
OLR Bill Analysis

sHB 6425

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

SUMMARY

This bill allows terminally ill adults, under specified conditions, to obtain and use prescriptions to self-administer lethal medications. To request aid in dying, the bill requires that a patient voluntarily express his or her wish to receive the medication by making two oral requests (at least 15 days apart) and a written request to his or her attending physician (i.e., the physician with primary responsibility for the patient's medical care and treatment of the patient's terminal illness).

To be eligible, the patient must be (1) a competent adult (age 18 or older), (2) a Connecticut resident, and (3) determined by his or her attending physician to have a terminal illness (i.e., the final stage of an incurable condition that the attending physician anticipates, within reasonable medical judgment, will produce death within six months). Also, a consulting physician must examine the patient and confirm the attending physician's diagnosis and confirm that the patient is competent and acting voluntarily.

Among other provisions, the bill:

1. requires two witnesses for a written request for aid in dying to be valid;
2. allows only patients themselves, and not anyone acting on their behalf (e.g., agents under a living will or conservators), to request aid in dying;
3. requires the attending or consulting physician to refer the patient for counseling if they determine that the patient may be suffering from a condition causing impaired judgment;

4. establishes several procedural and recordkeeping requirements for attending physicians when they receive a request for aid in dying and when they determine the patient qualifies;
5. allows patients to rescind an aid in dying request at any time and in any manner;
6. prohibits health care facilities from requiring their providers to participate in providing aid in dying medication; and
7. makes someone guilty of murder for certain fraudulent acts in connection with an aid in dying request, such as willfully altering or forging a request or coercing or exerting undue influence on a patient to complete a request.

EFFECTIVE DATE: October 1, 2021

§§ 2-4 — REQUESTING AID IN DYING

Under the bill, “aid in dying” is the medical practice of a physician prescribing medication to a terminally ill qualified patient, which the patient may self-administer to bring about his or her death. “Self-administer” is a qualified patient’s voluntary, conscious, and affirmative act of ingesting medication.

Eligibility (§ 2)

To request aid in dying, the bill requires that a patient voluntarily express his or her wish to receive aid in dying and be:

1. an adult (i.e., age 18 or older);
2. a Connecticut resident;
3. competent (see below); and
4. determined by his or her attending physician to have a terminal illness.

A “qualified patient” is one who meets the foregoing criteria and has satisfied the bill’s other requirements (see below through section

9). Such a patient may request aid in dying by making two oral requests and one written request, as explained below.

Under the bill, a patient is “competent” if, in the opinion of his or her attending or consulting physician, psychiatrist, psychologist, or licensed clinical social worker (LCSW), the patient has the capacity to understand and acknowledge the nature and consequences of health care decisions, including the benefits and disadvantages of treatment, to make an informed decision and to communicate that decision to a health care provider. This includes communicating through a person familiar with the patient’s manner of communicating.

The bill prohibits anyone from acting on a patient’s behalf for purposes of the bill, including an agent under a living will, an attorney-in-fact under a durable power of attorney, a guardian, or a conservator.

Request Process (§ 3)

Before receiving aid in dying, a patient must make three requests to his or her attending physician: two oral requests, at least 15 days apart, and one written request. (The bill does not specify whether the written request must follow the oral requests.)

The written request must be signed and dated by the patient and witnessed by at least two people in the patient’s presence. Each witness must attest in writing, that to the best of his or her knowledge and belief, the patient (1) appears to be of sound mind and (2) is acting voluntarily and not being coerced to sign the request.

The bill provides a form for the written requests and requires that these requests be substantially similar to that form (see below).

Under the bill, a patient’s act of requesting aid in dying, or a qualified patient’s self-administration of aid in dying medication, must not provide the sole basis for appointing a conservator or guardian for the patient.

Form of Written Request (§ 4)

The bill requires written requests for aid in dying to be substantially the same as the following form:

REQUEST FOR MEDICATION TO AID IN DYING

I,, am an adult of sound mind.

I am a resident of the State of Connecticut.

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

I have been fully informed of my diagnosis, prognosis, the nature of medication to be dispensed or prescribed to aid me in dying, the potential associated risks, the expected result, feasible alternatives to aid in dying and additional health care treatment options, including palliative care and the availability of counseling with a psychologist, psychiatrist or licensed clinical social worker.

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

INITIAL ONE:

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

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

.... I have no family to inform of my decision.

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

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

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

Signed:

Dated:

DECLARATION OF WITNESSES

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

Witness 1 Witness 2

Initials Initials

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

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

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

Printed Name of Witness 1

Signature of Witness 1 Date

Printed Name of Witness 2

Signature of Witness 2 Date

§ 5 — RESCISSION OF AID IN DYING REQUEST

The bill allows qualified patients to rescind aid in dying requests at

any time and in any manner without regard to their mental state.

Under the bill, a qualified patient's attending physician must offer the patient an opportunity to rescind an aid in dying request when the patient makes his or her second oral request. The bill prohibits attending physicians from dispensing or prescribing aid in dying medication without first offering the patient a second opportunity to rescind the request.

§§ 6-10 — PROCESS TO PRESCRIBE OR DISPENSE AID IN DYING MEDICATION

Steps to Verify Eligibility (§ 6)

Under the bill, when an attending physician receives a patient's first oral request for aid in dying, the physician must determine that the patient is a competent adult, has a terminal illness, and is voluntarily making the request. The physician cannot make this determination solely based on the patient's age, disability, or any specific illness.

The physician must also require the patient to demonstrate Connecticut residency by showing (1) a driver's license, (2) a voter registration card, or (3) any other government-issued document that the physician reasonably believes demonstrates state residency.

The physician must also ensure that the patient is making an informed decision by informing the patient of (1) his or her diagnosis and prognosis; (2) the potential risks and probable results of taking the medication; (3) feasible alternatives and treatment options, including palliative care; and (4) the availability of counseling with a psychologist, psychiatrist, or LCSW. The physician must fully inform the patient of these matters, and the patient's decision must be based on understanding and acknowledging the relevant facts.

Consulting Physician (§§ 6 & 7)

The bill also requires the attending physician to refer the patient to a consulting physician qualified by specialty or experience to make a diagnosis and prognosis about the terminal illness. The consulting physician must confirm the diagnosis and prognosis and determine

that the patient is competent, has made the request voluntarily, and has made an informed decision. The consulting physician must examine the patient and the patient's medical records. The confirmation of the terminal diagnosis must be in writing.

Counseling Referral (§ 8)

Under the bill, if either the attending or consulting physician believes that the patient's judgment may be impaired by a psychiatric or psychological condition (including depression), then that physician must refer the patient for counseling to determine whether the patient is competent to request aid in dying.

In that case, the bill prohibits the attending physician from providing the patient aid in dying until the counselor (a psychiatrist, psychologist, or LCSW) determines that the patient is not suffering from such a condition.

Steps After Second Request (§ 9)

Under the bill, after both physicians determine that the patient is qualified to obtain aid in dying and the patient makes his or her second oral request, the attending physician must take other specified steps, as outlined below. (While the bill requires these actions after the patient's second oral request, it additionally requires the patient to make a written request, as explained above.)

The attending physician must:

1. recommend that the patient notify his or her next-of-kin of the aid in dying request, but inform the patient that he or she is not required to do so;
2. counsel the patient on the importance of (a) having someone else there when the patient self-administers the medication and (b) not taking it in public;
3. tell the patient that he or she may rescind the request at any time and in any manner;

4. verify that the patient is making an informed decision, immediately before dispensing or prescribing the medication;
5. document specified information in the patient's medical record (see § 10 below); and
6. either dispense the medication directly to the patient, or upon the patient's request, deliver the prescription to a pharmacist so that the pharmacist can dispense it to the patient (see below).

If the physician is authorized to dispense the medication and dispenses it directly, he or she must also dispense ancillary medication intended to minimize the patient's discomfort.

Alternatively, if the patient provides written consent and requests it, the physician must (1) contact a pharmacist and inform the pharmacist of the prescription and (2) personally deliver the written prescription to the pharmacist by mail, fax, or electronic transmission. The pharmacist then must dispense the medication directly to the patient, the attending physician, or the patient's expressly identified agent.

The bill requires the person signing the patient's death certificate to list the patient's underlying terminal illness as the cause of death.

Attending Physician Recordkeeping Requirements (§ 10)

The bill requires a qualified patient's attending physician to ensure that the following items are documented or filed in the patient's medical record:

1. the basis for determining that the patient is an adult and a state resident;
2. the patient's oral and written requests for aid in dying medication;
3. the physician's terminal diagnosis; the prognosis; a determination that the patient is competent, is acting voluntarily, and made an informed decision to request aid in dying; and the consulting physician's confirmation of this

information;

4. a report of the outcome and determinations made during counseling for patients with potentially impaired judgment;
5. documentation of the attending physician's offer to the patient to rescind his or her aid in dying request when the physician dispensed or prescribed the medication; and
6. the physician's statement indicating (a) that all of the bill's foregoing requirements have been met and (b) the steps that were taken to carry out the patient's request for aid in dying, including the medication dispensed or prescribed.

§ 11 — MEDICATION RETURN

Under the bill, if anyone other than a qualified patient possesses dispensed or prescribed aid in dying medication that the patient did not use, that person must return it to the attending physician or the consumer protection commissioner for proper disposition.

§ 12 — EFFECT ON INSURANCE CONTRACTS, WILLS, AND OTHER LAWS

The bill declares as invalid any contract provisions, including contracts related to insurance policies and annuities, or will or codicil provisions that are conditioned upon or affected by a patient making or rescinding an aid in dying request.

Starting October 1, 2021, the bill prohibits the sale, procurement, or issuance of life, health, or accident insurance or annuity policies, or policy rates, that are conditioned upon or affected by the making or rescinding of an aid in dying request.

The bill provides that a qualified patient's act of requesting aid in dying or self-administering the medication does not constitute suicide for any purpose, including criminal prosecution for 2nd degree manslaughter.

§ 13 — VOLUNTARY NATURE OF PARTICIPATION BY PATIENTS AND PROVIDERS

The bill provides that participation in any action under the bill is voluntary, whether by a patient, health care provider, or anyone else. In addition, health care providers must individually and affirmatively determine whether to “participate in the provision of medication” to qualified patients for aid in dying.

The bill prohibits health care facilities (i.e., hospitals, residential care homes, nursing homes, or rest homes) from requiring providers to participate. As further explained below, health care facilities may adopt policies prohibiting associated providers from participating and, under certain circumstances, they may impose sanctions on providers who fail to comply with that policy.

For these purposes, “participate in the provision of medication” means to perform the duties of an attending or consulting physician, psychiatrist, psychologist, or pharmacist under the bill. It does not include (1) making an initial diagnosis of a patient’s terminal illness, (2) informing a patient of his or her medical diagnosis or prognosis, (3) informing a patient about the bill upon the patient’s request, or (4) referring a patient to another health care provider for aid in dying.

Under the bill, if a health care provider or facility chooses not to participate in providing medication for aid in dying, the provider or facility must, upon a qualified patient’s request, transfer all relevant medical records to another provider or facility as the patient directs.

Health Care Facility Policies

The bill allows health care facilities to adopt written policies prohibiting associated providers from participating in providing medication for aid in dying, as long as the facility gives them written notice of the policy and any sanctions for violating it.

The bill prohibits health care facilities, except as provided in such a policy, from subjecting employees or contracted service providers to disciplinary action, loss of privileges, loss of membership, or any other penalty for participating, or refusing to participate, in the provision of medication or related activities in good faith compliance with the bill.

Even if a facility adopts such a policy, the facility's providers may:

1. diagnose patients with a terminal illness;
2. inform patients of their medical prognoses;
3. provide patients with information about the bill upon request;
4. refer patients to other health care facilities or providers;
5. transfer medical records to other health care facilities or providers, as requested by the patient; or
6. participate in providing aid in dying medication when the provider is acting outside the scope of his or her employment or contract with the facility that prohibits the participation.

§ 14 — CERTAIN ACTS DECLARED AS MURDER

Under the bill, it is murder to do the following:

1. without the patient's authorization, willfully alter or forge an aid in dying request or conceal or destroy a rescission of a request with the intent or effect of causing the patient's death, or
2. coerce or exert undue influence on a patient to (a) complete an aid in dying request or (b) destroy a rescission of the request with the intent or effect of causing the patient's death.

§§ 15-19 — OTHER PROVISIONS

Unauthorized Actions, Liability, and Related Issues (§§ 15 & 16)

The bill specifies that it does not authorize:

1. a physician or anyone else to end someone else's life by lethal injection, mercy killing, assisting a suicide, or any other active euthanasia; or
2. a health care provider or anyone else, including a qualified patient, to end the patient's life by intravenous or other parenteral injection or infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or any other criminal act.

The bill specifies that any actions taken under its aid in dying procedures do not constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect, or any other civil or criminal violation under law. It further specifies that these actions do not constitute causing or assisting suicide under existing laws that make it (1) murder to intentionally cause someone to commit suicide by force, duress, or deception (CGS § 53a-54a) and (2) 2nd degree manslaughter to intentionally cause or aid someone to commit suicide by other means (CGS § 53a-56).

The bill prohibits anyone from being subject to civil or criminal liability or professional disciplinary action (including license revocation) for (1) participating in the provision of medication or related activities in good faith compliance with the bill or (2) being present when a qualified patient self-administers aid in dying medication.

Under the bill, an attending physician's dispensing or prescribing aid in dying medication, or a patient's aid in dying request, in good faith compliance with the bill does not (1) constitute neglect under law or (2) provide the sole basis for appointing a guardian or conservator for the patient.

However, the bill does not limit civil liability for damages resulting from negligence or intentional misconduct.

Other Criminal Penalties (§ 17)

Under the bill, it is a class D felony (punishable by up to five years in prison, a fine of up to \$5,000, or both) to knowingly possess, sell, or deliver medication dispensed or prescribed for aid in dying for any purpose other than (1) delivering it to a qualified patient or (2) returning unused medication to the attending physician or consumer protection commissioner.

The bill specifies that it does not prevent criminal prosecution under any other laws for conduct inconsistent with the bill.

Protection and Advocacy System Jurisdiction (§ 18)

The bill specifies that it does not limit the jurisdiction or authority of the nonprofit entity the governor designated to serve as the state's protection and advocacy system for individuals with disabilities (Disability Rights Connecticut).

Limitations on Physicians' Inheritance (§ 19)

The bill prohibits anyone who serves as an attending or consulting physician under the bill from inheriting from or receiving any part of the patient's estate. This includes (1) receiving part of the estate under the intestate succession laws, as a devisee or legatee, or otherwise under the patient's will or (2) receiving any property as the patient's beneficiary or survivor, after the patient has self-administered aid in dying medication.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 24 Nay 9 (03/05/2021)