



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 Section 19a-575 of the general statutes is repealed and the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:

8 DOCUMENT CONCERNING HEALTH CARE
9 AND WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT
10 SYSTEMS.

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

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

- T1 Artificial respiration
- T2 Cardiopulmonary resuscitation
- T3 Artificial means of providing nutrition and hydration

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

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

30 If I am pregnant:

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

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

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

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

37 _____
38 _____ "

39 Other specific requests:

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

T4 (Signature)

T5 (Date)

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

T6 (Witness)

T7 (Address)

T8 (Witness)

T9 (Address)

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

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

54 THESE ARE MY HEALTH CARE INSTRUCTIONS.
55 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
56 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
57 FOR MY FUTURE INCAPACITY
58 AND
59 MY DOCUMENT OF ANATOMICAL GIFT

60 To any physician who is treating me: These are my health care
61 instructions including those concerning the withholding or withdrawal
62 of life support systems, together with the appointment of my health
63 care representative, the designation of my conservator of the person

64 for future incapacity and my document of anatomical gift. As my
65 physician, you may rely on these health care instructions and any
66 decision made by my health care representative or conservator of my
67 person, if I am incapacitated to the point when I can no longer actively
68 take part in decisions for my own life, and am unable to direct my
69 physician as to my own medical care.

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

87 If I am pregnant:

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

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

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

93 (3) I intend this document to apply as follows:
94 _____

95

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

112 If is unwilling or unable to serve as my health care
113 representative, I appoint to be my alternative health care
114 representative.

115 If a conservator of my person should need to be appointed, I
116 designate be appointed my conservator. If is unwilling or unable
117 to serve as my conservator, I designate

118 I designate to be
119 successor conservator. No bond shall be required of either of them in
any jurisdiction.

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

122 I give: (check one)

T10 (1) any needed organs or parts

T11 (2) only the following organs or parts

123 to be donated for: (check one)

T12 (1) any of the purposes stated in subsection (a) of section 19a-289j

T13 (2) these limited purposes

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

T14 Date, 20..

T15 L.S.

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

T16

T17 (Witness) (Witness)

T18

T19 (Number and Street) (Number and Street)

T20

T21 (City, State and Zip Code) (City, State and Zip Code)

T22 STATE OF CONNECTICUT
T23 }
T24 } ss.
T25 COUNTY OF

135 We, the subscribing witnesses, being duly sworn, say that we
136 witnessed the execution of these health care instructions, the
137 appointments of a health care representative, the designation of a
138 conservator for future incapacity and a document of anatomical gift by

162 does not, of itself, revoke the living will of the declarant.

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

166 (a) Notwithstanding the provisions of sections 19a-571, 19a-572,
167 [19a-574,] 19a-575, as amended by this act, 19a-575a, as amended by
168 this act, 19a-577, 19a-580a and 19a-580b, comfort care and pain
169 alleviation shall be provided in all cases.

170 Sec. 4. Section 19a-574 of the general statutes is repealed. (*Effective*
171 *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

PH *Joint Favorable*