

**Proposed Substitute
Bill No. 88**

LCO No. 2657

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, 2022*) As used in this section and
2 sections 2 to 18, 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, which
6 medication a qualified patient may self-administer to bring about such
7 patient's 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 and whose practice is not primarily comprised
11 of evaluating, qualifying and prescribing or dispensing medication
12 pursuant to the provisions of this section and sections 2 to 18, inclusive,
13 of this act;

14 (4) "Competent" means, in the opinion of a patient's attending
15 physician, consulting physician, psychiatrist, psychologist or licensed
16 clinical social worker, that a patient has the capacity to understand and
17 acknowledge the nature and consequences of health care decisions,

18 including the benefits and disadvantages of treatment, to make an
19 informed decision and to communicate such decision to a health care
20 provider, including communicating through a person familiar with a
21 patient's manner of communicating;

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

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

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

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

39 (9) "Hospice care" means health care centered on a terminally ill
40 patient and such patient's family that provides for the physical,
41 psychosocial, spiritual and emotional needs of such patient;

42 (10) "Informed decision" means a decision by a qualified patient to
43 request and obtain a prescription for medication that the qualified
44 patient may self-administer for aid in dying, that is based on an
45 understanding and acknowledgment of the relevant facts and after
46 being fully informed by the attending physician of: (A) The qualified
47 patient's medical diagnosis and prognosis; (B) the potential risks

48 associated with self-administering the medication to be prescribed; (C)
49 the probable result of taking the medication to be dispensed or
50 prescribed; and (D) the feasible alternatives to aid in dying and health
51 care treatment options, including, but not limited to, hospice care and
52 palliative care;

53 (11) "Licensed clinical social worker" means a person who has been
54 licensed as a clinical social worker pursuant to chapter 383b of the
55 general statutes;

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

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

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

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

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

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

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

79 (19) "Qualified patient" means a competent adult who is a resident of
80 this state, has a terminal illness and has satisfied the requirements of this
81 section and sections 2 to 9, inclusive, of this act, in order to obtain aid in
82 dying;

83 (20) "Self-administer" means a qualified patient's voluntary,
84 conscious and affirmative act of ingesting medication; and

85 (21) "Terminal illness" means the final stage of an incurable and
86 irreversible medical condition that an attending physician anticipates,
87 within reasonable medical judgment, will produce a patient's death
88 within six months if the progression of such condition follows its typical
89 course.

90 Sec. 2. (NEW) (*Effective October 1, 2022*) (a) A patient who (1) is an
91 adult, (2) is competent, (3) is a resident of this state, (4) has been
92 determined by such patient's attending physician to have a terminal
93 illness, and (5) has voluntarily expressed such patient's wish to receive
94 aid in dying, may request aid in dying by submitting two written
95 requests to such patient's attending physician pursuant to sections 3 and
96 4 of this act.

97 (b) No person, including, but not limited to, an agent under a living
98 will, an attorney-in-fact under a durable power of attorney, a guardian,
99 or a conservator, may act on behalf of a patient for purposes of sections
100 1 to 19, inclusive, of this act.

101 Sec. 3. (NEW) (*Effective October 1, 2022*) (a) A patient wishing to
102 receive aid in dying shall submit two written requests to such patient's
103 attending physician pursuant to section 4 of this act. A patient's second
104 written request for aid in dying shall be submitted not earlier than
105 fifteen days after the date on which such patient submits the first written
106 request. A valid written request for aid in dying under sections 1, 2 and

107 4 to 18, inclusive, of this act shall be signed and dated by the patient.
108 Each written request shall be witnessed by at least two persons in the
109 presence of the patient. Each person serving as a witness shall attest, in
110 writing, that to the best of such person's knowledge and belief (1) the
111 patient appears to be of sound mind, (2) the patient is acting voluntarily
112 and not being coerced to sign the request, and (3) the witness is not: (A)
113 A relative of the patient by blood, marriage or adoption, (B) entitled to
114 any portion of the estate of the patient upon the patient's death, under
115 any will or by operation of law, (C) an owner, operator or employee of
116 a health care facility where the patient is a resident or receiving medical
117 treatment, or (D) such patient's attending physician at the time the
118 request is signed.

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

123 Sec. 4. (NEW) (*Effective October 1, 2022*) A written request for aid in
124 dying as authorized by sections 1 to 19, inclusive, of this act shall be in
125 substantially the following form:

126 REQUEST FOR MEDICATION TO AID IN DYING

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

128 I am a resident of the State of Connecticut.

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

135 I have been fully informed of my diagnosis, prognosis, the nature of
136 medication to be dispensed or prescribed to aid me in dying, the

137 potential associated risks, the expected result, feasible alternatives to aid
138 in dying and additional health care treatment options, including hospice
139 care and palliative care and the availability of counseling with a
140 psychologist, psychiatrist or licensed clinical social worker.

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

145 INITIAL ONE:

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

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

149 I have no family to inform of my decision.

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

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

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

158 Signed:

159 Dated:

160 DECLARATION OF WITNESSES

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

163 Witness 1 Witness 2

164 Initials Initials

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

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

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

171 4. I am not the attending physician for the person making the
172 request;

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

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

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

181 Printed Name of Witness 1

182 Signature of Witness 1 Date

183 Printed Name of Witness 2

184 Signature of Witness 2 Date

185 Sec. 5. (NEW) (*Effective October 1, 2022*) (a) A qualified patient may
186 rescind such patient's request for aid in dying at any time and in any
187 manner without regard to such patient's mental state.

188 (b) An attending physician shall offer a qualified patient an
189 opportunity to rescind such patient's request for aid in dying at the time
190 such patient makes a second written request for aid in dying to the
191 attending physician.

192 (c) No attending physician shall dispense or prescribe medication for
193 aid in dying without the attending physician first offering the qualified
194 patient a second opportunity to rescind such patient's request for aid in
195 dying.

196 Sec. 6. (NEW) (*Effective October 1, 2022*) When an attending physician
197 is presented with a patient's first written request for aid in dying made
198 pursuant to sections 2 to 4, inclusive, of this act, the attending physician
199 shall:

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

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

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

219 (4) Refer the patient to a consulting physician for medical
220 confirmation of the attending physician's diagnosis of the patient's
221 terminal illness, the patient's prognosis and for a determination that the
222 patient is competent and acting voluntarily in requesting aid in dying.

223 Sec. 7. (NEW) (*Effective October 1, 2022*) In order for a patient to be
224 found to be a qualified patient for the purposes of sections 1 to 19,
225 inclusive, of this act, a consulting physician shall: (1) Examine the
226 patient and the patient's relevant medical records; (2) confirm, in
227 writing, the attending physician's diagnosis that the patient has a
228 terminal illness; (3) verify that the patient is competent, is acting
229 voluntarily and has made an informed decision to request aid in dying,
230 as described in subdivision (3) of section 6 of this act; and (4) refer the
231 patient for counseling, if required in accordance with section 8 of this
232 act.

233 Sec. 8. (NEW) (*Effective October 1, 2022*) (a) If, in the medical opinion
234 of the attending physician or the consulting physician, a patient may be
235 suffering from a psychiatric or psychological condition including, but
236 not limited to, depression, that is causing impaired judgment, either the
237 attending or consulting physician shall refer the patient for counseling
238 to determine whether the patient is competent to request aid in dying.

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

243 Sec. 9. (NEW) (*Effective October 1, 2022*) After an attending physician
244 and a consulting physician determine that a patient is a qualified
245 patient, in accordance with sections 6 to 8, inclusive, of this act and after
246 such qualified patient submits a second written request for aid in dying
247 in accordance with section 3 of this act, the attending physician shall:

248 (1) Recommend to the qualified patient that such patient notify such
249 patient's next of kin of the qualified patient's request for aid in dying

250 and inform the qualified patient that a failure to do so shall not be a basis
251 for the denial of such request;

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

256 (3) Inform the qualified patient that such patient may rescind such
257 patient's request for aid in dying at any time and in any manner;

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

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

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

274 Sec. 10. (NEW) (*Effective October 1, 2022*) The attending physician shall
275 ensure that the following items are documented or filed in a qualified
276 patient's medical record:

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

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

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

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

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

292 (6) Documentation of the attending physician's offer to a qualified
293 patient to rescind such patient's request for aid in dying at the time the
294 attending physician dispenses or prescribes medication for aid in dying;
295 and

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

301 Sec. 11. (NEW) (*Effective October 1, 2022*) Any person, other than a
302 qualified patient, in possession of medication dispensed or prescribed
303 for aid in dying that has not been self-administered shall (1) destroy
304 such medication in a manner described on the Department of Consumer
305 Protection's Internet web site, or (2) dispose of such medication at a
306 pharmacy that accepts and disposes of unused prescription drugs
307 pursuant to section 20-576a of the general statutes or a municipal police
308 station that collects and disposes of unwanted pharmaceuticals

309 pursuant to section 21a-12f of the general statutes.

310 Sec. 12. (NEW) (*Effective October 1, 2022*) (a) Any provision of a
311 contract, including, but not limited to, a contract related to an insurance
312 policy or annuity, conditioned on or affected by the making or
313 rescinding of a request for aid in dying shall not be valid.

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

316 (c) On and after October 1, 2022, the sale, procurement or issuance of
317 any life, health or accident insurance or annuity policy or the rate
318 charged for any such policy shall not be conditioned upon or affected
319 by the making or rescinding of a request for aid in dying.

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

324 Sec. 13. (NEW) (*Effective October 1, 2022*) (a) As used in this section,
325 "participate in the provision of medication" means to perform the duties
326 of an attending physician or consulting physician, a psychiatrist,
327 psychologist or pharmacist in accordance with the provisions of sections
328 2 to 10, inclusive, of this act. "Participate in the provision of medication"
329 does not include: (1) Making an initial diagnosis of a patient's terminal
330 illness; (2) informing a patient of such patient's medical diagnosis or
331 prognosis; (3) informing a patient concerning the provisions of this
332 section, sections 1 to 12, inclusive, of this act and sections 16 to 18,
333 inclusive, of this act, upon the patient's request; or (4) referring a patient
334 to another health care provider for aid in dying.

335 (b) Participation in any act described in sections 1 to 12, inclusive, of
336 this act and sections 16 to 18, inclusive, of this act by a patient, health
337 care provider or any other person shall be voluntary. Each health care
338 provider shall individually and affirmatively determine whether to

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

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

350 (d) A health care facility may adopt written policies prohibiting a
351 health care provider associated with such health care facility from
352 participating in the provision of medication to a patient for aid in dying,
353 provided such facility provides written notice of such policy and any
354 sanctions for violation of such policy to such health care provider.
355 Notwithstanding the provisions of this subsection or any policies
356 adopted in accordance with this subsection, a health care provider may:
357 (1) Diagnose a patient with a terminal illness; (2) inform a patient of such
358 patient's medical prognosis; (3) provide a patient with information
359 concerning the provisions of this section, sections 1 to 12, inclusive, of
360 this act and sections 16 to 18, inclusive, of this act, upon a patient's
361 request; (4) refer a patient to another health care facility or health care
362 provider; (5) transfer a patient's medical records to a health care
363 provider or health care facility, as requested by a patient; or (6)
364 participate in the provision of medication for aid in dying when such
365 health care provider is acting outside the scope of such provider's
366 employment or contract with a health care facility that prohibits
367 participation in the provision of such medication.

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

371 the health care facility to disciplinary action, loss of privileges, loss of
372 membership or any other penalty for participating, or refusing to
373 participate, in the provision of medication or related activities in good
374 faith compliance with the provisions of this section, sections 1 to 12,
375 inclusive, of this act and sections 16 to 18, inclusive, of this act.

376 Sec. 14. (NEW) (*Effective October 1, 2022*) (a) Nothing in sections 1 to
377 13, inclusive, of this act or sections 15 to 18, inclusive, of this act
378 authorizes a physician or any other person to end another person's life
379 by lethal injection, mercy killing, assisting a suicide or any other active
380 euthanasia.

381 (b) Nothing in sections 1 to 13, inclusive, of this act or sections 15 to
382 18, inclusive, of this act authorizes a health care provider or any person,
383 including a qualified patient, to end the qualified patient's life by
384 intravenous or other parenteral injection or infusion, mercy killing,
385 homicide, murder, manslaughter, euthanasia, or any other criminal act.

386 (c) Any actions taken in accordance with sections 1 to 13, inclusive, of
387 this act or sections 15 to 18, inclusive, of this act, do not, for any
388 purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,
389 homicide, murder, manslaughter, elder abuse or neglect or any other
390 civil or criminal violation under the general statutes.

391 (d) No action taken in accordance with sections 1 to 13, inclusive, of
392 this act or sections 15 to 18, inclusive, of this act shall constitute causing
393 or assisting another person to commit suicide in violation of section 53a-
394 54a or 53a-56 of the general statutes.

395 (e) No person shall be subject to civil or criminal liability or
396 professional disciplinary action, including, but not limited to,
397 revocation of such person's professional license, for (1) participating in
398 the provision of medication or related activities in good faith
399 compliance with the provisions of sections 1 to 13, inclusive, of this act
400 and sections 15 to 18, inclusive, of this act, or (2) being present at the
401 time a qualified patient self-administers medication dispensed or

402 prescribed for aid in dying.

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

410 Sec. 15. (NEW) (*Effective October 1, 2022*) Sections 1 to 14, inclusive, of
411 this act or sections 16 to 18, inclusive, of this act do not limit liability for
412 civil damages resulting from negligent conduct or intentional
413 misconduct by any person.

414 Sec. 16. (NEW) (*Effective October 1, 2022*) Nothing in sections 1 to 15,
415 inclusive, of this act or section 17 or 18 of this act shall limit the
416 jurisdiction or authority of the nonprofit entity designated by the
417 Governor to serve as the Connecticut protection and advocacy system
418 under section 46a-10b of the general statutes.

419 Sec. 17. (NEW) (*Effective October 1, 2022*) No person who serves as an
420 attending physician or consulting physician shall inherit or receive any
421 part of the estate of such qualified patient, whether under the provisions
422 of law relating to intestate succession or as a devisee or legatee, or
423 otherwise under the will of such qualified patient, or receive any
424 property as beneficiary or survivor of such qualified patient after such
425 qualified patient has self-administered medication dispensed or
426 prescribed for aid in dying.

427 Sec. 18. (NEW) (*Effective from passage*) Not later than October 1, 2022,
428 the Department of Public Health shall create an attending physician
429 checklist form and an attending physician follow-up form to facilitate
430 the collection of information that attending physicians are required to
431 submit to the department pursuant to the provisions of subsections (a)
432 and (b) of section 19 of this act and post such forms on the department's

433 Internet web site.

434 Sec. 19. (NEW) (*Effective October 1, 2022*) (a) Not later than thirty days
435 after prescribing medication to a qualified patient pursuant to the
436 provisions of sections 1 to 17, inclusive, of this act, an attending
437 physician shall submit to the department an attending physician
438 checklist form, containing the following information: (1) The qualified
439 patient's name and date of birth; (2) the qualified patient's diagnosis and
440 prognosis; and (3) a statement by the attending physician indicating that
441 all requirements under this section and sections 1 to 10, inclusive, of this
442 act have been met and that such physician has prescribed medication
443 pursuant to the provisions of sections 1 to 17, inclusive, of this act.

444 (b) Not later than sixty days after an attending physician receives
445 notification of a qualified patient's death from self-administration of
446 medication prescribed pursuant to the provisions of sections 1 to 17,
447 inclusive, of this act, such attending physician shall submit to the
448 department an attending physician follow-up form, containing the
449 following information: (1) The qualified patients name and date of birth;
450 (2) the date of the qualified patient's death; and (3) whether the qualified
451 patient was provided hospice care at the time of such patient's death.

452 (c) On or before January 1, 2023, and annually thereafter, the
453 Department of Public Health shall review the forms submitted pursuant
454 to subsections (a) and (b) of this section to ensure compliance with the
455 provisions of said subsections.

456 (d) On or before January 1, 2023, and annually thereafter, the
457 Department of Public Health shall submit a report, in accordance with
458 the provisions of section 11-4a of the general statutes, to the joint
459 standing committee of the General Assembly having cognizance of
460 matters relating to public health containing the following data: (1) The
461 number of prescriptions for medication written for qualified patients
462 pursuant to the provisions of sections 1 to 17, inclusive, of this act; and
463 (2) the number of qualified patients who died following self-
464 administration of medication prescribed pursuant to the provisions of

465 sections 1 to 17, inclusive, of this act. Such report shall not contain the
466 identifying information of any qualified patient or health care provider.

467 (e) Any data collected by the Department of Public Health pursuant
468 to the provisions of subsections (a) and (b) of this section shall not be
469 subject to disclosure under the Freedom of Information Act, as defined
470 in section 1-200 of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	New section
Sec. 2	<i>October 1, 2022</i>	New section
Sec. 3	<i>October 1, 2022</i>	New section
Sec. 4	<i>October 1, 2022</i>	New section
Sec. 5	<i>October 1, 2022</i>	New section
Sec. 6	<i>October 1, 2022</i>	New section
Sec. 7	<i>October 1, 2022</i>	New section
Sec. 8	<i>October 1, 2022</i>	New section
Sec. 9	<i>October 1, 2022</i>	New section
Sec. 10	<i>October 1, 2022</i>	New section
Sec. 11	<i>October 1, 2022</i>	New section
Sec. 12	<i>October 1, 2022</i>	New section
Sec. 13	<i>October 1, 2022</i>	New section
Sec. 14	<i>October 1, 2022</i>	New section
Sec. 15	<i>October 1, 2022</i>	New section
Sec. 16	<i>October 1, 2022</i>	New section
Sec. 17	<i>October 1, 2022</i>	New section
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>October 1, 2022</i>	New section