



General Assembly

February Session, 2014

Raised Bill No. 5326

LCO No. 1569



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, 2014*) As used in this section
2 and sections 2 to 18, 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) "Patient" means a person who is under the care of a physician;

60 (13) "Pharmacist" means a person licensed pursuant to chapter 400j
61 of the general statutes;

62 (14) "Physician" means a person licensed to practice medicine and
63 surgery pursuant to chapter 370 of the general statutes;

64 (15) "Psychiatrist" means a psychiatrist licensed pursuant to chapter
65 370 of the general statutes;

66 (16) "Psychologist" means a psychologist licensed pursuant to
67 chapter 383 of the general statutes;

68 (17) "Qualified patient" means a competent adult who is a resident
69 of this state, has a terminal illness and has satisfied the requirements of
70 this section and sections 2 to 9, inclusive, of this act, in order to obtain
71 aid in dying;

72 (18) "Self-administer" means a qualified patient's act of ingesting
73 medication; and

74 (19) "Terminal illness" means the final stage of an incurable and
75 irreversible medical condition that an attending physician anticipates,
76 within reasonable medical judgment, will produce a patient's death
77 within six months.

78 Sec. 2. (NEW) (*Effective October 1, 2014*) (a) A person who (1) is an
79 adult, (2) is competent, (3) is a resident of this state, (4) has been
80 determined by such person's attending physician to have a terminal
81 illness, and (5) has voluntarily expressed his or her wish to receive aid
82 in dying, may request aid in dying by making two written requests
83 pursuant to sections 3 and 4 of this act.

84 (b) A person is not a qualified patient under sections 1 to 18,
85 inclusive, of this act, solely because of age, disability or any specific
86 illness.

87 (c) No person, including, but not limited to, an agent under a living
88 will, an attorney-in-fact under a durable power of attorney, a guardian,
89 or a conservator, may act on behalf of a patient for purposes of sections
90 1 to 18, inclusive, of this act.

91 Sec. 3. (NEW) (*Effective October 1, 2014*) (a) A patient wishing to
92 receive aid in dying shall submit two written requests to such patient's
93 attending physician in substantially the form set forth in section 4 of
94 this act. A valid written request for aid in dying under sections 1 to 18,
95 inclusive, of this act, shall be signed and dated by the patient. Each
96 request shall be witnessed by at least two persons who, in the presence
97 of the patient, attest that to the best of their knowledge and belief the
98 patient is (1) of sound mind, and (2) acting voluntarily and not being
99 coerced to sign the request. The patient's second written request for aid
100 in dying shall be submitted not earlier than fifteen days after the
101 patient submits the first request.

102 (b) At least one of the witnesses described in subsection (a) of this
103 section shall be a person who is not: (1) A relative of the patient by
104 blood, marriage or adoption; (2) at the time the request is signed,

105 entitled to any portion of the estate of the patient upon the patient's
106 death, under any will or by operation of law; or (3) an owner, operator
107 or employee of a health care facility where the patient is receiving
108 medical treatment or is a resident.

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

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

115 Sec. 4. (NEW) (*Effective October 1, 2014*) A request for aid in dying as
116 authorized by sections 1 to 18, inclusive, of this act, shall be in
117 substantially the following form:

118 REQUEST FOR MEDICATION TO AID IN DYING

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

120 I am a resident of the State of Connecticut.

121 I am suffering from ..., which my attending physician has
122 determined is an incurable and irreversible medical condition that will,
123 within reasonable medical judgment, result in death within six
124 months. This diagnosis of a terminal illness has been confirmed by
125 another physician.

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

130 I request that my attending physician prescribe medication that I
131 may self-administer for aid in dying. I authorize my attending
132 physician to contact a pharmacist to fill the prescription for such

133 medication, upon my request.

134 INITIAL ONE:

135 I have informed my family of my decision and taken their
136 opinions into consideration.

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

138 I have no family to inform of my decision.

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

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

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

147 Signed:

148 Dated:

149 DECLARATION OF WITNESSES

150 By initialing and signing below on the date the person named above
151 signs, I declare that the person making and signing the above request:

152 Witness 1 Witness 2

153 Initials Initials

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

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

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

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

160 Printed Name of Witness 1

161 Signature of Witness 1 Date

162 Printed Name of Witness 2

163 Signature of Witness 2 Date

164 Sec. 5. (NEW) (*Effective October 1, 2014*) (a) A qualified patient may
165 rescind his or her request for aid in dying at any time and in any
166 manner without regard to his or her mental state.

167 (b) An attending physician shall offer a qualified patient an
168 opportunity to rescind his or her request for aid in dying at the time
169 such patient submits a second written request for aid in dying to the
170 attending physician.

171 (c) No prescription for medication for aid in dying shall be written
172 without the qualified patient's attending physician first offering the
173 qualified patient a second opportunity to rescind his or her request for
174 aid in dying.

175 Sec. 6. (NEW) (*Effective October 1, 2014*) When an attending
176 physician is presented with a patient's first written request for aid in
177 dying made pursuant to sections 2 to 4, inclusive, of this act, the
178 attending physician shall:

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

182 (2) Require the patient to demonstrate residency in this state by
183 presenting: (A) A Connecticut driver's license; (B) a valid voter

184 registration record authorizing the patient to vote in this state; (C)
185 evidence that the patient owns or leases property in this state; or (D)
186 any other government-issued document that the attending physician
187 reasonably believes demonstrates that the patient is a current resident
188 of this state;

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

196 (4) Refer the patient to a consulting physician for medical
197 confirmation of the attending physician's diagnosis of the patient's
198 terminal illness, the patient's prognosis and for a determination that
199 the patient is competent and acting voluntarily in requesting aid in
200 dying.

201 Sec. 7. (NEW) (*Effective October 1, 2014*) In order for a patient to be
202 found to be a qualified patient for the purposes of sections 1 to 18,
203 inclusive, of this act, a consulting physician shall: (1) Examine the
204 patient and the patient's relevant medical records; (2) confirm, in
205 writing, the attending physician's diagnosis that the patient has a
206 terminal illness; (3) verify that the patient is competent, is acting
207 voluntarily and has made an informed decision to request aid in dying;
208 and (4) refer the patient for counseling, if required in accordance with
209 section 8 of this act.

210 Sec. 8. (NEW) (*Effective October 1, 2014*) (a) If, in the medical opinion
211 of the attending physician or the consulting physician, a patient may
212 be suffering from a psychiatric or psychological condition or
213 depression that is causing impaired judgment, either the attending or
214 consulting physician shall refer the patient for counseling to determine

215 whether the patient is competent to request aid in dying.

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

220 Sec. 9. (NEW) (*Effective October 1, 2014*) (a) After an attending
221 physician and a consulting physician determine that a patient is a
222 qualified patient, in accordance with sections 6 to 8, inclusive, of this
223 act and after such qualified patient submits a second request for aid in
224 dying in accordance with section 3 of this act, the attending physician
225 shall:

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

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

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

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

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

242 (6) (A) Dispense such medications, including ancillary medications
243 intended to facilitate the desired effect to minimize the qualified

244 patient's discomfort, if the attending physician is authorized to
245 dispense such medication, to the qualified patient; or (B) upon the
246 qualified patient's request and with the qualified patient's written
247 consent (i) contact a pharmacist and inform the pharmacist of the
248 prescription, and (ii) deliver the written prescription personally, by
249 mail, by facsimile or by another electronic method that is permitted by
250 the pharmacy to the pharmacist, who shall dispense such medications
251 directly to the qualified patient, the attending physician or an
252 expressly-identified agent of the qualified patient.

253 (b) The attending physician may sign the qualified patient's death
254 certificate that shall list the underlying terminal illness as the cause of
255 death.

256 Sec. 10. (NEW) (*Effective October 1, 2014*) With respect to a request by
257 a qualified patient for aid in dying, the attending physician shall
258 ensure that the following items are documented or filed in the
259 qualified patient's medical record:

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

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

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

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

270 (5) The consulting physician's confirmation of the qualified patient's
271 diagnosis and prognosis, confirmation that the qualified patient is
272 competent, is acting voluntarily and has made an informed decision to

273 request aid in dying;

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

277 (7) Documentation of the attending physician's offer to the qualified
278 patient to rescind his or her request for aid in dying at the time the
279 attending physician writes the qualified patient a prescription for
280 medication for aid in dying; and

281 (8) A statement by the attending physician indicating that all
282 requirements under this section and sections 1 to 9, inclusive, of this
283 act, have been met and indicating the steps taken to carry out the
284 qualified patient's request for aid in dying, including the medication
285 prescribed.

286 Sec. 11. (NEW) (*Effective October 1, 2014*) Records or information
287 collected or maintained pursuant to sections 1 to 18, inclusive, of this
288 act shall not be subject to subpoena or discovery or introduced into
289 evidence in any judicial or administrative proceeding except to resolve
290 matters concerning compliance with the provisions of sections 1 to 18,
291 inclusive, of this act, or as otherwise specifically provided by law.

292 Sec. 12. (NEW) (*Effective October 1, 2014*) Any person in possession
293 of medication prescribed for aid in dying that has not been self-
294 administered shall dispose of such medication in accordance with
295 section 21a-252 of the general statutes.

296 Sec. 13. (NEW) (*Effective October 1, 2014*) (a) Any provision in a
297 contract, will, insurance policy, annuity or other agreement, whether
298 written or oral, that is entered into on or after October 1, 2014, that
299 would affect whether a person may make or rescind a request for aid
300 in dying is not valid.

301 (b) Any obligation owing under any currently existing contract shall

302 not be conditioned or affected by the making or rescinding of a request
303 for aid in dying.

304 (c) On and after the effective date of this section, the sale,
305 procurement or issuance of any life, health or accident insurance or
306 annuity policy or the rate charged for any such policy shall not be
307 conditioned upon or affected by the making or rescinding of a request
308 for aid in dying.

309 (d) A qualified patient's act of requesting aid in dying or self-
310 administering medication prescribed for aid in dying shall not: (1)
311 Affect a life, health or accident insurance or annuity policy, or benefits
312 payable under such policy; (2) be grounds for eviction from a person's
313 place of residence or a basis for discrimination in the terms, conditions
314 or privileges of sale or rental of a dwelling or in the provision of
315 services or facilities in connection therewith; (3) provide the sole basis
316 for the appointment of a conservator or guardian; or (4) constitute
317 suicide for any purpose.

318 Sec. 14. (NEW) (*Effective October 1, 2014*) (a) As used in this section,
319 "participate in the provision of medication" means to perform the
320 duties of an attending physician or consulting physician, a psychiatrist,
321 psychologist or pharmacist in accordance with the provisions of
322 sections 2 to 10, inclusive, of this act, and does not include: (1) Making
323 an initial diagnosis of a patient's terminal illness; (2) informing a
324 patient of his or her medical diagnosis or prognosis; (3) informing a
325 patient concerning the provisions of this section and sections 2 to 18,
326 inclusive, of this act, upon the patient's request; or (4) referring a
327 patient to another health care provider for aid in dying.

328 (b) Participation in any act described in sections 1 to 18, inclusive, of
329 this act by a patient, health care provider or any other person shall be
330 voluntary. Each health care provider shall individually and
331 affirmatively determine whether to participate in the provision of
332 medication to a qualified patient for aid in dying. A health care facility

333 shall not require a health care provider to participate in the provision
334 of medication to a qualified patient for aid in dying, but may prohibit
335 such participation in accordance with subsection (d) of this section.

336 (c) If a health care provider or health care facility is unwilling to
337 participate in the provision of medication to a qualified patient for aid
338 in dying, such health care provider or health care facility shall transfer
339 all relevant medical records to any health care provider or health care
340 facility, as requested by a qualified patient.

341 (d) A health care facility may adopt written policies prohibiting a
342 health care provider associated with such health care facility from
343 participating in the provision of medication to a patient for aid in
344 dying, provided such facility provides written notice of such policy
345 and any sanctions for violation of such policy to such health care
346 provider. Notwithstanding the provisions of this subsection or any
347 policies adopted in accordance with this subsection, any qualified
348 health care provider may: (1) Diagnose a patient with a terminal
349 illness; (2) inform a patient of his or her medical prognosis; (3) provide
350 a patient with information concerning the provisions of sections 1 to
351 18, inclusive, of this act upon a patient's request; (4) refer a patient to
352 another health care facility or health care provider; (5) transfer a
353 patient's medical records to a health care provider or health care
354 facility, as requested by a patient; or (6) participate in the provision of
355 medication for aid in dying when such health care provider is acting
356 outside the scope of his or her employment or contract with a health
357 care facility that prohibits participation in the provision of such
358 medication.

359 Sec. 15. (NEW) (*Effective October 1, 2014*) (a) Any person who
360 without authorization of a patient wilfully alters or forges a request for
361 aid in dying, as described in sections 3 and 4 of this act, or conceals or
362 destroys a rescission of such a request for aid in dying with the intent
363 or effect of causing the patient's death, is guilty of attempted murder
364 or murder under section 53a-54 of the general statutes.

365 (b) Any person who coerces or exerts undue influence on a patient
366 to complete a request for aid in dying, as described in sections 3 and 4
367 of this act, or coerces or exerts undue influence on a patient to destroy
368 a rescission of such request with the intent or effect of causing the
369 patient's death, is guilty of attempted murder or murder under section
370 53a-54a of the general statutes.

371 Sec. 16. (NEW) (*Effective October 1, 2014*) (a) Nothing in sections 1 to
372 17, inclusive, of this act, authorizes a physician or any other person to
373 end a patient's life by lethal injection, mercy killing, assisting a suicide
374 or any other active euthanasia.

375 (b) Any action taken in accordance with sections 1 to 18, inclusive,
376 of this act, does not constitute causing or assisting another person to
377 commit suicide in violation of section 53a-54a or 53a-56 of the general
378 statutes.

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

384 Sec. 17. (NEW) (*Effective October 1, 2014*) Sections 1 to 18, inclusive,
385 of this act, do not limit liability for civil damages resulting from
386 negligent conduct or intentional misconduct by any person.

387 Sec. 18. (NEW) (*Effective October 1, 2014*) Nothing in this section or
388 sections 1 to 17, inclusive, of this act, shall preclude criminal
389 prosecution under any provision of law for conduct that is inconsistent
390 with this section or sections 1 to 17, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	New section
Sec. 2	<i>October 1, 2014</i>	New section

Sec. 3	<i>October 1, 2014</i>	New section
Sec. 4	<i>October 1, 2014</i>	New section
Sec. 5	<i>October 1, 2014</i>	New section
Sec. 6	<i>October 1, 2014</i>	New section
Sec. 7	<i>October 1, 2014</i>	New section
Sec. 8	<i>October 1, 2014</i>	New section
Sec. 9	<i>October 1, 2014</i>	New section
Sec. 10	<i>October 1, 2014</i>	New section
Sec. 11	<i>October 1, 2014</i>	New section
Sec. 12	<i>October 1, 2014</i>	New section
Sec. 13	<i>October 1, 2014</i>	New section
Sec. 14	<i>October 1, 2014</i>	New section
Sec. 15	<i>October 1, 2014</i>	New section
Sec. 16	<i>October 1, 2014</i>	New section
Sec. 17	<i>October 1, 2014</i>	New section
Sec. 18	<i>October 1, 2014</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.]