302 disciplinary action by the Connecticut Medical Examining Board or  
303 other professional licensing board for providing services in good faith  
304 compliance with sections 1 to 25, inclusive, of this act, including being  
305 present when a qualified patient takes the prescribed medication to

306 end his or her life in a humane and dignified manner;

307 (2) A professional organization or association or health care  
308 provider may not subject a person to censure, discipline, suspension,  
309 loss of license, loss of privileges, loss of membership or other penalty  
310 for providing services or refusing to provide services in good faith  
311 compliance with sections 1 to 25, inclusive, of this act;

312 (3) A qualified patient's request for, or provision by an attending  
313 physician of, medication in good faith compliance with sections 1 to 25,  
314 inclusive, of this act, does not constitute neglect for any purpose of law  
315 or provide the sole basis for the appointment of a guardian or  
316 conservator for the qualified patient; and

317 (4) Only a willing health care provider shall participate in the  
318 provision to a qualified patient of medication to end his or her life in a  
319 humane and dignified manner. If a health care provider is unable or  
320 unwilling to carry out a patient's request under sections 1 to 25,  
321 inclusive, of this act, and the patient transfers his or her care to a new  
322 health care provider, the prior health care provider shall transfer, upon  
323 request, a copy of the patient's relevant medical records to the new  
324 health care provider.

325 (b) (1) A health care provider may prohibit another health care  
326 provider from providing services under any provision of sections 1 to  
327 25, inclusive, of this act on the premises of the prohibiting health care  
328 provider if the prohibiting health care provider has given notice to all  
329 health care providers with privileges to practice on the premises and to  
330 the general public of the prohibiting provider's policy regarding the  
331 provision of services under sections 1 to 25, inclusive, of this act. This  
332 subsection shall not prevent a health care provider from providing  
333 health care services to a patient that do not constitute providing  
334 services under any provision of sections 1 to 25, inclusive, of this act.

335 (2) A health care provider may subject another health care provider  
336 to the sanctions set forth in this subdivision if the sanctioning health

337 care provider has notified the sanctioned provider before providing  
338 services under sections 1 to 25, inclusive, of this act that the  
339 sanctioning health care provider prohibits the provision of services  
340 under sections 1 to 25, inclusive, of this act. Such sanctions may  
341 include:

342 (A) Loss of privileges, loss of membership or other sanctions  
343 provided under the written bylaws, policies or procedures of the  
344 sanctioning health care provider if the sanctioned provider is a  
345 member of the sanctioning provider's medical staff and provides  
346 services under sections 1 to 25, inclusive, of this act while on the health  
347 care facility premises of the sanctioning health care provider, but not if  
348 such services are provided in a private medical office of the physician  
349 or other health care provider;

350 (B) Termination of a lease or other property contract or other  
351 nonmonetary remedies provided by a lease contract, not including loss  
352 or restriction of medical staff privileges or exclusion from a provider  
353 panel, if the sanctioned provider provides services under sections 1 to  
354 25, inclusive, of this act while on the premises of the sanctioning health  
355 care provider or on property that is owned by or under the direct  
356 control of the sanctioning health care provider; or

357 (C) Termination of a contract or other nonmonetary remedies  
358 provided by contract if the sanctioned health care provider provides  
359 services under sections 1 to 25, inclusive, of this act while acting in the  
360 course and scope of the sanctioned health care provider's capacity as  
361 an employee or independent contractor of the sanctioning health care  
362 provider. Nothing in this subsection shall prevent:

363 (i) A health care provider from providing services under sections 1  
364 to 25, inclusive, of this act while acting outside the course and scope of  
365 the provider's capacity as an employee or independent contractor; or

366 (ii) A patient from contracting with his or her attending physician  
367 and consulting physician to act outside the course and scope of the

368 physician's capacity as an employee or independent contractor of the  
369 sanctioning health care provider.

370 (3) A health care provider that imposes sanctions under subdivision  
371 (2) of this subsection shall follow all procedures the sanctioning health  
372 care provider may have that are related to the imposition of sanctions  
373 on other health care providers.

374 (c) Nothing in sections 1 to 25, inclusive, of this act, shall lower the  
375 applicable standard of care for the attending physician, consulting  
376 physician, psychiatrist, psychologist or other health care provider  
377 acting pursuant to any provision of sections 1 to 25, inclusive, of this  
378 act.

379 (d) For the purposes of this section:

380 (1) "Notify" means the provision of a separate statement in writing  
381 to the health care provider specifically informing the health care  
382 provider before the provider's provision of services under sections 1 to  
383 25, inclusive, of this act of the sanctioning health care provider's policy  
384 about providing services under sections 1 to 25, inclusive, of this act.

385 (2) "Provide services under sections 1 to 25, inclusive, of this act"  
386 means to perform the acts of an attending physician described in  
387 section 4 of this act, the acts of a consulting physician function under  
388 section 5 of this act or the counseling described in section 6 of this act.  
389 "Provide services under sections 1 to 25, inclusive, of this act" does not  
390 include:

391 (A) Making an initial determination that a patient has a terminal  
392 disease and informing the patient of the medical prognosis;

393 (B) Providing information about the provisions of sections 1 to 25,  
394 inclusive, of this act to a patient upon the request of the patient;

395 (C) Providing a patient, upon the request of the patient, with a  
396 referral to another physician; or

397 (D) A patient contracting with his or her attending physician or  
398 consulting physician to act outside of the course and scope of the  
399 physician's capacity as an employee or independent contractor of the  
400 sanctioning health care provider.

401 Sec. 20. (NEW) (*Effective January 1, 2010*) (a) Any person who  
402 without authorization of the patient wilfully alters or forges a request  
403 for medication described in section 22 of this act or conceals or  
404 destroys a rescission of such a request for medication with the intent or  
405 effect of causing the patient's death is guilty of facilitating a death by  
406 self-administration of medication.

407 (b) Any person who coerces or exerts undue influence on a patient  
408 to complete a request for medication described in section 22 of this act,  
409 or coerces or exerts undue influence on a patient to destroy a rescission  
410 of such a request, with the intent or effect of causing the patient's death  
411 is guilty of facilitating a death by self-administration of medication.

412 (c) Facilitating a death by self-administration of medication is a class  
413 A felony.

414 Sec. 21. (NEW) (*Effective January 1, 2010*) Any public agency, as  
415 defined in section 1-200 of the general statutes, that incurs costs  
416 resulting from an individual self-administering medication to end his  
417 or her life in a public place may file a claim against the individual or  
418 the estate of the individual to recover such costs, including court costs  
419 and reasonable attorney's fees.

420 Sec. 22. (NEW) (*Effective January 1, 2010*) A request for a medication  
421 as authorized by sections 1 to 25, inclusive, of this act, shall be in  
422 substantially the following form:

423 REQUEST FOR MEDICATION TO END MY LIFE IN A

424 HUMANE AND DIGNIFIED MANNER

425 I, ....., am an adult of sound mind.

426 I am suffering from ..., which my attending physician has  
427 determined is a terminal disease and which has been medically  
428 confirmed by a consulting physician.

429 I have been fully informed of my diagnosis, prognosis, the nature of  
430 medication to be prescribed and potential associated risks, the  
431 expected result, and the feasible alternatives, including comfort care,  
432 hospice care and pain control.

433 I request that my attending physician prescribe medication that I  
434 may self-administer to end my life in a humane and dignified manner  
435 and to contact any pharmacist to fill the prescription.

436 INITIAL ONE:

437 .... I have informed my family of my decision and taken their  
438 opinions into consideration.

439 .... I have decided not to inform my family of my decision.

440 .... I have no family to inform of my decision.

441 I understand that I have the right to rescind this request at any time.

442 I understand the full import of this request and I expect to die when  
443 I take the medication to be prescribed. I further understand that  
444 although most deaths occur within three hours, my death may take  
445 longer and my attending physician has counseled me about this  
446 possibility.

447 I make this request voluntarily and without reservation, and I  
448 accept full responsibility for my actions.

449 Signed: ....

450 Dated: ....

451 DECLARATION OF WITNESSES



452 By initialing and signing below on or after the date the individual  
453 named above signs, I declare that the individual making and signing  
454 the above request:

455 Witness 1 .... Witness 2 ....

456 Initials .... Initials ....

457 .... 1. Is personally known to me or has provided proof of identity;

458 .... 2. Signed this request in my presence on the date of the  
459 individual's signature;

460 ..... 3. Appears to be of sound mind and not under duress, fraud or  
461 undue influence;

462 .... 4. Is not a patient for whom I am the attending physician.

463 Printed Name of Witness 1 ....

464 Signature of Witness 1 .... Date ....

465 Printed Name of Witness 2 ....

466 Signature of Witness 2 .... Date ....

467 NOTE: One witness shall not be a relative by blood, marriage or  
468 adoption of the individual signing this request, shall not be entitled to  
469 any portion of the individual's estate upon death under any will or by  
470 operation of law, and shall not own, operate or be employed at a  
471 health care facility where the person is receiving medical treatment or  
472 is a resident. If the patient is a resident of a nursing home, as defined  
473 in section 19a-490 of the general statutes, one of the witnesses shall be  
474 an individual designated by the nursing home.

475 Sec. 23. (NEW) (*Effective January 1, 2010*) Nothing in sections 1 to 25,  
476 inclusive, of this act, shall be construed to permit any affirmative or  
477 deliberate act or omission to end life other than to permit a qualified

478 patient to self-administer medication to end his or her life in a humane  
 479 and dignified manner under sections 1 to 25, inclusive, of this act.

480 Sec. 24. (NEW) (*Effective January 1, 2010*) Sections 1 to 25, inclusive,  
 481 of this act, do not limit liability for civil damages resulting from  
 482 negligent conduct or intentional misconduct by any person.

483 Sec. 25. (NEW) (*Effective January 1, 2010*) Nothing in sections 1 to 25,  
 484 inclusive, of this act, shall preclude criminal prosecution under any  
 485 provision of law for conduct that is inconsistent with sections 1 to 25,  
 486 inclusive, of this act.

|   |                        |             |
|---|------------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                        |             |
| Section 1   | <i>January 1, 2010</i> | New section |
| Sec. 2  | <i>January 1, 2010</i> | New section |
| Sec. 3  | <i>January 1, 2010</i> | New section |
| Sec. 4  | <i>January 1, 2010</i> | New section |
| Sec. 5  | <i>January 1, 2010</i> | New section |
| Sec. 6  | <i>January 1, 2010</i> | New section |
| Sec. 7  | <i>January 1, 2010</i> | New section |
| Sec. 8  | <i>January 1, 2010</i> | New section |
| Sec. 9  | <i>January 1, 2010</i> | New section |
| Sec. 10   | <i>January 1, 2010</i> | New section |
| Sec. 11   | <i>January 1, 2010</i> | New section |
| Sec. 12   | <i>January 1, 2010</i> | New section |
| Sec. 13   | <i>January 1, 2010</i> | New section |
| Sec. 14   | <i>January 1, 2010</i> | New section |
| Sec. 15   | <i>January 1, 2010</i> | New section |
| Sec. 16   | <i>January 1, 2010</i> | New section |
| Sec. 17   | <i>January 1, 2010</i> | New section |
| Sec. 18   | <i>January 1, 2010</i> | New section |
| Sec. 19   | <i>January 1, 2010</i> | New section |
| Sec. 20   | <i>January 1, 2010</i> | New section |
| Sec. 21   | <i>January 1, 2010</i> | New section |
| Sec. 22   | <i>January 1, 2010</i> | New section |
| Sec. 23   | <i>January 1, 2010</i> | New section |
| Sec. 24   | <i>January 1, 2010</i> | New section |

|         |                 |             |
|---------|-----------------|-------------|
| Sec. 25 | January 1, 2010 | New section |
|---------|-----------------|-------------|

**Statement of Purpose:**

To allow a competent terminally ill patient to self-administer medication to end his or her life after evaluation by physicians and counseling, the passage of a waiting period and the completion of a formal, witnessed request for such medication.

*[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.]*