AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

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

Section 1. (NEW) (Effective October 1, 2021) As used in this section and sections 2 to 19, inclusive, of this act:

(1) "Adult" means a person who is eighteen years of age or older;

(2) "Aid in dying" means the medical practice of a physician prescribing medication to a qualified patient who is terminally ill, which medication a qualified patient may self-administer to bring about his or her death;

(3) "Attending physician" means the physician who has primary responsibility for the medical care of a patient and treatment of a patient's terminal illness;

(4) "Competent" means, in the opinion of a patient's attending physician, consulting physician, psychiatrist, psychologist or licensed clinical social worker, that a 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 such decision to a health care provider, including communicating through a person familiar with a patient's manner of communicating;

(5) "Consulting physician" means a physician other than a patient's attending physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's terminal illness;

(6) "Counseling" means one or more consultations as necessary between a psychiatrist, psychologist or licensed clinical social worker and a patient for the purpose of determining that a patient is competent and not suffering from depression or any other psychiatric or psychological disorder that causes impaired judgment;

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

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

(9) "Informed decision" means a decision by a qualified patient to request and obtain a prescription for medication that the qualified patient may self-administer for aid in dying, that is based on an understanding and acknowledgment of the relevant facts and after being fully informed by the attending physician of: (A) The qualified patient's medical diagnosis and prognosis; (B) the potential risks associated with self-administering the medication to be prescribed; (C) the probable result of taking the medication to be dispensed or prescribed; and (D) the feasible alternatives to aid in dying and health care treatment options, including, but not limited to, palliative care;
(10) "Licensed clinical social worker" means a person who has been licensed as a clinical social worker pursuant to chapter 383b of the general statutes;

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

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

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

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

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

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

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

(18) "Qualified patient" means a competent adult who is a resident of this state, has a terminal illness and has satisfied the requirements of this section and sections 2 to 9, inclusive, of this act, in order to obtain aid in dying;
(19) "Self-administer" means a qualified patient's voluntary, conscious and affirmative act of ingesting medication; and

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

Sec. 2. (NEW) (Effective October 1, 2021) (a) A patient who (1) is an adult, (2) is competent, (3) is a resident of this state, (4) has been determined by such patient's attending physician to have a terminal illness, and (5) has voluntarily expressed his or her wish to receive aid in dying, may request aid in dying by making two oral requests and one written request to such patient's attending physician pursuant to sections 3 and 4 of this act.

(b) No person, including, but not limited to, an agent under a living will, an attorney-in-fact under a durable power of attorney, a guardian, or a conservator, may act on behalf of a patient for purposes of this section, section 1 or sections 3 to 19, inclusive, of this act.

Sec. 3. (NEW) (Effective October 1, 2021) (a) A patient wishing to receive aid in dying shall make two oral requests and one written request to such patient's attending physician. A patient's second oral request for aid in dying shall be made not earlier than fifteen days after the date on which a patient makes the first oral request. A valid written request for aid in dying under sections 1 and 2 of this act and sections 4 to 19, inclusive, of this act shall be in substantially the form set forth in section 4 of this act and shall be signed and dated by the patient. A written request shall be witnessed by at least two persons in the presence of the patient. Each person serving as a witness shall attest, in writing, that to the best of his or her knowledge and belief (1) the patient appears to be of sound mind, and (2) the patient is acting voluntarily and not being coerced to sign the request.

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

Sec. 4. (NEW) (Effective October 1, 2021) A written request for aid in dying as authorized by this section, sections 1 to 3, inclusive, of this act and sections 5 to 19, inclusive, of this act shall be in substantially 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 ....
Sec. 5. (NEW) (Effective October 1, 2021) (a) A qualified patient may rescind his or her request for aid in dying at any time and in any manner without regard to his or her mental state.

(b) An attending physician shall offer a qualified patient an opportunity to rescind his or her request for aid in dying at the time such patient makes a second oral request for aid in dying to the attending physician.

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

Sec. 6. (NEW) (Effective October 1, 2021) When an attending physician receives a patient's first oral request for aid in dying made pursuant to sections 2 to 4, inclusive, of this act, the attending physician shall:

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

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

(3) Ensure that the patient is making an informed decision by informing the patient of: (A) The patient's medical diagnosis; (B) the patient's prognosis; (C) the potential risks associated with self-administering the medication to be dispensed or prescribed for aid in dying; (D) the probable result of self-administering the medication to be
(4) Refer the patient to a consulting physician for medical confirmation of the attending physician's diagnosis of the patient's terminal illness, the patient's prognosis and for a determination that the patient is competent and acting voluntarily in requesting aid in dying.

Sec. 7. (NEW) (Effective October 1, 2021) In order for a patient to be found to be a qualified patient for the purposes of this section, sections 1 to 6, inclusive, of this act and sections 8 to 19, inclusive, of this act, a consulting physician shall: (1) Examine the patient and the patient's relevant medical records; (2) confirm, in writing, the attending physician's diagnosis that the patient has a terminal illness; (3) verify that the patient is competent, is acting voluntarily and has made an informed decision to request aid in dying; and (4) refer the patient for counseling, if required in accordance with section 8 of this act.

Sec. 8. (NEW) (Effective October 1, 2021) (a) If, in the medical opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological condition including, but not limited to, depression, that is causing impaired judgment, either the attending or consulting physician shall refer the patient for counseling to determine whether the patient is competent to request aid in dying.

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

Sec. 9. (NEW) (Effective October 1, 2021) (a) After an attending physician and a consulting physician determine that a patient is a qualified patient, in accordance with sections 6 to 8, inclusive, of this act and after such qualified patient makes a second oral request for aid in dying in accordance with section 3 of this act, the attending physician
shall:

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

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

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

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

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

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

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

Sec. 10. (NEW) (Effective October 1, 2021) The attending physician shall ensure that the following items are documented or filed in a qualified
(1) The basis for determining that a qualified patient is an adult and a resident of the state;

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

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

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

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

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

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

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

Sec. 11. (NEW) (Effective October 1, 2021) Any person, other than a qualified patient, in possession of medication dispensed or prescribed
for aid in dying that has not been self-administered shall return such medication to the attending physician or the Commissioner of Consumer Protection in accordance with section 21a-252 of the general statutes.

Sec. 12. (NEW) (Effective October 1, 2021) (a) Any provision of a contract, including, but not limited to, a contract related to an insurance policy or annuity, conditioned on or affected by the making or rescinding of a request for aid in dying shall not be valid.

(b) Any provision of a will or codicil conditioned on or affected by the making or rescinding of a request for aid in dying shall not be valid.

(c) On and after October 1, 2021, the sale, procurement or issuance of any life, health or accident insurance or annuity policy or the rate charged for any such policy shall not be conditioned upon or affected by the making or rescinding of a request for aid in dying.

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

Sec. 13. (NEW) (Effective October 1, 2021) (a) As used in this section, "participate in the provision of medication" means to perform the duties of an attending physician or consulting physician, a psychiatrist, psychologist or pharmacist in accordance with the provisions of sections 2 to 10, inclusive, of this act. "Participate in the provision of medication" 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 concerning the provisions of this section, sections 1 to 12, inclusive, of this act and sections 16 to 19, inclusive, of this act, upon the patient's request; or (4) referring a patient to another health care provider for aid in dying.

(b) Participation in any act described in sections 1 to 12, inclusive, of this act and sections 16 to 19, inclusive, of this act by a patient, health
care provider or any other person shall be voluntary. Each health care
provider shall individually and affirmatively determine whether to
participate in the provision of medication to a qualified patient for aid
in dying. A health care facility shall not require a health care provider
to participate in the provision of medication to a qualified patient for aid
in dying, but may prohibit such participation in accordance with
subsection (d) of this section.

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

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

(e) Except as provided in a policy adopted in accordance with
subsection (d) of this section, no health care facility may subject an
employee or other person who provides services under contract with
the health care facility 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 provisions of this section, sections 1 to 12,
inclusive, of this act and sections 16 to 19, inclusive, of this act.

Sec. 14. (NEW) (Effective October 1, 2021) (a) A person is guilty of
murder when such person, without authorization of a patient, wilfully
alters or forges a request for aid in dying, as described in sections 3 and
4 of this act, or conceals or destroys a rescission of such a request for aid
in dying with the intent or effect of causing the patient's death.

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

Sec. 15. (NEW) (Effective October 1, 2021) (a) Nothing in sections 1 to
14, inclusive, of this act or sections 16 to 19, inclusive, of this act
authorizes a physician or any other person to end another person's life
by lethal injection, mercy killing, assisting a suicide or any other active
euthanasia.

(b) Nothing in sections 1 to 14, inclusive, of this act or section 16 to
19, inclusive, of this act authorizes a health care provider or any person,
including a qualified patient, to end the qualified patient's life by
intravenous or other parenteral injection or infusion, mercy killing,
homicide, murder, manslaughter, euthanasia, or any other criminal act.

(c) Any actions taken in accordance with sections 1 to 14, inclusive, of
this act or sections 16 to 19, inclusive, of this act, do not, for any
purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,
homicide, murder, manslaughter, elder abuse or neglect or any other
civil or criminal violation under the general statutes.
(d) No action taken in accordance with sections 1 to 14, inclusive, of this act or sections 16 to 19, inclusive, of this act shall constitute causing or assisting another person to commit suicide in violation of section 53a-54a or 53a-56 of the general statutes.

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

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

Sec. 16. (NEW) (Effective October 1, 2021) Sections 1 to 15, inclusive, of this act or sections 17 to 19, inclusive, of this act do not limit liability for civil damages resulting from negligent conduct or intentional misconduct by any person.

Sec. 17. (NEW) (Effective October 1, 2021) (a) Any person who knowingly possesses, sells or delivers medication dispensed or prescribed for aid in dying for any purpose other than delivering such medication to a qualified patient, or returning such medication in accordance with section 11 of this act, shall be guilty of a class D felony.

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

Sec. 18. (NEW) (Effective October 1, 2021) Nothing in sections 1 to 17,
inclusive, of this act or section 19 of this act shall limit the jurisdiction or
authority of the nonprofit entity designated by the Governor to serve as
the Connecticut protection and advocacy system under section 46a-10b
of the general statutes.

Sec. 19. (NEW) (Effective October 1, 2021) No person who serves as an
attending physician or consulting physician shall inherit or receive any
part of the estate of such qualified patient, whether under the provisions
of law relating to intestate succession or as a devisee or legatee, or
otherwise under the will of such qualified patient, or receive any
property as beneficiary or survivor of such qualified patient after such
qualified patient has self-administered medication dispensed or
prescribed for aid in dying.

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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.]