



General Assembly

January Session, 2019

Committee Bill No. 5898

LCO No. 3838



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING 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, 2019*) As used in this section
2 and sections 2 to 19, 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 a patient and treatment of a
10 patient's terminal illness;

11 (4) "Competent" means, in the opinion of a patient's attending
12 physician, consulting physician, psychiatrist, psychologist or a court,
13 that a 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 a patient's manner of
18 communicating;

19 (5) "Consulting physician" means a physician other than a patient's
20 attending physician who (A) is qualified by specialty or experience to
21 make a professional diagnosis and prognosis regarding a patient's
22 terminal illness, and (B) does not routinely share office space with a
23 patient's attending physician;

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

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

34 (8) "Health care facility" means a hospital, residential care home,
35 nursing home or rest home, as such terms are defined in section 19a-
36 490 of the general statutes;

37 (9) "Informed decision" means a decision by a qualified patient to
38 request and obtain a prescription for medication that the qualified
39 patient may self-administer for aid in dying, that is based on an
40 understanding and acknowledgment of the relevant facts and after
41 being fully informed by the attending physician of: (A) The qualified
42 patient's medical diagnosis and prognosis; (B) the potential risks
43 associated with self-administering the medication to be prescribed; (C)
44 the probable result of taking the medication to be dispensed or
45 prescribed; and (D) the feasible alternatives to aid in dying and health

46 care treatment options, including, but not limited to, palliative care;

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

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

61 (12) "Patient" means a person who is under the care of a physician;

62 (13) "Pharmacist" means a person licensed to practice pharmacy
63 pursuant to chapter 400j of the general statutes;

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

66 (15) "Psychiatrist" means a physician specializing in psychiatry and
67 licensed pursuant to chapter 370 of the general statutes;

68 (16) "Psychologist" means a person licensed to practice psychology
69 pursuant to chapter 383 of the general statutes;

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

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

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

80 Sec. 2. (NEW) (*Effective October 1, 2019*) (a) A patient who (1) is an
81 adult, (2) is competent, (3) is a resident of this state, (4) has been
82 determined by such patient's attending physician to have a terminal
83 illness, and (5) has voluntarily expressed his or her wish to receive aid
84 in dying, may request aid in dying by making two written requests to
85 such patient's attending physician pursuant to sections 3 and 4 of this
86 act.

87 (b) 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 this
90 section, section 1 or sections 3 to 19, inclusive, of this act.

91 Sec. 3. (NEW) (*Effective October 1, 2019*) (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 patient's second written request for aid in dying shall be
95 submitted not earlier than fifteen days after the date on which a patient
96 submits the first request. A valid written request for aid in dying
97 under sections 1 and 2 of this act and sections 4 to 19, inclusive, of this
98 act shall be signed and dated by the patient. Each request shall be
99 witnessed by at least two persons in the presence of the patient. Each
100 person serving as a witness shall attest, in writing, that to the best of
101 his or her knowledge and belief (1) the patient appears to be of sound
102 mind, (2) the patient is acting voluntarily and not being coerced to sign
103 the request, and (3) the witness is not: (A) A relative of the patient by
104 blood, marriage or adoption, (B) entitled to any portion of the estate of
105 the patient upon the patient's death, under any will or by operation of

106 law, or (C) an owner, operator or employee of a health care facility
107 where the patient is a resident or receiving medical treatment.

108 (b) No person serving as a witness to a patient's request to receive
109 aid in dying shall be: (1) A relative of such patient by blood, marriage
110 or adoption; (2) at the time the request is signed, entitled to any
111 portion of the estate of the patient upon the patient's death, under any
112 will or by operation of law; (3) an owner, operator or employee of a
113 health care facility where the patient is a resident or receiving medical
114 treatment; or (4) such patient's attending physician at the time the
115 request is signed.

116 (c) Any patient's act of requesting aid in dying or a qualified
117 patient's self-administration of medication prescribed for aid in dying
118 shall not provide the sole basis for appointment of a conservator or
119 guardian for such patient or qualified patient.

120 Sec. 4. (NEW) (*Effective October 1, 2019*) A request for aid in dying as
121 authorized by this section, sections 1 to 3, inclusive, of this act and
122 sections 5 to 19, inclusive, of this act shall be in substantially the
123 following form:

124 REQUEST FOR MEDICATION TO AID IN DYING

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

126 I am a resident of the State of Connecticut.

127 I am suffering from ..., which my attending physician has
128 determined is an incurable and irreversible medical condition that will,
129 within reasonable medical judgment, result in death within six months
130 from the date on which this document is executed. This diagnosis of a
131 terminal illness has been medically confirmed by another physician.

132 I have been fully informed of my diagnosis, prognosis, the nature of
133 medication to be dispensed or prescribed to aid me in dying, the
134 potential associated risks, the expected result, feasible alternatives to

135 aid in dying and additional health care treatment options, including
136 palliative care and the availability of counseling with a psychologist,
137 psychiatrist or licensed clinical social worker.

138 I request that my attending physician dispense or prescribe
139 medication that I may self-administer for aid in dying. I authorize my
140 attending physician to contact a pharmacist to fill the prescription for
141 such medication, upon my request.

142 INITIAL ONE:

143 I have informed my family of my decision and taken family
144 opinions into consideration.

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

146 I have no family to inform of my decision.

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

148 I understand the full import of this request and I expect to die if and
149 when I take the medication to be dispensed or prescribed. I further
150 understand that although most deaths occur within three hours, my
151 death may take longer and my attending physician has counseled me
152 about this possibility.

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

155 Signed:

156 Dated:

157 DECLARATION OF WITNESSES

158 By initialing and signing below on the date the person named above
159 signs, I declare that:

160 Witness 1 Witness 2

161 Initials Initials

162 1. The person making and signing the request is personally
163 known to me or has provided proof of identity;

164 2. The person making and signing the request signed this request
165 in my presence on the date of the person's signature;

166 3. The person making the request appears to be of sound mind
167 and not under duress, fraud or undue influence;

168 4. I am not the attending physician for the person making the
169 request;

170 5. The person making the request is not my relative by blood,
171 marriage or adoption;

172 6. I am not entitled to any portion of the estate of the person
173 making the request upon such person's death under any will or by
174 operation of law; and

175 7. I am not an owner, operator or employee of a health care
176 facility where the person making the request is a resident or receiving
177 medical treatment.

178 Printed Name of Witness 1

179 Signature of Witness 1 Date

180 Printed Name of Witness 2

181 Signature of Witness 2 Date

182 Sec. 5. (NEW) (*Effective October 1, 2019*) (a) A qualified patient may
183 rescind his or her request for aid in dying at any time and in any
184 manner without regard to his or her mental state.

185 (b) An attending physician shall offer a qualified patient an
186 opportunity to rescind his or her request for aid in dying at the time

187 such patient submits a second written request for aid in dying to the
188 attending physician.

189 (c) No attending physician shall dispense or prescribe medication
190 for aid in dying without the attending physician first offering the
191 qualified patient a second opportunity to rescind his or her request for
192 aid in dying.

193 Sec. 6. (NEW) (*Effective October 1, 2019*) When an attending
194 physician is presented with a patient's first written request for aid in
195 dying made pursuant to sections 2 to 4, inclusive, of this act, the
196 attending physician shall:

197 (1) Make a determination that the patient (A) is an adult, (B) has a
198 terminal illness, (C) is competent, and (D) has voluntarily requested
199 aid in dying. Such determination shall not be made solely on the basis
200 of age, disability or any specific illness;

201 (2) Require the patient to demonstrate residency in this state by
202 presenting: (A) A Connecticut driver's license; (B) a valid voter
203 registration record authorizing the patient to vote in this state; or (C)
204 any other government-issued document that the attending physician
205 reasonably believes demonstrates that the patient is a current resident
206 of this state;

207 (3) Ensure that the patient is making an informed decision by
208 informing the patient of: (A) The patient's medical diagnosis; (B) the
209 patient's prognosis; (C) the potential risks associated with self-
210 administering the medication to be dispensed or prescribed for aid in
211 dying; (D) the probable result of self-administering the medication to
212 be dispensed or prescribed for aid in dying; (E) the feasible alternatives
213 to aid in dying and health care treatment options including, but not
214 limited to, palliative care; and (F) the availability of counseling with a
215 psychologist, psychiatrist or licensed clinical social worker; and

216 (4) Refer the patient to a consulting physician for medical

217 confirmation of the attending physician's diagnosis of the patient's
218 terminal illness, the patient's prognosis and for a determination that
219 the patient is competent and acting voluntarily in requesting aid in
220 dying.

221 Sec. 7. (NEW) (*Effective October 1, 2019*) In order for a patient to be
222 found to be a qualified patient for the purposes of this section, sections
223 1 to 6, inclusive, of this act and sections 8 to 19, inclusive, of this act, a
224 consulting physician shall: (1) Examine the patient and the patient's
225 relevant medical records; (2) confirm, in writing, the attending
226 physician's diagnosis that the patient has a terminal illness; (3) verify
227 that the patient is competent, is acting voluntarily and has made an
228 informed decision to request aid in dying; and (4) refer the patient for
229 counseling, if required in accordance with section 8 of this act.

230 Sec. 8. (NEW) (*Effective October 1, 2019*) (a) If, in the medical opinion
231 of the attending physician or the consulting physician, a patient may
232 be suffering from a psychiatric or psychological condition including,
233 but not limited to, depression, that is causing impaired judgment,
234 either the attending or consulting physician shall refer the patient for
235 counseling to determine whether the patient is competent to request
236 aid in dying.

237 (b) An attending physician shall not provide the patient aid in dying
238 until the person providing such counseling determines that the patient
239 is not suffering a psychiatric or psychological condition including, but
240 not limited to, depression, that is causing impaired judgment.

241 Sec. 9. (NEW) (*Effective October 1, 2019*) (a) After an attending
242 physician and a consulting physician determine that a patient is a
243 qualified patient, in accordance with sections 6 to 8, inclusive, of this
244 act and after such qualified patient submits a second request for aid in
245 dying in accordance with sections 3 and 4 of this act, the attending
246 physician shall:

247 (1) Recommend to the qualified patient that he or she notify his or

248 her next of kin of the qualified patient's request for aid in dying and
249 inform the qualified patient that a failure to do so shall not be a basis
250 for the denial of such request;

251 (2) Counsel the qualified patient concerning the importance of: (A)
252 Having another person present when the qualified patient self-
253 administers the medication dispensed or prescribed for aid in dying;
254 and (B) not taking the medication in a public place;

255 (3) Inform the qualified patient that he or she may rescind his or her
256 request for aid in dying at any time and in any manner;

257 (4) Verify, immediately before dispensing or prescribing medication
258 for aid in dying, that the qualified patient is making an informed
259 decision;

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

262 (6) (A) Dispense such medication, including ancillary medication
263 intended to facilitate the desired effect to minimize the qualified
264 patient's discomfort, if the attending physician is authorized to
265 dispense such medication, to the qualified patient; or (B) upon the
266 qualified patient's request and with the qualified patient's written
267 consent (i) contact a pharmacist and inform the pharmacist of the
268 prescription, and (ii) personally deliver the written prescription, by
269 mail, facsimile or electronic transmission to the pharmacist, who shall
270 dispense such medication directly to the qualified patient, the
271 attending physician or an expressly identified agent of the qualified
272 patient.

273 (b) The person signing the qualified patient's death certificate shall
274 list the underlying terminal illness as the cause of death.

275 Sec. 10. (NEW) (*Effective October 1, 2019*) The attending physician
276 shall ensure that the following items are documented or filed in a
277 qualified patient's medical record:

278 (1) The basis for determining that a qualified patient is an adult and
279 a resident of the state;

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

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

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

288 (5) The consulting physician's confirmation of a qualified patient's
289 diagnosis and prognosis, confirmation that a qualified patient is
290 competent, is acting voluntarily and has made an informed decision to
291 request aid in dying;

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

295 (7) Documentation of the attending physician's offer to a qualified
296 patient to rescind his or her request for aid in dying at the time the
297 attending physician dispenses or prescribes medication for aid in
298 dying; and

299 (8) A statement by the attending physician indicating that (A) all
300 requirements under this section and sections 1 to 9, inclusive, of this
301 act have been met, and (B) the steps taken to carry out a qualified
302 patient's request for aid in dying, including the medication dispensed
303 or prescribed.

304 Sec. 11. (NEW) (*Effective October 1, 2019*) Any person, other than a
305 qualified patient, in possession of medication dispensed or prescribed
306 for aid in dying that has not been self-administered shall return such

307 medication to the attending physician or the Commissioner of
308 Consumer Protection in accordance with section 21a-252 of the general
309 statutes.

310 Sec. 12. (NEW) (*Effective October 1, 2019*) (a) Any provision of a
311 contract, including, but not limited to, a contract related to an
312 insurance policy or annuity, conditioned on or affected by the making
313 or rescinding of a request for aid in dying shall not be valid.

314 (b) On and after October 1, 2019, the sale, procurement or issuance
315 of any life, health or accident insurance or annuity policy or the rate
316 charged for any such policy shall not be conditioned upon or affected
317 by the making or rescinding of a request for aid in dying.

318 (c) A qualified patient's act of requesting aid in dying or self-
319 administering medication dispensed or prescribed for aid in dying
320 shall not constitute suicide for any purpose, including, but not limited
321 to, a criminal prosecution under section 53a-56 of the general statutes.

322 Sec. 13. (NEW) (*Effective October 1, 2019*) (a) As used in this section,
323 "participate in the provision of medication" means to perform the
324 duties of an attending physician or consulting physician, a psychiatrist,
325 psychologist or pharmacist in accordance with the provisions of
326 sections 2 to 10, inclusive, of this act. "Participate in the provision of
327 medication" does not include: (1) Making an initial diagnosis of a
328 patient's terminal illness; (2) informing a patient of his or her medical
329 diagnosis or prognosis; (3) informing a patient concerning the
330 provisions of this section, sections 1 to 12, inclusive, of this act and
331 sections 16 to 19, inclusive, of this act, upon the patient's request; or (4)
332 referring a patient to another health care provider for aid in dying.

333 (b) Participation in any act described in sections 1 to 12, inclusive, of
334 this act and sections 16 to 19, inclusive, of this act by a patient, health
335 care provider or any other person shall be voluntary. Each health care
336 provider shall individually and affirmatively determine whether to
337 participate in the provision of medication to a qualified patient for aid

338 in dying. A health care facility shall not require a health care provider
339 to participate in the provision of medication to a qualified patient for
340 aid in dying, but may prohibit such participation in accordance with
341 subsection (d) of this section.

342 (c) If a health care provider or health care facility chooses not to
343 participate in the provision of medication to a qualified patient for aid
344 in dying, upon request of a qualified patient, such health care provider
345 or health care facility shall transfer all relevant medical records to any
346 health care provider or health care facility, as directed by a qualified
347 patient.

348 (d) A health care facility may adopt written policies prohibiting a
349 health care provider associated with such health care facility from
350 participating in the provision of medication to a patient for aid in
351 dying, provided such facility provides written notice of such policy
352 and any sanctions for violation of such policy to such health care
353 provider. Notwithstanding the provisions of this subsection or any
354 policies adopted in accordance with this subsection, a health care
355 provider may: (1) Diagnose a patient with a terminal illness; (2) inform
356 a patient of his or her medical prognosis; (3) provide a patient with
357 information concerning the provisions of this section, sections 1 to 12,
358 inclusive, of this act and sections 16 to 19, inclusive, of this act, upon a
359 patient's request; (4) refer a patient to another health care facility or
360 health care provider; (5) transfer a patient's medical records to a health
361 care provider or health care facility, as requested by a patient; or (6)
362 participate in the provision of medication for aid in dying when such
363 health care provider is acting outside the scope of his or her
364 employment or contract with a health care facility that prohibits
365 participation in the provision of such medication.

366 (e) Except as provided in a policy adopted in accordance with
367 subsection (d) of this section, no health care facility may subject an
368 employee or other person who provides services under contract with
369 the health care facility to disciplinary action, loss of privileges, loss of

370 membership or any other penalty for participating, or refusing to
371 participate, in the provision of medication or related activities in good
372 faith compliance with the provisions of this section, sections 1 to 12,
373 inclusive, of this act and sections 16 to 19, inclusive, of this act.

374 Sec. 14. (NEW) (*Effective October 1, 2019*) (a) A person is guilty of
375 murder when such person, without authorization of a patient, wilfully
376 alters or forges a request for aid in dying, as described in sections 3
377 and 4 of this act, or conceals or destroys a rescission of such a request
378 for aid in dying with the intent or effect of causing the patient's death.

379 (b) A person is guilty of murder when such person coerces or exerts
380 undue influence on a patient to complete a request for aid in dying, as
381 described in sections 3 and 4 of this act, or coerces or exerts undue
382 influence on a patient to destroy a rescission of such request with the
383 intent or effect of causing the patient's death.

384 Sec. 15. (NEW) (*Effective October 1, 2019*) (a) Nothing in sections 1 to
385 14, inclusive, of this act or sections 16 to 19, inclusive, of this act
386 authorizes a physician or any other person to end another person's life
387 by lethal injection, mercy killing, assisting a suicide or any other active
388 euthanasia.

389 (b) No action taken in accordance with sections 1 to 14, inclusive, of
390 this act or sections 16 to 19, inclusive, of this act shall constitute
391 causing or assisting another person to commit suicide in violation of
392 section 53a-54a or 53a-56 of the general statutes.

393 (c) No person shall be subject to civil or criminal liability or
394 professional disciplinary action, including, but not limited to,
395 revocation of such person's professional license, for (1) participating in
396 the provision of medication or related activities in good faith
397 compliance with the provisions of sections 1 to 14, inclusive, of this act
398 and sections 16 to 19, inclusive, of this act, or (2) being present at the
399 time a qualified patient self-administers medication dispensed or
400 prescribed for aid in dying.

401 (d) An attending physician's dispensing of, or issuance of a
402 prescription for medication for aid in dying or a patient's request for
403 aid in dying, in good faith compliance with the provisions of sections 1
404 to 19, inclusive, of this act shall not constitute neglect for the purpose
405 of any law or provide the sole basis for appointment of a guardian or
406 conservator for such patient.

407 Sec. 16. (NEW) (*Effective October 1, 2019*) Sections 1 to 15, inclusive,
408 of this act or sections 17 to 19, inclusive, of this act do not limit liability
409 for civil damages resulting from negligent conduct or intentional
410 misconduct by any person.

411 Sec. 17. (NEW) (*Effective October 1, 2019*) (a) Any person who
412 knowingly possesses, sells or delivers medication dispensed or
413 prescribed for aid in dying for any purpose other than delivering such
414 medication to a qualified patient, or returning such medication in
415 accordance with section 11 of this act, shall be guilty of a class D
416 felony.

417 (b) Nothing in sections 1 to 16, inclusive, of this act or section 18 or
418 19 of this act shall preclude criminal prosecution under any provision
419 of law for conduct that is inconsistent with said sections.

420 Sec. 18. (NEW) (*Effective October 1, 2019*) Nothing in sections 1 to 17,
421 inclusive, of this act or section 19 of this act shall limit the jurisdiction
422 or authority of the nonprofit entity designated by the Governor to
423 serve as the Connecticut protection and advocacy system under
424 chapter 813 of the general statutes.

425 Sec. 19. (NEW) (*Effective October 1, 2019*) No person who serves as an
426 attending physician, consulting physician or a witness as described in
427 section 3 of this act, or otherwise participates in the provision of
428 medication for aid in dying to a qualified patient, shall inherit or
429 receive any part of the estate of such qualified patient, whether under
430 the provisions of law relating to intestate succession or as a devisee or
431 legatee, or otherwise under the will of such qualified patient, or receive

432 any property as beneficiary or survivor of such qualified patient after
433 such qualified patient has self-administered medication dispensed or
434 prescribed for aid in dying.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	New section
Sec. 2	<i>October 1, 2019</i>	New section
Sec. 3	<i>October 1, 2019</i>	New section
Sec. 4	<i>October 1, 2019</i>	New section
Sec. 5	<i>October 1, 2019</i>	New section
Sec. 6	<i>October 1, 2019</i>	New section
Sec. 7	<i>October 1, 2019</i>	New section
Sec. 8	<i>October 1, 2019</i>	New section
Sec. 9	<i>October 1, 2019</i>	New section
Sec. 10	<i>October 1, 2019</i>	New section
Sec. 11	<i>October 1, 2019</i>	New section
Sec. 12	<i>October 1, 2019</i>	New section
Sec. 13	<i>October 1, 2019</i>	New section
Sec. 14	<i>October 1, 2019</i>	New section
Sec. 15	<i>October 1, 2019</i>	New section
Sec. 16	<i>October 1, 2019</i>	New section
Sec. 17	<i>October 1, 2019</i>	New section
Sec. 18	<i>October 1, 2019</i>	New section
Sec. 19	<i>October 1, 2019</i>	New section

Statement of Purpose:

To provide aid in dying to terminally ill patients.

[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.]

Co-Sponsors: REP. STEINBERG, 136th Dist.; REP. GRESKO, 121st Dist.

H.B. 5898