



General Assembly

February Session, 2018

Raised Bill No. 5148

LCO No. 884



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING PREGNANT PATIENTS EXERCISING LIVING WILLS.

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

1 Section 1. Section 19a-575 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 Any person eighteen years of age or older may execute a document
4 that contains directions as to any aspect of health care, including the
5 withholding or withdrawal of life support systems. Such document
6 shall be signed and dated by the maker with at least two witnesses and
7 may be in substantially the following form:

T1 DOCUMENT CONCERNING HEALTH CARE
T2 AND WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT
SYSTEMS.

8 If the time comes when I am incapacitated to the point when I can
9 no longer actively take part in decisions for my own life, and am

10 unable to direct my physician as to my own medical care, I wish this
11 statement to stand as a testament of my wishes.

12 "I, (Name), request that, if my condition is deemed terminal or if
13 it is determined that I will be permanently unconscious, I be allowed to
14 die and not be kept alive through life support systems. By terminal
15 condition, I mean that I have an incurable or irreversible medical
16 condition which, without the administration of life support systems,
17 will, in the opinion of my attending physician, result in death within a
18 relatively short time. By permanently unconscious I mean that I am in
19 a permanent coma or persistent vegetative state which is an
20 irreversible condition in which I am at no time aware of myself or the
21 environment and show no behavioral response to the environment.
22 The life support systems which I do not want include, but are not
23 limited to:

- T3 Artificial respiration
- T4 Cardiopulmonary resuscitation
- T5 Artificial means of providing nutrition and hydration

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

25 I do not intend any direct taking of my life, but only that my dying
26 not be unreasonably prolonged. ["]

27 If I am pregnant:

28 (Place a check to indicate option (1) or (2) or specify alternative
29 instructions after (3))

30 (1) I intend to accept life support systems if my doctor believes that
31 doing so would allow my fetus to reach a live birth. _____

32 (2) I intend this document to apply without modifications. _____

33 (3) I intend this document to apply as follows:
34 _____

35 _____ "

36 Other specific requests:

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

T6 (Signature)

T7 (Date)

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

T8 (Witness)

T9 (Address)

T10 (Witness)

T11 (Address)

43 Sec. 2. Section 19a-575a of the general statutes is repealed and the
44 following is substituted in lieu thereof (*Effective from passage*):

45 (a) Any person eighteen years of age or older may execute a
46 document that contains health care instructions, the appointment of a
47 health care representative, the designation of a conservator of the
48 person for future incapacity and a document of anatomical gift. Any
49 such document shall be signed and dated by the maker with at least
50 two witnesses and may be in the substantially following form:

51 THESE ARE MY HEALTH CARE INSTRUCTIONS.

52 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

53 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

54 FOR MY FUTURE INCAPACITY

55 AND

56 MY DOCUMENT OF ANATOMICAL GIFT

57 To any physician who is treating me: These are my health care
58 instructions including those concerning the withholding or withdrawal
59 of life support systems, together with the appointment of my health
60 care representative, the designation of my conservator of the person
61 for future incapacity and my document of anatomical gift. As my
62 physician, you may rely on these health care instructions and any
63 decision made by my health care representative or conservator of my
64 person, if I am incapacitated to the point when I can no longer actively
65 take part in decisions for my own life, and am unable to direct my
66 physician as to my own medical care.

67 I, ..., the author of this document, request that, if my condition is
68 deemed terminal or if I am determined to be permanently
69 unconscious, I be allowed to die and not be kept alive through life
70 support systems. By terminal condition, I mean that I have an
71 incurable or irreversible medical condition which, without the
72 administration of life support systems, will, in the opinion of my
73 attending physician, result in death within a relatively short time. By
74 permanently unconscious I mean that I am in a permanent coma or
75 persistent vegetative state which is an irreversible condition in which I
76 am at no time aware of myself or the environment and show no
77 behavioral response to the environment. The life support systems
78 which I do not want include, but are not limited to: Artificial
79 respiration, cardiopulmonary resuscitation and artificial means of
80 providing nutrition and hydration. I do want sufficient pain
81 medication to maintain my physical comfort. I do not intend any direct
82 taking of my life, but only that my dying not be unreasonably
83 prolonged.

84 If I am pregnant:

85 (Place a check to indicate option (1) or (2) or specify alternative
86 instructions after (3))

87 (1) I intend to accept life support systems if my doctor believes that

88 doing so would allow my fetus to reach a live birth. _____

89 (2) I intend this document to apply without modifications. _____

90 (3) I intend this document to apply as follows:

91 _____

92 _____

93 I appoint to be my health care representative. If my attending
94 physician determines that I am unable to understand and appreciate
95 the nature and consequences of health care decisions and unable to
96 reach and communicate an informed decision regarding treatment, my
97 health care representative is authorized to make any and all health care
98 decisions for me, including (1) the decision to accept or refuse any
99 treatment, service or procedure used to diagnose or treat my physical
100 or mental condition, except as otherwise provided by law such as for
101 psychosurgery or shock therapy, as defined in section 17a-540, and (2)
102 the decision to provide, withhold or withdraw life support systems. I
103 direct my health care representative to make decisions on my behalf in
104 accordance with my wishes, as stated in this document or as otherwise
105 known to my health care representative. In the event my wishes are
106 not clear or a situation arises that I did not anticipate, my health care
107 representative may make a decision in my best interests, based upon
108 what is known of my wishes.

109 If is unwilling or unable to serve as my health care
110 representative, I appoint to be my alternative health care
111 representative.

112 If a conservator of my person should need to be appointed, I
113 designate be appointed my conservator. If is unwilling or unable
114 to serve as my conservator, I designate, I designate to be
115 successor conservator. No bond shall be required of either of them in
116 any jurisdiction.

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

119 I give: (check one)

T12 (1) any needed organs or parts

T13 (2) only the following organs or parts

120 to be donated for: (check one)

T14 (1) any of the purposes stated in subsection (a) of section 19a-289j

T15 (2) these limited purposes

121 These requests, appointments, and designations are made after
122 careful reflection, while I am of sound mind. Any party receiving a
123 duly executed copy or facsimile of this document may rely upon it
124 unless such party has received actual notice of my revocation of it.

T16 Date ..., 20..

T17 L.S.

125 This document was signed in our presence by the author of this
126 document, who appeared to be eighteen years of age or older, of sound
127 mind and able to understand the nature and consequences of health
128 care decisions at the time this document was signed. The author
129 appeared to be under no improper influence. We have subscribed this
130 document in the author's presence and at the author's request and in
131 the presence of each other.

T18

T19 (Witness) (Witness)

T20

T21 (Number and Street) (Number and Street)

T22

T23 (City, State and Zip Code) (City, State and Zip Code)

T24 STATE OF CONNECTICUT
T25 }
T26 } ss.
T27 COUNTY OF

132 We, the subscribing witnesses, being duly sworn, say that we
133 witnessed the execution of these health care instructions, the
134 appointments of a health care representative, the designation of a
135 conservator for future incapacity and a document of anatomical gift by
136 the author of this document; that the author subscribed, published and
137 declared the same to be the author's instructions, appointments and
138 designation in our presence; that we thereafter subscribed the
139 document as witnesses in the author's presence, at the author's request,
140 and in the presence of each other; that at the time of the execution of
141 said document the author appeared to us to be eighteen years of age or
142 older, of sound mind, able to understand the nature and consequences
143 of said document, and under no improper influence, and we make this
144 affidavit at the author's request this day of 20...

T28
T29 (Witness) (Witness)

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

T30
T31 Commissioner of the Superior Court
T32 Notary Public
T33 My commission expires:

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

147 (b) Except as provided in section 19a-579b, an appointment of health
148 care representative may only be revoked by the declarant, in writing,
149 and the writing shall be signed by the declarant and two witnesses.

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

153 (d) In the absence of knowledge of the revocation of an appointment
154 of health care representative, a person who carries out an advance

155 directive pursuant to the provisions of this chapter shall not be subject
156 to civil or criminal liability or discipline for unprofessional conduct for
157 carrying out such advance directive.

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

160 Sec. 3. Subsection (a) of section 19a-573 of the general statutes is
161 repealed and the following is substituted in lieu thereof (*Effective from*
162 *passage*):

163 (a) Notwithstanding the provisions of sections 19a-571, 19a-572,
164 [19a-574,] 19a-575, as amended by this act, 19a-575a, as amended by
165 this act, 19a-577, 19a-580a and 19a-580b, comfort care and pain
166 alleviation shall be provided in all cases.

167 Sec. 4. Section 19a-574 of the general statutes is repealed. (*Effective*
168 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-575
Sec. 2	<i>from passage</i>	19a-575a
Sec. 3	<i>from passage</i>	19a-573(a)
Sec. 4	<i>from passage</i>	Repealer section

Statement of Purpose:

To permit pregnant patients to exercise a living will.

[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.]