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, 2022) 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 such patient's 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 and whose practice is not primarily comprised of evaluating, qualifying and prescribing or dispensing medication pursuant to the provisions this section and sections 2 to 19, inclusive, of this act;
(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) "Hospice care" means health care centered on a terminally ill patient and such patient's family that provides for the physical, psychosocial, spiritual and emotional needs of such patient;

(10) "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, hospice care and
palliative care;

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

(12) "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;

(13) "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 serious 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;

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

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

(16) "Physician" means a person licensed to practice medicine and
surgery pursuant to chapter 370 of the general statutes;
(17) "Psychiatrist" means a physician specializing in psychiatry and licensed pursuant to chapter 370 of the general statutes;

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

(19) "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;

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

(21) "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 if the progression of such condition follows its typical course.

Sec. 2. (NEW) (Effective October 1, 2022) (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 such patient's wish to receive aid in dying, may request aid in dying by submitting two written requests 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 of this act and sections 3 to 20, inclusive, of this act.

Sec. 3. (NEW) (Effective October 1, 2022) (a) A patient wishing to receive aid in dying shall submit two written requests to such patient's attending physician pursuant to section 4 of this act. A patient's second written request for aid in dying shall be submitted not earlier than
fifteen days after the date on which such patient submits the first written 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 signed and dated by the patient. Each 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 such person's knowledge and belief (1) the patient appears to be of sound mind, (2) the patient is acting voluntarily and not being coerced to sign the request, and (3) the witness is not: (A) A relative of the patient by blood, marriage or adoption, (B) entitled to any portion of the estate of the patient upon the patient's death, under any will or by operation of law, (C) an owner, operator or employee of a health care facility where the patient is a resident or receiving medical treatment, or (D) such patient's attending physician at the time the request is signed.

(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, 2022) A written request for aid in dying as authorized by this section, sections 1 to 3, inclusive, of this act and sections 5 to 20, 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 if the progression of such condition follows its typical course. This diagnosis of a terminal illness has been medically confirmed by another physician.
136 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 hospice care and palliative care and the availability of counseling with a psychologist, psychiatrist or licensed clinical social worker.

142 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.

146 INITIAL ONE:

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

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

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

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

152 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.

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

159 Signed: ....

160 Dated: ....

161 DECLARATION OF WITNESSES

162 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;

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

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

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

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

Printed Name of Witness 1 ....

Signature of Witness 1 .... Date ....

Printed Name of Witness 2 ....

Signature of Witness 2 .... Date ....

Sec. 5. (NEW) (Effective October 1, 2022) (a) A qualified patient may rescind such patient's request for aid in dying at any time and in any manner without regard to such patient's mental state.
(b) An attending physician shall offer a qualified patient an opportunity to rescind such patient's request for aid in dying at the time such patient makes a second written 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 such patient's request for aid in dying.

Sec. 6. (NEW) (Effective October 1, 2022) When an attending physician is presented with a patient's first written 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 valid Connecticut driver's license; (B) a valid voter registration record authorizing the patient to vote in this state; or (C) any other valid government-issued document that the attending physician reasonably believes demonstrates that the patient is a resident of this state on the date the request is presented;

(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 dispensed or prescribed for aid in dying; (E) the feasible alternatives to aid in dying and health care treatment options including, but not limited to, hospice or palliative care; and (F) the availability of counseling with a psychologist, psychiatrist or licensed clinical social worker; and
(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, 2022) 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 20, 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, as described in subdivision (3) of section 6 of this act; and (4) refer the patient for counseling, if required in accordance with section 8 of this act.

Sec. 8. (NEW) (Effective October 1, 2022) (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, 2022) 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 submits a second written request for aid in dying in accordance with section 3 of this act, the attending physician shall:

(1) Recommend to the qualified patient that such patient notify such patient's 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 such patient may rescind such patient's 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 who chooses to participate in the provision of medication for aid in dying and inform the pharmacist of the prescription, and (ii) personally deliver the written prescription, by mail, facsimile or electronic transmission to the pharmacist, who may dispense such medication directly to the qualified patient, the attending physician or an expressly identified agent of the qualified patient.

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

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

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

(4) 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;

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

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

(7) 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, 2022) 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 (1) destroy such medication in a manner described on the Department of Consumer Protection's Internet web site, or (2) dispose of such medication at a pharmacy that accepts and disposes of unused prescription drugs pursuant to section 20-576a of the general statutes or a municipal police station that collects and disposes of unwanted pharmaceuticals pursuant to section 21a-12f of the general statutes.

Sec. 12. (NEW) (Effective October 1, 2022) (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, 2022, 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, 2022) (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 such patient's 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 such patient's 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 such provider's 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, 2022) (a) Nothing in sections 1 to
13, inclusive, of this act or sections 15 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 13, inclusive, of this act or sections 15 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 13, inclusive, of this act or sections 15 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 13, inclusive, of this act or sections 15 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 13, inclusive, of this act and sections 15 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, a pharmacist's dispensing of medication for aid in dying or a patient's request for aid in dying, in good faith compliance with the provisions of this section, sections 1 to 13, inclusive, of this act and sections 15 to 20, 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. 15. (NEW) (Effective October 1, 2022) Sections 1 to 14, inclusive, of this act or sections 16 to 19, inclusive, of this act do not limit liability for civil damages resulting from negligent conduct or intentional misconduct by any person.

Sec. 16. (NEW) (Effective October 1, 2022) (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 15, inclusive, of this act or sections 17 to 19, inclusive, of this act shall preclude criminal prosecution under any provision of law for conduct that is inconsistent with said sections.

Sec. 17. (NEW) (Effective October 1, 2022) Nothing in sections 1 to 16, inclusive, of this act or section 18 or 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. 18. (NEW) (Effective October 1, 2022) 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.

Sec. 19. (NEW) (Effective from passage) Not later than October 1, 2022, the Department of Public Health shall create an attending physician checklist form and an attending physician follow-up form to facilitate the collection of information that attending physicians are required to submit to the department pursuant to the provisions of subsections (a)
and (b) of section 20 of this act and post such forms on the department's Internet web site.

Sec. 20. (NEW) (Effective October 1, 2022) (a) Not later than thirty days after prescribing medication to a qualified patient pursuant to the provisions of sections 1 to 18, inclusive, of this act, an attending physician shall submit to the department an attending physician checklist form, containing the following information: (1) The qualified patient's name and date of birth; (2) the qualified patient's diagnosis and prognosis; and (3) a statement by the attending physician indicating that all requirements under this section and sections 1 to 10, inclusive, of this act have been met and that such physician has prescribed medication pursuant to the provisions of sections 1 to 18, inclusive, of this act.

(b) Not later than sixty days after an attending physician receives notification of a qualified patient's death from self-administration of medication prescribed pursuant to the provisions of sections 1 to 18, inclusive, of this act, such attending physician shall submit to the department an attending physician follow-up form, containing the following information: (1) The qualified patients name and date of birth; (2) the date of the qualified patient's death; and (3) whether the qualified patient was provided hospice care at the time of such patient's death.

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

(d) On or before January 1, 2023, and annually thereafter, the Department of Public Health shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health containing the following data: (1) The number of prescriptions for medication written for qualified patients pursuant to the provisions of sections 1 to 18, inclusive, of this act; and (2) the number of qualified patients who died following self-
administration of medication prescribed pursuant to the provisions of sections 1 to 18, inclusive, of this act. Such report shall not contain the identifying information of any qualified patient or health care provider.

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

This act shall take effect as follows and shall amend the following sections:

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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.]