



General Assembly

Substitute Bill No. 1076

January Session, 2023



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 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 and have been a resident
131 of the State of Connecticut for not less than one year preceding the date
132 on which I submit this request to my attending physician.

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

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

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

149 INITIAL ONE:

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

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

153 I have no family to inform of my decision.

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

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

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

162 Signed:

163 Dated:

164 DECLARATION OF WITNESSES

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

167 Witness 1 Witness 2

168 Initials Initials

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

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

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

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

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

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

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

186 Printed Name of Witness 1

187 Signature of Witness 1 Date

188 Printed Name of Witness 2

189 Signature of Witness 2 Date

190 Sec. 5. (NEW) (*Effective October 1, 2023*) (a) A qualified patient may
191 rescind such patient's request for aid in dying at any time and in any
192 manner without regard to such patient's mental state.

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

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

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

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

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

217 (2) Require the patient to demonstrate residency in this state, as
218 required pursuant to section 2 of this act, by presenting: (A) A valid
219 Connecticut driver's license; (B) a valid voter registration record
220 authorizing the patient to vote in this state; or (C) any other valid

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

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

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

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

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

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

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

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

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

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

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

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

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

277 (6) (A) Dispense such medication, including ancillary medication
278 intended to facilitate the desired effect to minimize the qualified
279 patient's discomfort, if the attending physician is authorized to dispense
280 such medication, to the qualified patient; or (B) upon the qualified

281 patient's request and with the qualified patient's written consent (i)
282 contact a pharmacist who chooses to participate in the provision of
283 medication for aid in dying and inform the pharmacist of the
284 prescription, and (ii) personally deliver the written prescription, by
285 mail, facsimile or electronic transmission to the pharmacist, who may
286 dispense such medication directly to the qualified patient, the attending
287 physician or an expressly identified agent of the qualified patient.

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

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

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

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

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

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

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

311 and

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

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

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

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

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

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

341 Sec. 13. (NEW) (*Effective October 1, 2023*) (a) As used in this section,
342 "participate in the provision of medication" means to perform the duties
343 of an attending physician or consulting physician, a psychiatrist,
344 psychologist or pharmacist in accordance with the provisions of sections
345 2 to 10, inclusive, of this act. "Participate in the provision of medication"
346 does not include: (1) Making an initial diagnosis of a patient's terminal
347 illness; (2) informing a patient of such patient's medical diagnosis or
348 prognosis; (3) informing a patient concerning the provisions of sections
349 1 to 25, inclusive, of this act, upon the patient's request; or (4) referring
350 a patient to another health care provider for aid in dying.

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

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

365 (d) A health care facility may adopt written policies prohibiting a
366 health care provider associated with such health care facility from
367 participating in the provision of medication to a patient for aid in dying,
368 provided such facility provides written notice of such policy and any
369 sanctions for violation of such policy to such health care provider.
370 Notwithstanding the provisions of this subsection or any policies
371 adopted in accordance with this subsection, a health care provider may:
372 (1) Diagnose a patient with a terminal illness; (2) inform a patient of such
373 patient's medical prognosis; (3) provide a patient with information

374 concerning the provisions of sections 1 to 25, inclusive, of this act, upon
375 a patient's request; (4) refer a patient to another health care facility or
376 health care provider; (5) transfer a patient's medical records to a health
377 care provider or health care facility, as requested by a patient; or (6)
378 participate in the provision of medication for aid in dying when such
379 health care provider is acting outside the scope of such provider's
380 employment or contract with a health care facility that prohibits
381 participation in the provision of such medication.

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

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

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

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

404 (d) No action taken in accordance with sections 1 to 25, inclusive, of

405 this act shall constitute causing or assisting another person to commit
406 suicide in violation of section 53a-54a or 53a-56 of the general statutes.

407 (e) No person shall be subject to civil or criminal liability or
408 professional disciplinary action, including, but not limited to,
409 revocation of such person's professional license or certification, for (1)
410 participating in the provision of medication or related activities in good
411 faith compliance with the provisions of sections 1 to 25, inclusive, of this
412 act, or (2) being present at the time a qualified patient self-administers
413 medication dispensed or prescribed for aid in dying.

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

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

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

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

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

436 unduly influenced person shall be guilty of a class B felony.

437 Sec. 19. (NEW) (*Effective October 1, 2023*) Any attending physician
438 who fails to act in good faith when determining whether a patient meets
439 the requirements in order to request aid in dying, as described in section
440 2 of this act, and prescribes medication for aid in dying to such person
441 shall be guilty of a class B felony.

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

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

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

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

463 Sec. 24. (NEW) (*Effective from passage*) Not later than October 1, 2023,
464 the Department of Public Health shall create an attending physician
465 checklist form and an attending physician follow-up form to facilitate
466 the collection of information that attending physicians are required to

467 submit to the department pursuant to the provisions of subsections (a)
468 and (b) of section 25 of this act and post such forms on the department's
469 Internet web site.

470 Sec. 25. (NEW) (*Effective October 1, 2023*) (a) Not later than thirty days
471 after prescribing medication to a qualified patient pursuant to the
472 provisions of sections 1 to 23, inclusive, of this act, an attending
473 physician shall submit to the department an attending physician
474 checklist form, containing the following information: (1) The qualified
475 patient's name and date of birth; (2) the qualified patient's diagnosis and
476 prognosis; and (3) a statement by the attending physician indicating that
477 all requirements under this section and sections 1 to 10, inclusive, of this
478 act have been met and that such physician has prescribed medication
479 pursuant to the provisions of sections 1 to 23, inclusive, of this act.

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

489 (c) On or before January 1, 2024, and annually thereafter, the
490 Department of Public Health shall review the forms submitted pursuant
491 to subsections (a) and (b) of this section to ensure compliance with the
492 provisions of said subsections.

493 (d) On or before January 1, 2024, and annually thereafter, the
494 Department of Public Health shall submit a report, in accordance with
495 the provisions of section 11-4a of the general statutes, to the joint
496 standing committee of the General Assembly having cognizance of
497 matters relating to public health containing the following data: (1) The
498 number of prescriptions for medication written for qualified patients

499 pursuant to the provisions of sections 1 to 23, inclusive, of this act; and
500 (2) the number of qualified patients who died following self-
501 administration of medication prescribed pursuant to the provisions of
502 sections 1 to 23, inclusive, of this act. Such report shall not contain the
503 identifying information of any qualified patient or health care provider.

504 (e) Any data collected by the Department of Public Health pursuant
505 to the provisions of subsections (a) and (b) of this section shall not be
506 subject to disclosure under the Freedom of Information Act, as defined
507 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 Legislative Commissioners:

In Section 10(7), "this section and sections 1 to 10, inclusive" was changed to "this section and sections 1 to 9, inclusive", for accuracy.

PH *Joint Favorable Subst.*