



General Assembly

January Session, 2013

Raised Bill No. 6645

LCO No. 4397



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR
TERMINALLY ILL PATIENTS.***

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

1 Section 1. (NEW) (*Effective October 1, 2013*) As used in this section
2 and sections 2 to 17, inclusive, of this act:

3 (1) "Adult" means a person who is eighteen years of age or older;

4 (2) "Aid in dying" means the medical practice of a physician
5 prescribing medication to a qualified patient who is terminally ill,
6 which medication a qualified patient may self-administer to bring
7 about his or her death;

8 (3) "Attending physician" means the physician who has primary
9 responsibility for the medical care of the patient and treatment of the
10 patient's terminal illness;

11 (4) "Competent" means, in the opinion of the patient's attending
12 physician, consulting physician, psychiatrist, psychologist or a court,
13 that the patient has the capacity to understand and acknowledge the

14 nature and consequences of health care decisions, including the
15 benefits and disadvantages of treatment, to make an informed decision
16 and to communicate such decision to a health care provider, including
17 communicating through a person familiar with the patient's manner of
18 communicating;

19 (5) "Consulting physician" means a physician who is qualified by
20 specialty or experience to make a professional diagnosis and prognosis
21 regarding the patient's terminal illness;

22 (6) "Counseling" means one or more consultations as necessary
23 between a psychiatrist or a psychologist and a patient for the purpose
24 of determining that the patient is competent and not suffering from
25 depression or any other psychiatric or psychological disorder that
26 causes impaired judgment;

27 (7) "Health care provider" means a person licensed, certified or
28 otherwise authorized or permitted by law to administer health care or
29 dispense medication in the ordinary course of business or practice of a
30 profession, including, but not limited to, a physician, psychiatrist,
31 psychologist or pharmacist;

32 (8) "Health care facility" means a hospital, residential care home,
33 nursing home or rest home, as such terms are defined in section 19a-
34 490 of the general statutes;

35 (9) "Informed decision" means a decision by a qualified patient to
36 request and obtain a prescription for medication that the qualified
37 patient may self-administer for aid in dying, that is based on an
38 understanding and acknowledgment of the relevant facts and after
39 being fully informed by the attending physician of: (A) The patient's
40 medical diagnosis and prognosis; (B) the potential risks associated
41 with self-administering the medication to be prescribed; (C) the
42 probable result of taking the medication to be prescribed; and (D) the
43 feasible alternatives and health care treatment options, including, but
44 not limited to, palliative care;

45 (10) "Medically confirmed" means the medical opinion of the
46 attending physician has been confirmed by a consulting physician who
47 has examined the patient and the patient's relevant medical records;

48 (11) "Palliative care" means health care centered on a terminally ill
49 patient and such patient's family that (A) optimizes the patient's
50 quality of life by anticipating, preventing and treating the patient's
51 suffering throughout the continuum of the patient's terminal illness,
52 (B) addresses the physical, emotional, social and spiritual needs of the
53 patient, (C) facilitates patient autonomy, the patient's access to
54 information and patient choice, and (D) includes, but is not limited to,
55 discussions between the patient and a health care provider concerning
56 the patient's goals for treatment and appropriate treatment options
57 available to the patient, including hospice care and comprehensive
58 pain and symptom management;

59 (12) "Participate in the provision of medication" means to perform
60 the duties of an attending physician or consulting physician, a
61 psychiatrist, psychologist or pharmacist in accordance with the
62 provisions of sections 2 to 9, inclusive, of this act, and does not include:
63 (A) Making an initial diagnosis of a patient's terminal illness; (B)
64 informing a patient of his or her medical diagnosis or prognosis; (C)
65 informing a patient concerning the provisions of this section and
66 sections 2 to 17, inclusive, of this act, upon the patient's request; or (D)
67 referring a patient to another health care provider for aid in dying;

68 (13) "Patient" means a person who is under the care of a physician;

69 (14) "Pharmacist" means a person licensed pursuant to chapter 400j
70 of the general statutes;

71 (15) "Physician" means a person licensed to practice medicine and
72 surgery pursuant to chapter 370 of the general statutes;

73 (16) "Psychiatrist" means a psychiatrist licensed pursuant to chapter
74 370 of the general statutes;

75 (17) "Psychologist" means a psychologist licensed pursuant to
76 chapter 383 of the general statutes;

77 (18) "Qualified patient" means a competent adult who is a resident
78 of this state, has a terminal illness and has satisfied the requirements of
79 this section and sections 2 to 9, inclusive, of this act, in order to obtain
80 aid in dying;

81 (19) "Self-administer" means a qualified patient's act of ingesting
82 medication; and

83 (20) "Terminal illness" means the final stage of an incurable and
84 irreversible medical condition that an attending physician anticipates,
85 within reasonable medical judgment, will produce a patient's death
86 within six months.

87 Sec. 2. (NEW) (*Effective October 1, 2013*) (a) A person who (1) is an
88 adult, (2) is competent, (3) is a resident of this state, (4) has been
89 determined by the patient's attending physician to have a terminal
90 illness, (5) except as provided in subsection (b) of section 7 of this act,
91 has had his or her diagnosis of a terminal illness medically confirmed,
92 and (6) has voluntarily expressed his or her wish to receive aid in
93 dying, may make a written request pursuant to sections 3 and 4 of this
94 act for aid in dying.

95 (b) A person is not a qualified patient under sections 1 to 17,
96 inclusive, of this act, solely because of age or disability.

97 (c) No person, including, but not limited to, an agent under a living
98 will, an attorney-in-fact under a durable power of attorney, a guardian,
99 or a conservator, may act on behalf of a patient for purposes of sections
100 1 to 17, inclusive, of this act.

101 Sec. 3. (NEW) (*Effective October 1, 2013*) (a) A patient wishing to
102 receive aid in dying shall submit a written request to such patient's
103 attending physician in substantially the form set forth in section 4 of

104 this act.

105 (b) A valid written request for aid in dying under sections 1 to 17,
106 inclusive, of this act, shall be signed and dated by the patient and
107 witnessed by at least two persons who, in the presence of the patient,
108 attest that to the best of their knowledge and belief the patient is (1) of
109 sound mind, and (2) acting voluntarily and not being coerced to sign
110 the request.

111 (c) At least one of the witnesses described in subsection (a) of this
112 section shall be a person who is not: (1) A relative of the patient by
113 blood, marriage or adoption; (2) a person who at the time the request is
114 signed would be entitled to any portion of the estate of the patient
115 upon the patient's death, under any will or by operation of law; or (3)
116 an owner, operator or employee of a health care facility where the
117 patient is receiving medical treatment or is a resident.

118 (d) The patient's attending physician at the time the request is
119 signed shall not be a witness.

120 (e) If the patient is a resident of a residential care home, nursing
121 home or rest home, as such terms are defined in section 19a-490 of the
122 general statutes, at the time the written request is made, one of the
123 witnesses shall be a person designated by such home.

124 Sec. 4. (NEW) (*Effective October 1, 2013*) A request for aid in dying as
125 authorized by sections 1 to 17, inclusive, of this act, shall be in
126 substantially the following form:

127 REQUEST FOR MEDICATION TO AID IN DYING

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

129 I am a resident of the State of Connecticut.

130 I am suffering from ..., which my attending physician has
131 determined is an incurable and irreversible medical condition that will,

132 within reasonable medical judgment, result in death within six
133 months. This diagnosis of a terminal illness has been confirmed by
134 another physician or is exempt from such confirmation because my
135 physician has determined that confirmation is not necessary or an
136 examination cannot be conducted by another willing and qualified
137 physician within a reasonable time or within a reasonable distance of
138 my residence.

139 I have been fully informed of my diagnosis, prognosis, the nature of
140 medication to be prescribed to aid me in dying, the potential
141 associated risks, the expected result, feasible alternatives and
142 additional health care treatment options, including palliative care.

143 I request that my attending physician prescribe medication that I
144 may self-administer for aid in dying. I authorize my attending
145 physician to contact a pharmacist to fill the prescription for such
146 medication, upon my request.

147 INITIAL ONE:

148 I have informed my family of my decision and taken their
149 opinions into consideration.

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

151 I have no family to inform of my decision.

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

153 I understand the full import of this request and I expect to die if and
154 when I take the medication to be prescribed. I further understand that
155 although most deaths occur within three hours, my death may take
156 longer and my attending physician has counseled me about this
157 possibility.

158 I make this request voluntarily and without reservation, and I
159 accept full responsibility for my decision to request aid in dying.

160 Signed:

161 Dated:

162 DECLARATION OF WITNESSES

163 By initialing and signing below on or after the date the person
164 named above signs, I declare that the person making and signing the
165 above request:

166 Witness 1 Witness 2

167 Initials Initials

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

169 2. Signed this request in my presence on the date of the person's
170 signature;

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

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

174 Printed Name of Witness 1

175 Signature of Witness 1 Date

176 Printed Name of Witness 2

177 Signature of Witness 2 Date

178 Sec. 5. (NEW) (*Effective October 1, 2013*) (a) A qualified patient may
179 rescind his or her request for aid in dying at any time and in any
180 manner without regard to his or her mental state.

181 (b) No prescription for medication for aid in dying shall be written
182 without the qualified patient's attending physician first offering the
183 qualified patient an opportunity to rescind his or her request for aid in

184 dying.

185 Sec. 6. (NEW) (*Effective October 1, 2013*) (a) When a patient is
186 presented with a written request for aid in dying made pursuant to
187 sections 2 to 4, inclusive, of this act, the attending physician shall:

188 (1) Make a determination that the patient (A) is an adult, (B) has a
189 terminal illness, (C) is competent, and (D) has voluntarily requested
190 aid in dying;

191 (2) Require the patient to demonstrate residency in this state by
192 presenting: (A) A Connecticut driver's license; (B) a valid voter
193 registration record authorizing the patient to vote in this state; (C)
194 evidence that the patient owns or leases property in this state; or (D)
195 any other government-issued document that the attending physician
196 reasonably believes demonstrates that the patient is a current resident
197 of this state;

198 (3) Ensure that the patient is making an informed decision by
199 informing the patient of: (A) The patient's medical diagnosis; (B) the
200 patient's prognosis; (C) the potential risks associated with self-
201 administering the medication to be prescribed for aid in dying; (D) the
202 probable result of self-administering the medication to be prescribed
203 for aid in dying; and (E) the feasible alternatives and health care
204 treatment options including, but not limited to, palliative care;

205 (4) Refer the patient to a consulting physician for medical
206 confirmation of the attending physician's diagnosis of the patient's
207 terminal illness, the patient's prognosis and for a determination that
208 the patient is competent and acting voluntarily in requesting aid in
209 dying or make a determination that medical confirmation is not
210 necessary or is not recommended in accordance with subsection (b) of
211 section 7 of this act; and

212 (5) Refer the patient for counseling if appropriate as provided in
213 section 8 of this act.

214 (b) An attending physician who determines that a patient is a
215 qualified patient, in accordance with subsection (a) of this section,
216 shall:

217 (1) Recommend to the qualified patient that he or she notify next of
218 kin of the qualified patient's request for aid in dying and inform the
219 qualified patient that a failure to do so shall not be a basis for the
220 denial of such request;

221 (2) Counsel the qualified patient concerning the importance of: (A)
222 Having another person present when the qualified patient self-
223 administers the medication prescribed for aid in dying; and (B) not
224 taking the medication in a public place;

225 (3) Inform the qualified patient that the qualified patient may
226 rescind his or her request for aid in dying at any time and in any
227 manner;

228 (4) Verify, immediately before writing the prescription for
229 medication for aid in dying, that the qualified patient is making an
230 informed decision;

231 (5) Fulfill the medical record documentation requirements set forth
232 in section 10 of this act; and

233 (6) (A) Dispense such medications, including ancillary medications
234 intended to facilitate the desired effect to minimize the qualified
235 patient's discomfort, if the attending physician is authorized to
236 dispense such medication, to the qualified patient; or (B) upon the
237 qualified patient's request and with the qualified patient's written
238 consent (i) contact a pharmacist and inform the pharmacist of the
239 prescription, and (ii) deliver the written prescription personally, by
240 mail, by facsimile or by another permitted electronic method to the
241 pharmacist, who shall dispense such medications directly to the
242 qualified patient, the attending physician or an expressly-identified
243 agent of the qualified patient.

244 (c) The attending physician may sign the patient's death certificate
245 that shall list the underlying terminal illness as the cause of death.

246 Sec. 7. (NEW) (*Effective October 1, 2013*) (a) Except as provided in
247 subsection (b) of this section, in order for a patient to be found to be a
248 qualified patient for the purposes of sections 1 to 18, inclusive, of this
249 act, a consulting physician shall: (1) Examine the patient and the
250 patient's relevant medical records; (2) confirm, in writing, the
251 attending physician's diagnosis that the patient has a terminal illness;
252 and (3) verify that the patient is competent, is acting voluntarily and
253 has made an informed decision to request aid in dying.

254 (b) A patient may be found to be a qualified patient without
255 examination and confirmation by a consulting physician as described
256 in subsection (a) of this section, when the patient's attending physician
257 reasonably determines that: (1) The patient's terminal illness is
258 sufficiently advanced that confirmation is not necessary; or (2) an
259 examination of the patient by a consulting physician who is willing to
260 participate in the provision of medication cannot be conducted within
261 a reasonable time or within a reasonable distance of the patient's
262 residence, considering the progression of the patient's terminal illness.

263 Sec. 8. (NEW) (*Effective October 1, 2013*) (a) If, in the medical opinion
264 of the attending physician or the consulting physician, a patient may
265 be suffering from a psychiatric or psychological condition or
266 depression that is causing impaired judgment, either the attending or
267 consulting physician shall refer the patient for counseling to determine
268 whether the patient is competent to request aid in dying.

269 (b) An attending physician shall not provide the patient aid in dying
270 until the person providing such counseling determines that the patient
271 is not suffering a psychiatric or psychological condition or depression
272 that is causing impaired judgment.

273 Sec. 9. (NEW) (*Effective October 1, 2013*) With respect to a request by
274 a qualified patient for aid in dying, the attending physician shall

275 ensure that the following items are documented or filed in the
276 qualified patient's medical record:

277 (1) The basis for determining that the qualified patient requesting
278 aid in dying is an adult and is a resident of the state;

279 (2) All oral requests by a qualified patient for medication for aid in
280 dying;

281 (3) All written requests by a qualified patient for medication for aid
282 in dying;

283 (4) The attending physician's diagnosis of the qualified patient's
284 terminal illness and prognosis, and a determination that the qualified
285 patient is competent, is acting voluntarily and has made an informed
286 decision to request aid in dying;

287 (5) The consulting physician's confirmation of the qualified patient's
288 diagnosis and prognosis, confirmation that the qualified patient is
289 competent, is acting voluntarily and has made an informed decision to
290 request aid in dying, except when an examination by a consulting
291 physician does not occur as provided in section 7 of this act, the
292 attending physician shall include a statement providing the reason an
293 examination by a consulting physician was not necessary or was not
294 recommended;

295 (6) A report of the outcome and determinations made during
296 counseling, if counseling was recommended and provided in
297 accordance with section 8 of this act;

298 (7) Documentation of the attending physician's offer to the qualified
299 patient to rescind his or her request for aid in dying at the time the
300 attending physician writes the patient a prescription for medication for
301 aid in dying; and

302 (8) A statement by the attending physician indicating that all
303 requirements under this section and sections 1 to 8, inclusive, of this

304 act, have been met and indicating the steps taken to carry out the
305 qualified patient's request for aid in dying, including the medication
306 prescribed.

307 Sec. 10. (NEW) (*Effective October 1, 2013*) Records or information
308 collected or maintained pursuant to sections 1 to 17, inclusive, of this
309 act shall not be subject to subpoena or discovery or introduced into
310 evidence in any judicial or administrative proceeding except to resolve
311 matters concerning compliance with the provisions of sections 1 to 17,
312 inclusive, of this act, or as otherwise specifically provided by law.

313 Sec. 11. (NEW) (*Effective October 1, 2013*) Any person in possession
314 of medication prescribed for aid in dying that has not been self-
315 administered shall dispose of such medication in accordance with
316 section 21a-252 of the general statutes.

317 Sec. 12. (NEW) (*Effective October 1, 2013*) (a) Any provision in a
318 contract, will, insurance policy, annuity or other agreement, whether
319 written or oral, that is entered into on or after October 1, 2013, that
320 would affect whether a person may make or rescind a request for aid
321 in dying is not valid.

322 (b) Any obligation owing under any currently existing contract shall
323 not be conditioned or affected by the making or rescinding of a request
324 for aid in dying.

325 (c) On and after October 1, 2013, the sale, procurement or issuance
326 of any life, health or accident insurance or annuity policy or the rate
327 charged for any such policy shall not be conditioned upon or affected
328 by the making or rescinding of a request for aid in dying.

329 (d) A qualified patient's act of requesting aid in dying or self-
330 administering medication prescribed for aid in dying shall not: (1)
331 Affect a life, health or accident insurance or annuity policy, or benefits
332 payable under such policy; (2) be grounds for eviction from a person's
333 place of residence or a basis for discrimination in the terms, conditions

334 or privileges of sale or rental of a dwelling or in the provision of
335 services or facilities in connection therewith; (3) provide the sole basis
336 for the appointment of a conservator or guardian; or (4) constitute
337 suicide for any purpose.

338 Sec. 13. (NEW) (*Effective October 1, 2013*) (a) Participation in an act
339 described in sections 1 to 17, inclusive, of this act by a patient, health
340 care provider or any other person is voluntary. Each health care
341 provider shall individually and affirmatively determine whether to
342 participate in the provision of medication to a qualified patient for aid
343 in dying. A health care facility shall not require a health care provider
344 to participate in the provision of medication to a qualified patient for
345 aid in dying, but may prohibit such participation in accordance with
346 subsection (c) of this section.

347 (b) If a health care provider provides services to a patient who
348 requests aid in dying and such health care provider is unwilling to
349 participate in the provision of medication to such patient for aid in
350 dying, such health care provider shall transfer all relevant medical
351 records to any health care provider, as requested by such patient.

352 (c) A health care facility may adopt written policies prohibiting a
353 health care provider associated with such health care facility from
354 participating in the provision of medication to a patient for aid in
355 dying, provided such facility provides written notice of such policy
356 and any sanctions for violation of such policy to such health care
357 provider. Notwithstanding the provisions of this subsection or any
358 policies adopted in accordance with this subsection, any qualified
359 health care provider may: (1) Diagnose a patient with a terminal
360 illness; (2) inform a patient of his or her medical prognosis; (3) provide
361 a patient with information concerning the provisions of sections 1 to
362 17, inclusive, of this act upon a patient's request; (4) refer a patient to
363 another health care facility or health care provider; or (5) participate in
364 the provision of medication for aid in dying when such health care
365 provider is acting outside the scope of his or her employment or

366 contract with a health care facility that prohibits participation in the
367 provision of such medication.

368 Sec. 14. (NEW) (*Effective October 1, 2013*) (a) Any person who
369 without authorization of a patient wilfully alters or forges a request for
370 aid in dying, as described in sections 3 and 4 of this act, or conceals or
371 destroys a rescission of such a request for aid in dying with the intent
372 or effect of causing the patient's death, is guilty of murder under
373 section 53a-54 of the general statutes.

374 (b) Any person who coerces or exerts undue influence on a patient
375 to complete a request for aid in dying, as described in sections 3 and 4
376 of this act, or coerces or exerts undue influence on a patient to destroy
377 a rescission of such request with the intent or effect of causing the
378 patient's death, is guilty of murder under section 53a-54a of the general
379 statutes.

380 Sec. 15. (NEW) (*Effective October 1, 2013*) (a) Nothing in sections 1 to
381 17, inclusive, of this act, authorizes a physician or any other person to
382 end a patient's life by lethal injection, mercy killing, assisting a suicide
383 or any other active euthanasia.

384 (b) Any action taken in accordance with sections 1 to 17, inclusive,
385 of this act, does not constitute causing or assisting another person to
386 commit suicide in violation of section 53a-54a or 53a-56 of the general
387 statutes.

388 (c) No report of a public agency, as defined in section 1-200 of the
389 general statutes, may refer to the practice of obtaining and self-
390 administering life-ending medication to end a qualified patient's life as
391 "suicide" or "assisted suicide", and shall refer to such practice as "aid in
392 dying".

393 Sec. 16. (NEW) (*Effective October 1, 2013*) Sections 1 to 17, inclusive,
394 of this act, do not limit liability for civil damages resulting from
395 negligent conduct or intentional misconduct by any person.

396 Sec. 17. (NEW) (*Effective October 1, 2013*) Nothing in this section or
397 sections 1 to 16, inclusive, of this act, shall preclude criminal
398 prosecution under any provision of law for conduct that is inconsistent
399 with this section or sections 1 to 16, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	New section
Sec. 2	<i>October 1, 2013</i>	New section
Sec. 3	<i>October 1, 2013</i>	New section
Sec. 4	<i>October 1, 2013</i>	New section
Sec. 5	<i>October 1, 2013</i>	New section
Sec. 6	<i>October 1, 2013</i>	New section
Sec. 7	<i>October 1, 2013</i>	New section
Sec. 8	<i>October 1, 2013</i>	New section
Sec. 9	<i>October 1, 2013</i>	New section
Sec. 10	<i>October 1, 2013</i>	New section
Sec. 11	<i>October 1, 2013</i>	New section
Sec. 12	<i>October 1, 2013</i>	New section
Sec. 13	<i>October 1, 2013</i>	New section
Sec. 14	<i>October 1, 2013</i>	New section
Sec. 15	<i>October 1, 2013</i>	New section
Sec. 16	<i>October 1, 2013</i>	New section
Sec. 17	<i>October 1, 2013</i>	New section

Statement of Purpose:

To allow a physician to prescribe medication at the request of a mentally competent patient that has a terminal illness that such patient may self-administer to bring about his or her death.

[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.]