



General Assembly

January Session, 2023

Raised Bill No. 1076

LCO No. 4704



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, 2023*) As used in sections 1 to 25,
2 inclusive, of this act:

3 (1) "Adult" means a person who is twenty-one 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 patients, qualifying patients, prescribing medication or
12 dispensing medication pursuant for aid in dying;

13 (4) "Competent" means, in the opinion of a patient's attending

14 physician, consulting physician, psychiatrist, psychologist or licensed
15 clinical social worker, that a patient has the capacity to understand and
16 acknowledge the nature and consequences of health care decisions,
17 including the benefits and disadvantages of treatment, to make an
18 informed decision and to communicate such decision to a health care
19 provider, including communicating through a person familiar with a
20 patient's manner of communicating;

21 (5) "Consulting physician" means a physician other than a patient's
22 attending physician who is qualified by specialty or experience to make
23 a professional diagnosis and prognosis regarding a patient's terminal
24 illness and whose practice is not primarily comprised of evaluating
25 patients, qualifying patients, prescribing medication or dispensing
26 medication for aid in dying;

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

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

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

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

43 (10) "Informed decision" means a decision by a qualified patient to
44 request and obtain a prescription for medication that the qualified

45 patient may self-administer for aid in dying, that is based on an
46 understanding and acknowledgment of the relevant facts and after
47 being fully informed by the attending physician of: (A) The qualified
48 patient's medical diagnosis and prognosis; (B) the potential risks
49 associated with self-administering the medication to be prescribed; (C)
50 the probable result of taking the medication to be dispensed or
51 prescribed; and (D) the feasible alternatives to aid in dying and health
52 care treatment options, including, but not limited to, hospice care and
53 palliative care;

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

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

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

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

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

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

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

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

80 (19) "Qualified patient" means a competent adult who is a resident of
81 this state, has a terminal illness and has satisfied the requirements of
82 sections 1 to 9, inclusive, of this act, in order to obtain aid in 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 physical medical condition that an attending physician
87 anticipates, within reasonable medical judgment, will produce a
88 patient's death within six months if the progression of such condition
89 follows its typical course.

90 Sec. 2. (NEW) (*Effective October 1, 2023*) (a) A patient who (1) is an
91 adult, (2) is competent, (3) is currently a resident of this state and has
92 been a resident of this state for not less than one year preceding the date
93 on which such patient submits a first written request to such patient's
94 attending physician pursuant to sections 3 and 4 of this act, (4) has been
95 determined by such patient's attending physician and a consulting
96 physician to have a terminal illness, (5) has attended counseling, and (6)
97 has voluntarily expressed such patient's wish to receive aid in dying,
98 may request aid in dying by submitting two written requests to such
99 patient's attending physician pursuant to sections 3 and 4 of this act.

100 (b) No person, including, but not limited to, an agent under a living
101 will, an attorney-in-fact under a durable power of attorney, a guardian,
102 or a conservator, may act on behalf of a patient for purposes of sections
103 1 to 25, inclusive, of this act.

104 Sec. 3. (NEW) (*Effective October 1, 2023*) (a) A patient wishing to
105 receive aid in dying shall submit two written requests to such patient's

106 attending physician pursuant to section 4 of this act. A patient's second
107 written request for aid in dying shall be submitted not earlier than
108 fifteen days after the date on which such patient submits the first written
109 request. A valid written request for aid in dying under sections 1 to 25,
110 inclusive, of this act shall be signed and dated by the patient. Each
111 written request shall be witnessed by at least two persons in the
112 presence of the patient. Each person serving as a witness shall attest in
113 writing under penalty of perjury that (1) the patient appears to be of
114 sound mind, (2) the patient is acting voluntarily and not being coerced
115 to sign the request, and (3) the witness is not: (A) A relative of the patient
116 by blood, marriage or adoption, (B) entitled to any portion of the estate
117 of the patient upon the patient's death, under any will or by operation
118 of law, (C) an owner, operator or employee of a health care facility
119 where the patient is a resident or receiving medical treatment, or (D)
120 such patient's attending physician at the time the request is signed.

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

125 Sec. 4. (NEW) (*Effective October 1, 2023*) A written request for aid in
126 dying as authorized by sections 1 to 25, inclusive, of this act shall be in
127 substantially the following form:

128 REQUEST FOR MEDICATION TO AID IN DYING

129 I,, am an adult of sound mind.

130 I am a resident of the State of Connecticut.

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

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

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

147 INITIAL ONE:

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

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

151 I have no family to inform of my decision.

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

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

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

160 Signed:

161 Dated:

162 DECLARATION OF WITNESSES

163 By initialing and signing below on the date the person named above

164 signs, I declare that:

165 Witness 1 Witness 2

166 Initials Initials

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

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

171 3. The person making the request appears to be of sound mind
172 and is not making the decision to request aid in dying as the result of
173 duress, fraud or the undue influence of another person;

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

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

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

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

184 Printed Name of Witness 1

185 Signature of Witness 1 Date

186 Printed Name of Witness 2

187 Signature of Witness 2 Date

188 Sec. 5. (NEW) (*Effective October 1, 2023*) (a) A qualified patient may
189 rescind such patient's request for aid in dying at any time and in any

190 manner without regard to such patient's mental state.

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

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

199 (d) If a qualified patient rescinds such patient's request for aid in
200 dying after medication for aid in dying has been dispensed to such
201 patient, the attending physician shall inform the patient to safely
202 dispose of the medication at a pharmacy that accepts and disposes of
203 unused prescription drugs pursuant to regulations promulgated under
204 section 20-576a of the general statutes or a municipal police station that
205 collects and disposes of unwanted pharmaceuticals pursuant to the
206 program established under section 21a-12f of the general statutes.

207 Sec. 6. (NEW) (*Effective October 1, 2023*) When an attending physician
208 is presented with a patient's first written request for aid in dying made
209 pursuant to sections 2 to 4, inclusive, of this act, the attending physician
210 shall:

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

215 (2) Require the patient to demonstrate residency in this state, as
216 required pursuant to section 2 of this act, by presenting: (A) A valid
217 Connecticut driver's license; (B) a valid voter registration record
218 authorizing the patient to vote in this state; or (C) any other valid
219 government-issued document that the attending physician reasonably
220 believes demonstrates the patient's residency. If the documentation

221 presented under subparagraph (A), (B), or (C) of this subdivision does
222 not demonstrate that such patient is and has been a resident of this state
223 for not less than one year immediately prior to submitting the first
224 written request for aid in dying, such patient shall further present valid
225 government-issued documentation that the attending physician
226 reasonably believes demonstrates such residency for such period;

227 (3) Ensure that the patient is making an informed decision by
228 informing the patient of: (A) The patient's medical diagnosis; (B) the
229 patient's prognosis; (C) the potential risks associated with self-
230 administering the medication to be dispensed or prescribed for aid in
231 dying; (D) the probable result of self-administering the medication to be
232 dispensed or prescribed for aid in dying; and (E) the feasible alternatives
233 to aid in dying and health care treatment options including, but not
234 limited to, hospice or palliative care;

235 (4) Refer the patient to a consulting physician for medical
236 confirmation of the attending physician's diagnosis of the patient's
237 terminal illness, the patient's prognosis and for a determination that the
238 patient is competent and acting voluntarily in requesting aid in dying;
239 and

240 (5) Refer the qualified patient for counseling in accordance with
241 section 8 of this act.

242 Sec. 7. (NEW) (*Effective October 1, 2023*) In order for a patient to be
243 found to be a qualified patient for the purposes of sections 1 to 25,
244 inclusive, of this act, a consulting physician shall: (1) Examine the
245 patient and the patient's relevant medical records; (2) confirm, in
246 writing, the attending physician's diagnosis that the patient has a
247 terminal illness; and (3) verify that the patient is competent, is acting
248 voluntarily and has made an informed decision to request aid in dying,
249 as described in subdivision (3) of section 6 of this act.

250 Sec. 8. (NEW) (*Effective October 1, 2023*) (a) The attending physician
251 shall refer the patient for counseling to determine whether the patient is
252 competent to request aid in dying.

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

257 Sec. 9. (NEW) (*Effective October 1, 2023*) After an attending physician
258 and a consulting physician determine that a patient is a qualified
259 patient, in accordance with sections 6 to 8, inclusive, of this act and after
260 such qualified patient submits a second written request for aid in dying
261 in accordance with section 3 of this act, the attending physician shall:

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

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

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

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

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

275 (6) (A) Dispense such medication, including ancillary medication
276 intended to facilitate the desired effect to minimize the qualified
277 patient's discomfort, if the attending physician is authorized to dispense
278 such medication, to the qualified patient; or (B) upon the qualified
279 patient's request and with the qualified patient's written consent (i)
280 contact a pharmacist who chooses to participate in the provision of
281 medication for aid in dying and inform the pharmacist of the
282 prescription, and (ii) personally deliver the written prescription, by

283 mail, facsimile or electronic transmission to the pharmacist, who may
284 dispense such medication directly to the qualified patient, the attending
285 physician or an expressly identified agent of the qualified patient.

286 Sec. 10. (NEW) (*Effective October 1, 2023*) The attending physician shall
287 ensure that the following items are documented or filed in a qualified
288 patient's medical record:

289 (1) The basis for determining that a qualified patient is an adult and
290 has been a resident of the state for not less than one year preceding the
291 date on which such patient submits a first written request for aid in
292 dying to such patient's attending physician pursuant to sections 3 and 4
293 of this act;

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

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

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

304 (5) A report of the outcome and determinations made during
305 counseling in accordance with section 8 of this act;

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

310 (7) A statement by the attending physician indicating that (A) all
311 requirements under this section and sections 1 to 10, inclusive, of this
312 act have been met, and (B) the steps taken to carry out a qualified

313 patient's request for aid in dying, including the medication dispensed
314 or prescribed.

315 Sec. 11. (NEW) (*Effective October 1, 2023*) Any person, other than a
316 qualified patient, in possession of medication dispensed or prescribed
317 for aid in dying that has not been self-administered shall (1) destroy
318 such medication in a manner described on the Department of Consumer
319 Protection's Internet web site, or (2) dispose of such medication at a
320 pharmacy that accepts and disposes of unused prescription drugs
321 pursuant to regulations promulgated under section 20-576a of the
322 general statutes or a municipal police station that collects and disposes
323 of unwanted pharmaceuticals pursuant to the program established
324 under section 21a-12f of the general statutes.

325 Sec. 12. (NEW) (*Effective October 1, 2023*) (a) Any provision of a
326 contract, including, but not limited to, a contract related to an insurance
327 policy or annuity, conditioned on or affected by the making or
328 rescinding of a request for aid in dying shall not be valid.

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

331 (c) On and after October 1, 2023, the sale, procurement or issuance of
332 any life, health or accident insurance or annuity policy or the rate
333 charged for any such policy shall not be conditioned upon or affected
334 by the making or rescinding of a request for aid in dying.

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

339 Sec. 13. (NEW) (*Effective October 1, 2023*) (a) As used in this section,
340 "participate in the provision of medication" means to perform the duties
341 of an attending physician or consulting physician, a psychiatrist,
342 psychologist or pharmacist in accordance with the provisions of sections
343 2 to 10, inclusive, of this act. "Participate in the provision of medication"

344 does not include: (1) Making an initial diagnosis of a patient's terminal
345 illness; (2) informing a patient of such patient's medical diagnosis or
346 prognosis; (3) informing a patient concerning the provisions of sections
347 1 to 25, inclusive, of this act, upon the patient's request; or (4) referring
348 a patient to another health care provider for aid in dying.

349 (b) Participation in any act described in sections 1 to 25, inclusive, of
350 this act by a patient, health care provider or any other person shall be
351 voluntary. Each health care provider shall individually and
352 affirmatively determine whether to participate in the provision of
353 medication to a qualified patient for aid in dying. A health care facility
354 shall not require a health care provider to participate in the provision of
355 medication to a qualified patient for aid in dying, but may prohibit such
356 participation in accordance with subsection (d) of this section.

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

363 (d) A health care facility may adopt written policies prohibiting a
364 health care provider associated with such health care facility from
365 participating in the provision of medication to a patient for aid in dying,
366 provided such facility provides written notice of such policy and any
367 sanctions for violation of such policy to such health care provider.
368 Notwithstanding the provisions of this subsection or any policies
369 adopted in accordance with this subsection, a health care provider may:
370 (1) Diagnose a patient with a terminal illness; (2) inform a patient of such
371 patient's medical prognosis; (3) provide a patient with information
372 concerning the provisions of sections 1 to 25, inclusive, of this act, upon
373 a patient's request; (4) refer a patient to another health care facility or
374 health care provider; (5) transfer a patient's medical records to a health
375 care provider or health care facility, as requested by a patient; or (6)
376 participate in the provision of medication for aid in dying when such

377 health care provider is acting outside the scope of such provider's
378 employment or contract with a health care facility that prohibits
379 participation in the provision of such medication.

380 (e) Except as provided in a policy adopted in accordance with
381 subsection (d) of this section, no health care facility may subject an
382 employee or other person who provides services under contract with
383 the health care facility to disciplinary action, loss of privileges, loss of
384 membership or any other penalty for participating, or refusing to
385 participate, in the provision of medication or related activities in good
386 faith compliance with the provisions of sections 1 to 25, inclusive, of this
387 act.

388 Sec. 14. (NEW) (*Effective October 1, 2023*) (a) Nothing in sections 1 to
389 25, inclusive, of this act authorizes a physician or any other person to
390 end another person's life by lethal injection, mercy killing, assisting a
391 suicide or any other active euthanasia.

392 (b) Nothing in sections 1 to 25, inclusive, of this act authorizes a health
393 care provider or any person, including a qualified patient, to end the
394 qualified patient's life by intravenous or other parenteral injection or
395 infusion, mercy killing, homicide, murder, manslaughter, euthanasia, or
396 any other criminal act.

397 (c) Any actions taken in accordance with sections 1 to 25, inclusive, of
398 this act, do not, for any purposes, constitute suicide, assisted suicide,
399 euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse
400 or neglect or any other civil or criminal violation under the general
401 statutes.

402 (d) No action taken in accordance with sections 1 to 25, inclusive, of
403 this act shall constitute causing or assisting another person to commit
404 suicide in violation of section 53a-54a or 53a-56 of the general statutes.

405 (e) No person shall be subject to civil or criminal liability or
406 professional disciplinary action, including, but not limited to,
407 revocation of such person's professional license or certification, for (1)

408 participating in the provision of medication or related activities in good
409 faith compliance with the provisions of sections 1 to 25, inclusive, or (2)
410 being present at the time a qualified patient self-administers medication
411 dispensed or prescribed for aid in dying.

412 (f) An attending physician's dispensing of, or issuance of a
413 prescription for medication for aid in dying, a pharmacist's dispensing
414 of medication for aid in dying or a patient's request for aid in dying, in
415 good faith compliance with the provisions of sections 1 to 25, inclusive,
416 of this act shall not constitute neglect for the purpose of any law or
417 provide the sole basis for appointment of a guardian or conservator for
418 such patient.

419 Sec. 15. (NEW) (*Effective October 1, 2023*) Sections 1 to 25, inclusive, of
420 this act do not limit liability for civil damages resulting from negligent
421 conduct or intentional misconduct by any person.

422 Sec. 16. (NEW) (*Effective October 1, 2023*) Any person who knowingly
423 possesses, sells or delivers medication dispensed or prescribed for aid
424 in dying for any purpose other than delivering such medication to a
425 qualified patient, or returning such medication in accordance with
426 section 11 of this act, shall be guilty of a class C felony.

427 Sec. 17. (NEW) (*Effective October 1, 2023*) Any person who unduly
428 influences another person to seek or use medication for aid in dying
429 shall be guilty of a class D felony.

430 Sec. 18. (NEW) (*Effective October 1, 2023*) Any person who violates
431 section 17 of this act, and, subsequent to such violation, the (1) unduly
432 influenced person self-administers medication for aid in dying, and (2)
433 such self-administration of medication results in the death of such
434 unduly influenced person shall be guilty of a class B felony.

435 Sec. 19. (NEW) (*Effective October 1, 2023*) Any attending physician
436 who fails to act in good faith when determining whether a patient meets
437 the requirements in order to request aid in dying, as described in section
438 2 of this act, and prescribes medication for aid in dying to such person

439 shall be guilty of a class B felony.

440 Sec. 20. (NEW) (*Effective October 1, 2023*) Nothing in sections 1 to 25,
441 inclusive, of this act shall preclude criminal prosecution under any
442 provision of law for conduct that is inconsistent with said sections.

443 Sec. 21. (NEW) (*Effective October 1, 2023*) Not later than thirty days
444 after prescribing medication for aid in dying to a qualified patient, and
445 every thirty days thereafter, an attending physician shall meet with such
446 patient and certify that the patient is still a qualified patient and
447 competent or ensure proper disposal of such medication.

448 Sec. 22. (NEW) (*Effective October 1, 2023*) Nothing in sections 1 to 25,
449 inclusive, of this act shall limit the jurisdiction or authority of the
450 nonprofit entity designated by the Governor to serve as the Connecticut
451 protection and advocacy system under section 46a-10b of the general
452 statutes.

453 Sec. 23. (NEW) (*Effective October 1, 2023*) No person who serves as an
454 attending physician or consulting physician shall inherit or receive any
455 part of the estate of such qualified patient, whether under the provisions
456 of law relating to intestate succession or as a devisee or legatee, or
457 otherwise under the will of such qualified patient, or receive any
458 property as beneficiary or survivor of such qualified patient after such
459 qualified patient has self-administered medication dispensed or
460 prescribed for aid in dying.

461 Sec. 24. (NEW) (*Effective from passage*) Not later than October 1, 2023,
462 the Department of Public Health shall create an attending physician
463 checklist form and an attending physician follow-up form to facilitate
464 the collection of information that attending physicians are required to
465 submit to the department pursuant to the provisions of subsections (a)
466 and (b) of section 25 of this act and post such forms on the department's
467 Internet web site.

468 Sec. 25. (NEW) (*Effective October 1, 2023*) (a) Not later than thirty days
469 after prescribing medication to a qualified patient pursuant to the

470 provisions of sections 1 to 23, inclusive, of this act, an attending
471 physician shall submit to the department an attending physician
472 checklist form, containing the following information: (1) The qualified
473 patient's name and date of birth; (2) the qualified patient's diagnosis and
474 prognosis; and (3) a statement by the attending physician indicating that
475 all requirements under this section and sections 1 to 10, inclusive, of this
476 act have been met and that such physician has prescribed medication
477 pursuant to the provisions of sections 1 to 23, inclusive, of this act.

478 (b) Not later than sixty days after an attending physician receives
479 notification of a qualified patient's death from self-administration of
480 medication prescribed pursuant to the provisions of sections 1 to 23,
481 inclusive, of this act, such attending physician shall submit to the
482 department an attending physician follow-up form, containing the
483 following information: (1) The qualified patient's name and date of
484 birth; (2) the date of the qualified patient's death; and (3) whether the
485 qualified patient was provided hospice care at the time of such patient's
486 death.

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

491 (d) On or before January 1, 2023, and annually thereafter, the
492 Department of Public Health shall submit a report, in accordance with
493 the provisions of section 11-4a of the general statutes, to the joint
494 standing committee of the General Assembly having cognizance of
495 matters relating to public health containing the following data: (1) The
496 number of prescriptions for medication written for qualified patients
497 pursuant to the provisions of sections 1 to 23, inclusive, of this act; and
498 (2) the number of qualified patients who died following self-
499 administration of medication prescribed pursuant to the provisions of
500 sections 1 to 23, inclusive, of this act. Such report shall not contain the
501 identifying information of any qualified patient or health care provider.

502 (e) Any data collected by the Department of Public Health pursuant
 503 to the provisions of subsections (a) and (b) of this section shall not be
 504 subject to disclosure under the Freedom of Information Act, as defined
 505 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, 2023</i>	New section
Sec. 2	<i>October 1, 2023</i>	New section
Sec. 3	<i>October 1, 2023</i>	New section
Sec. 4	<i>October 1, 2023</i>	New section
Sec. 5	<i>October 1, 2023</i>	New section
Sec. 6	<i>October 1, 2023</i>	New section
Sec. 7	<i>October 1, 2023</i>	New section
Sec. 8	<i>October 1, 2023</i>	New section
Sec. 9	<i>October 1, 2023</i>	New section
Sec. 10	<i>October 1, 2023</i>	New section
Sec. 11	<i>October 1, 2023</i>	New section
Sec. 12	<i>October 1, 2023</i>	New section
Sec. 13	<i>October 1, 2023</i>	New section
Sec. 14	<i>October 1, 2023</i>	New section
Sec. 15	<i>October 1, 2023</i>	New section
Sec. 16	<i>October 1, 2023</i>	New section
Sec. 17	<i>October 1, 2023</i>	New section
Sec. 18	<i>October 1, 2023</i>	New section
Sec. 19	<i>October 1, 2023</i>	New section
Sec. 20	<i>October 1, 2023</i>	New section
Sec. 21	<i>October 1, 2023</i>	New section
Sec. 22	<i>October 1, 2023</i>	New section
Sec. 23	<i>October 1, 2023</i>	New section
Sec. 24	<i>from passage</i>	New section
Sec. 25	<i>October 1, 2023</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.]