



General Assembly

February Session, 2022

Raised Bill No. 88

LCO No. 1118



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

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

1 Section 1. (NEW) (*Effective October 1, 2022*) As used in this section and
2 sections 2 to 19, inclusive, of this act:

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

4 (2) "Aid in dying" means the medical practice of a physician
5 prescribing medication to a qualified patient who is terminally ill, 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 this section and sections 2 to 19, inclusive, of
13 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 this
100 section, section 1 of this act and sections 3 to 20, 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 and 2
107 of this act and sections 4 to 19, inclusive, of this act shall be signed and
108 dated by the patient. Each written request shall be witnessed by at least
109 two persons in the presence of the patient. Each person serving as a
110 witness shall attest, in writing, that to the best of such person's
111 knowledge and belief (1) the patient appears to be of sound mind, (2)
112 the patient is acting voluntarily and not being coerced to sign the
113 request, and (3) the witness is not: (A) A relative of the patient by blood,
114 marriage or adoption, (B) entitled to any portion of the estate of the
115 patient upon the patient's death, under any will or by operation of law,
116 (C) an owner, operator or employee of a health care facility where the
117 patient is a resident or receiving medical treatment, or (D) such patient's
118 attending physician at the time the 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 this section, sections 1 to 3, inclusive, of this act
125 and sections 5 to 20, inclusive, of this act shall be in substantially the
126 following form:

127 REQUEST FOR MEDICATION TO AID IN DYING

128 I,, am an adult of sound mind.

129 I am a resident of the State of Connecticut.

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

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

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

146 INITIAL ONE:

147 I have informed my family of my decision and taken family
148 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
153 when I take the medication to be dispensed or prescribed. I further
154 understand that although most deaths occur within one hour, my death
155 may take longer and my attending physician has counseled me about
156 this possibility.

157 I make this request voluntarily and without reservation, and I accept
158 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

163 signs, I declare that:

164 Witness 1 Witness 2

165 Initials Initials

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

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

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

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

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

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

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

182 Printed Name of Witness 1

183 Signature of Witness 1 Date

184 Printed Name of Witness 2

185 Signature of Witness 2 Date

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

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

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

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

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

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

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

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

224 Sec. 7. (NEW) (*Effective October 1, 2022*) In order for a patient to be
225 found to be a qualified patient for the purposes of this section, sections
226 1 to 6, inclusive, of this act and sections 8 to 20, inclusive, of this act, a
227 consulting physician shall: (1) Examine the patient and the patient's
228 relevant medical records; (2) confirm, in writing, the attending
229 physician's diagnosis that the patient has a terminal illness; (3) verify
230 that the patient is competent, is acting voluntarily and has made an
231 informed decision to request aid in dying, as described in subdivision
232 (3) of section 6 of this act; and (4) refer the patient for counseling, if
233 required in accordance with section 8 of this act.

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

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

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

249 (1) Recommend to the qualified patient that such patient notify such
250 patient's next of kin of the qualified patient's request for aid in dying
251 and inform the qualified patient that a failure to do so shall not be a basis

252 for the denial of such request;

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

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

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

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

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

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

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

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

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

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

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

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

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

302 Sec. 11. (NEW) (*Effective October 1, 2022*) Any person, other than a
303 qualified patient, in possession of medication dispensed or prescribed
304 for aid in dying that has not been self-administered shall (1) destroy
305 such medication in a manner described on the Department of Consumer
306 Protection's Internet web site, or (2) dispose of such medication at a
307 pharmacy that accepts and disposes of unused prescription drugs
308 pursuant to section 20-576a of the general statutes or a municipal police
309 station that collects and disposes of unwanted pharmaceuticals
310 pursuant to section 21a-12f of the general statutes.

311 Sec. 12. (NEW) (*Effective October 1, 2022*) (a) Any provision of a
312 contract, including, but not limited to, a contract related to an insurance

313 policy or annuity, conditioned on or affected by the making or
314 rescinding of a request for aid in dying shall not be valid.

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

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

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

325 Sec. 13. (NEW) (*Effective October 1, 2022*) (a) As used in this section,
326 "participate in the provision of medication" means to perform the duties
327 of an attending physician or consulting physician, a psychiatrist,
328 psychologist or pharmacist in accordance with the provisions of sections
329 2 to 10, inclusive, of this act. "Participate in the provision of medication"
330 does not include: (1) Making an initial diagnosis of a patient's terminal
331 illness; (2) informing a patient of such patient's medical diagnosis or
332 prognosis; (3) informing a patient concerning the provisions of this
333 section, sections 1 to 12, inclusive, of this act and sections 16 to 19,
334 inclusive, of this act, upon the patient's request; or (4) referring a patient
335 to another health care provider for aid in dying.

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

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

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

369 (e) Except as provided in a policy adopted in accordance with
370 subsection (d) of this section, no health care facility may subject an
371 employee or other person who provides services under contract with
372 the health care facility to disciplinary action, loss of privileges, loss of
373 membership or any other penalty for participating, or refusing to
374 participate, in the provision of medication or related activities in good
375 faith compliance with the provisions of this section, sections 1 to 12,
376 inclusive, of this act and sections 16 to 19, inclusive, of this act.

377 Sec. 14. (NEW) (*Effective October 1, 2022*) (a) Nothing in sections 1 to

378 13, inclusive, of this act or sections 15 to 19, inclusive, of this act
379 authorizes a physician or any other person to end another person's life
380 by lethal injection, mercy killing, assisting a suicide or any other active
381 euthanasia.

382 (b) Nothing in sections 1 to 13, inclusive, of this act or sections 15 to
383 19, inclusive, of this act authorizes a health care provider or any person,
384 including a qualified patient, to end the qualified patient's life by
385 intravenous or other parenteral injection or infusion, mercy killing,
386 homicide, murder, manslaughter, euthanasia, or any other criminal act.

387 (c) Any actions taken in accordance with sections 1 to 13, inclusive, of
388 this act or sections 15 to 19, inclusive, of this act, do not, for any
389 purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,
390 homicide, murder, manslaughter, elder abuse or neglect or any other
391 civil or criminal violation under the general statutes.

392 (d) No action taken in accordance with sections 1 to 13, inclusive, of
393 this act or sections 15 to 19, inclusive, of this act shall constitute causing
394 or assisting another person to commit suicide in violation of section 53a-
395 54a or 53a-56 of the general statutes.

396 (e) No person shall be subject to civil or criminal liability or
397 professional disciplinary action, including, but not limited to,
398 revocation of such person's professional license, for (1) participating in
399 the provision of medication or related activities in good faith
400 compliance with the provisions of sections 1 to 13, inclusive, of this act
401 and sections 15 to 19, inclusive, of this act, or (2) being present at the
402 time a qualified patient self-administers medication dispensed or
403 prescribed for aid in dying.

404 (f) An attending physician's dispensing of, or issuance of a
405 prescription for medication for aid in dying, a pharmacist's dispensing
406 of medication for aid in dying or a patient's request for aid in dying, in
407 good faith compliance with the provisions of this section, sections 1 to
408 13, inclusive, of this act and sections 15 to 20, inclusive, of this act shall
409 not constitute neglect for the purpose of any law or provide the sole

410 basis for appointment of a guardian or conservator for such patient.

411 Sec. 15. (NEW) (*Effective October 1, 2022*) Sections 1 to 14, inclusive, of
412 this act or sections 16 to 19, inclusive, of this act do not limit liability for
413 civil damages resulting from negligent conduct or intentional
414 misconduct by any person.

415 Sec. 16. (NEW) (*Effective October 1, 2022*) (a) Any person who
416 knowingly possesses, sells or delivers medication dispensed or
417 prescribed for aid in dying for any purpose other than delivering such
418 medication to a qualified patient, or returning such medication in
419 accordance with section 11 of this act, shall be guilty of a class D felony.

420 (b) Nothing in sections 1 to 15, inclusive, of this act or sections 17 to
421 19, inclusive, of this act shall preclude criminal prosecution under any
422 provision of law for conduct that is inconsistent with said sections.

423 Sec. 17. (NEW) (*Effective October 1, 2022*) Nothing in sections 1 to 16,
424 inclusive, of this act or section 18 or 19 of this act shall limit the
425 jurisdiction or authority of the nonprofit entity designated by the
426 Governor to serve as the Connecticut protection and advocacy system
427 under section 46a-10b of the general statutes.

428 Sec. 18. (NEW) (*Effective October 1, 2022*) No person who serves as an
429 attending physician or consulting physician shall inherit or receive any
430 part of the estate of such qualified patient, whether under the provisions
431 of law relating to intestate succession or as a devisee or legatee, or
432 otherwise under the will of such qualified patient, or receive any
433 property as beneficiary or survivor of such qualified patient after such
434 qualified patient has self-administered medication dispensed or
435 prescribed for aid in dying.

436 Sec. 19. (NEW) (*Effective from passage*) Not later than October 1, 2022,
437 the Department of Public Health shall create an attending physician
438 checklist form and an attending physician follow-up form to facilitate
439 the collection of information that attending physicians are required to
440 submit to the department pursuant to the provisions of subsections (a)

441 and (b) of section 20 of this act and post such forms on the department's
442 Internet web site.

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

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

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

465 (d) On or before January 1, 2023, and annually thereafter, the
466 Department of Public Health shall submit a report, in accordance with
467 the provisions of section 11-4a of the general statutes, to the joint
468 standing committee of the General Assembly having cognizance of
469 matters relating to public health containing the following data: (1) The
470 number of prescriptions for medication written for qualified patients
471 pursuant to the provisions of sections 1 to 18, inclusive, of this act; and
472 (2) the number of qualified patients who died following self-

473 administration of medication prescribed pursuant to the provisions of
 474 sections 1 to 18, inclusive, of this act. Such report shall not contain the
 475 identifying information of any qualified patient or health care provider.

476 (e) Any data collected by the Department of Public Health pursuant
 477 to the provisions of subsections (a) and (b) of this section shall not be
 478 subject to disclosure under the Freedom of Information Act, as defined
 479 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>October 1, 2022</i>	New section
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>October 1, 2022</i>	New section

Statement of Purpose:

To provide aid in dying to terminally ill patients.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]