



General Assembly

February Session, 2018

Raised Bill No. 5417

LCO No. 1283



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING END-OF-LIFE CARE.

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

1 Section 1. (NEW) (*Effective October 1, 2018*) As used in this section
2 and 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,
6 which medication a qualified patient may self-administer to bring
7 about his or her 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;

11 (4) "Competent" means, in the opinion of a patient's attending
12 physician, consulting physician, psychiatrist, psychologist or a court,
13 that a patient has the capacity to understand and acknowledge the
14 nature and consequences of health care decisions, including the

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

19 (5) "Consulting physician" means a physician other than a patient's
20 attending physician who (A) is qualified by specialty or experience to
21 make a professional diagnosis and prognosis regarding a patient's
22 terminal illness, and (B) does not routinely share office space with a
23 patient's attending physician;

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

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

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

37 (9) "Informed decision" means a decision by a qualified patient to
38 request and obtain a prescription for medication that the qualified
39 patient may self-administer for aid in dying, that is based on an
40 understanding and acknowledgment of the relevant facts and after
41 being fully informed by the attending physician of: (A) The qualified
42 patient's medical diagnosis and prognosis; (B) the potential risks
43 associated with self-administering the medication to be dispensed or
44 prescribed; (C) the probable result of taking the medication to be
45 dispensed or prescribed; and (D) the feasible alternatives to aid in

46 dying and health care treatment options, including, but not limited to,
47 palliative care;

48 (10) "Medically confirmed" means the medical opinion of the
49 attending physician has been confirmed by a consulting physician who
50 has examined the patient and the patient's relevant medical records;

51 (11) "Palliative care" means health care centered on a seriously ill
52 patient and such patient's family that (A) optimizes a patient's quality
53 of life by anticipating, preventing and treating a patient's suffering
54 throughout the continuum of a patient's terminal illness, (B) addresses
55 the physical, emotional, social and spiritual needs of a patient, (C)
56 facilitates patient autonomy, a patient's access to information and
57 patient choice, and (D) includes, but is not limited to, discussions
58 between a patient and a health care provider concerning a patient's
59 goals for treatment and appropriate treatment options available to a
60 patient, including hospice care and comprehensive pain and symptom
61 management;

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

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

65 (14) "Physician" means a person licensed to practice medicine and
66 surgery pursuant to chapter 370 of the general statutes;

67 (15) "Psychiatrist" means a physician specializing in psychiatry and
68 licensed pursuant to chapter 370 of the general statutes;

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

71 (17) "Qualified patient" means a competent adult who is a resident
72 of this state, has a terminal illness and has satisfied the requirements of
73 this section and sections 2 to 9, inclusive, of this act, in order to obtain
74 aid in dying;

75 (18) "Self-administer" means a qualified patient's act of ingesting
76 medication; and

77 (19) "Terminal illness" means the final stage of an incurable and
78 irreversible medical condition that an attending physician anticipates,
79 within reasonable medical judgment, will produce a patient's death
80 within six months.

81 Sec. 2. (NEW) (*Effective October 1, 2018*) (a) A patient who (1) is an
82 adult, (2) is competent, (3) is a resident of this state, (4) has been
83 determined by such patient's attending physician to have a terminal
84 illness, and (5) has voluntarily expressed his or her wish to receive aid
85 in dying, may request aid in dying by making two written requests to
86 such patient's attending physician pursuant to sections 3 and 4 of this
87 act.

88 (b) No person, including, but not limited to, an agent under a living
89 will, an attorney-in-fact under a durable power of attorney, a guardian,
90 or a conservator, may act on behalf of a patient for purposes of this
91 section, section 1 or sections 3 to 19, inclusive, of this act.

92 Sec. 3. (NEW) (*Effective October 1, 2018*) (a) A patient wishing to
93 receive aid in dying shall submit two written requests to such patient's
94 attending physician in substantially the form set forth in section 4 of
95 this act. A patient's second written request for aid in dying shall be
96 submitted not earlier than fifteen days after the date on which a patient
97 submits the first request. A valid written request for aid in dying
98 under sections 1 and 2 of this act and sections 4 to 19, inclusive, of this
99 act shall be signed and dated by the patient. Each request shall be
100 witnessed by at least two persons in the presence of the patient. Each
101 person serving as a witness shall attest, in writing, that to the best of
102 his or her knowledge and belief (1) the patient appears to be of sound
103 mind, (2) the patient is acting voluntarily and not being coerced to sign
104 the request, and (3) the witness is not: (A) A relative of the patient by
105 blood, marriage or adoption, (B) entitled to any portion of the estate of

106 the patient upon the patient's death, under any will or by operation of
107 law, and (C) an owner, operator or employee of a health care facility
108 where the patient is a resident or receiving medical treatment.

109 (b) No person serving as a witness to a patient's request to receive
110 aid in dying shall be: (1) A relative of such patient by blood, marriage
111 or adoption; (2) at the time the request is signed, entitled to any
112 portion of the estate of the patient upon the patient's death, under any
113 will or by operation of law; (3) an owner, operator or employee of a
114 health care facility where the patient is a resident or receiving medical
115 treatment; or (4) such patient's attending physician at the time the
116 request is signed.

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

121 Sec. 4. (NEW) (*Effective October 1, 2018*) A request for aid in dying as
122 authorized by this section, sections 1 to 3, inclusive, of this act and
123 sections 5 to 19, inclusive, of this act shall be in substantially the
124 following form:

125 REQUEST FOR MEDICATION TO AID IN DYING

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

127 I am a resident of the State of Connecticut.

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

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

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

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

143 INITIAL ONE:

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

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

147 I have no family to inform of my decision.

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

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

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

156 Signed:

157 Dated:

158 DECLARATION OF WITNESSES

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

161 Witness 1 Witness 2

162 Initials Initials

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

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

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

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

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

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

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

179 Printed Name of Witness 1

180 Signature of Witness 1 Date

181 Printed Name of Witness 2

182 Signature of Witness 2 Date

183 Sec. 5. (NEW) (*Effective October 1, 2018*) (a) A qualified patient may
184 rescind his or her request for aid in dying at any time and in any
185 manner without regard to his or her mental state.

186 (b) An attending physician shall offer a qualified patient an
187 opportunity to rescind his or her request for aid in dying at the time
188 such patient submits a second written request for aid in dying to the
189 attending physician.

190 (c) No attending physician shall dispense or prescribe medication
191 for aid in dying without the attending physician first offering the
192 qualified patient a second opportunity to rescind his or her request for
193 aid in dying.

194 Sec. 6. (NEW) (*Effective October 1, 2018*) When an attending
195 physician is presented with a patient's first written request for aid in
196 dying made pursuant to sections 2 to 4, inclusive, of this act, the
197 attending physician shall:

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

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

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

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

222 Sec. 7. (NEW) (*Effective October 1, 2018*) In order for a patient to be
223 found to be a qualified patient for the purposes of this section, sections
224 1 to 6, inclusive, of this act and sections 8 to 19, inclusive, of this act, a
225 consulting physician shall: (1) Examine the patient and the patient's
226 relevant medical records; (2) confirm, in writing, the attending
227 physician's diagnosis that the patient has a terminal illness; (3) verify
228 that the patient is competent, is acting voluntarily and has made an
229 informed decision to request aid in dying; and (4) refer the patient for
230 counseling, if required in accordance with section 8 of this act.

231 Sec. 8. (NEW) (*Effective October 1, 2018*) (a) If, in the medical opinion
232 of the attending physician or the consulting physician, a patient may
233 be suffering from a psychiatric or psychological condition including,
234 but not limited to, depression, that is causing impaired judgment,
235 either the attending or consulting physician shall refer the patient for
236 counseling to determine whether the patient is competent to request
237 aid in dying.

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

242 Sec. 9. (NEW) (*Effective October 1, 2018*) (a) After an attending
243 physician and a consulting physician determine that a patient is a
244 qualified patient, in accordance with sections 6 to 8, inclusive, of this
245 act and after such qualified patient submits a second request for aid in
246 dying in accordance with sections 3 and 4 of this act, the attending
247 physician shall:

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

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

256 (3) Inform the qualified patient that he or she may rescind his or her
257 request for aid in dying at any time and in any manner;

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

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

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

274 (b) The person signing the qualified patient's death certificate shall
275 list the underlying terminal illness as the cause of death.

276 Sec. 10. (NEW) (*Effective October 1, 2018*) The attending physician

277 shall ensure that the following items are documented or filed in a
278 qualified patient's medical record:

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

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

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

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

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

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

296 (7) Documentation of the attending physician's offer to a qualified
297 patient to rescind his or her request for aid in dying at the time the
298 attending physician dispenses or prescribes medication for aid in
299 dying; and

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

305 Sec. 11. (NEW) (*Effective October 1, 2018*) Any person, other than a
306 qualified patient, in possession of medication dispensed or prescribed
307 for aid in dying that has not been self-administered shall return such
308 medication to the attending physician or the Commissioner of
309 Consumer Protection in accordance with section 21a-252 of the general
310 statutes.

311 Sec. 12. (NEW) (*Effective October 1, 2018*) (a) Any provision of a
312 contract, including, but not limited to, a contract related to an
313 insurance policy or annuity, conditioned on or affected by the making
314 or rescinding of a request for aid in dying shall not be valid.

315 (b) On and after October 1, 2018, the sale, procurement or issuance
316 of any life, health or accident insurance or annuity policy or the rate
317 charged for any such policy shall not be conditioned upon or affected
318 by the making or rescinding of a request for aid in dying.

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

323 Sec. 13. (NEW) (*Effective October 1, 2018*) (a) As used in this section,
324 "participate in the provision of medication" means to perform the
325 duties of an attending physician or consulting physician, a psychiatrist,
326 psychologist or pharmacist in accordance with the provisions of
327 sections 2 to 10, inclusive, of this act. "Participate in the provision of
328 medication" does not include: (1) Making an initial diagnosis of a
329 patient's terminal illness; (2) informing a patient of his or her medical
330 diagnosis or prognosis; (3) informing a patient concerning the
331 provisions of this section, sections 1 to 12, inclusive, of this act and
332 sections 16 to 19, inclusive, of this act, upon the patient's request; or (4)
333 referring a patient to another health care provider for aid in dying.

334 (b) Participation in any act described in sections 1 to 12, inclusive, of
335 this act and sections 16 to 19, inclusive, of this act by a patient, health

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

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

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

367 (e) Except as provided in a policy adopted in accordance with

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

375 Sec. 14. (NEW) (*Effective October 1, 2018*) (a) A person is guilty of
376 murder when such person, without authorization of a patient, wilfully
377 alters or forges a request for aid in dying, as described in sections 3
378 and 4 of this act, or conceals or destroys a rescission of such a request
379 for aid in dying with the intent or effect of causing the patient's death.

380 (b) A person is guilty of murder when such person coerces or exerts
381 undue influence on a patient to complete a request for aid in dying, as
382 described in sections 3 and 4 of this act, or coerces or exerts undue
383 influence on a patient to destroy a rescission of such request with the
384 intent or effect of causing the patient's death.

385 Sec. 15. (NEW) (*Effective October 1, 2018*) (a) Nothing in sections 1 to
386 14, inclusive, of this act or sections 16 to 19, inclusive, of this act
387 authorizes a physician or any other person to end another person's life
388 by lethal injection, mercy killing, assisting a suicide or any other active
389 euthanasia.

390 (b) No action taken in accordance with sections 1 to 14, inclusive, of
391 this act or sections 16 to 19, inclusive, of this act shall constitute
392 causing or assisting another person to commit suicide in violation of
393 section 53a-54a or 53a-56 of the general statutes.

394 (c) No person shall be subject to civil or criminal liability or
395 professional disciplinary action, including, but not limited to,
396 revocation of such person's professional license, for (1) participating in
397 the provision of medication or related activities in good faith
398 compliance with the provisions of sections 1 to 14, inclusive, of this act

399 and sections 16 to 19, inclusive, of this act, or (2) being present at the
400 time a qualified patient self-administers medication dispensed or
401 prescribed for aid in dying.

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

408 Sec. 16. (NEW) (*Effective October 1, 2018*) Sections 1 to 15, inclusive,
409 of this act or sections 17 to 19, inclusive, of this act do not limit liability
410 for civil damages resulting from negligent conduct or intentional
411 misconduct by any person.

412 Sec. 17. (NEW) (*Effective October 1, 2018*) (a) Any person who
413 knowingly possesses, sells or delivers medication dispensed or
414 prescribed for aid in dying for any purpose other than delivering such
415 medication to a qualified patient, or returning such medication in
416 accordance with section 11 of this act, shall be guilty of a class D
417 felony.

418 (b) Nothing in sections 1 to 16, inclusive, of this act or section 18 or
419 19 of this act shall preclude criminal prosecution under any provision
420 of law for conduct that is inconsistent with said sections.

421 Sec. 18. (NEW) (*Effective October 1, 2018*) Nothing in sections 1 to 17,
422 inclusive, of this act or section 19 of this act shall limit the jurisdiction
423 or authority of the Office of Protection and Advocacy for Persons with
424 Disabilities under chapter 813 of the general statutes.

425 Sec. 19. (NEW) (*Effective October 1, 2018*) No person who serves as an
426 attending physician, consulting physician or a witness as described in
427 section 3 of this act, or otherwise participates in the provision of
428 medication for aid in dying to a qualified patient, shall inherit or

429 receive any part of the estate of such qualified patient, whether under
 430 the provisions of law relating to intestate succession or as a devisee or
 431 legatee, or otherwise under the will of such qualified patient, or receive
 432 any property as beneficiary or survivor of such qualified patient after
 433 such qualified patient has self-administered medication dispensed or
 434 prescribed for aid in dying.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2018</i>	New section
Sec. 2	<i>October 1, 2018</i>	New section
Sec. 3	<i>October 1, 2018</i>	New section
Sec. 4	<i>October 1, 2018</i>	New section
Sec. 5	<i>October 1, 2018</i>	New section
Sec. 6	<i>October 1, 2018</i>	New section
Sec. 7	<i>October 1, 2018</i>	New section
Sec. 8	<i>October 1, 2018</i>	New section
Sec. 9	<i>October 1, 2018</i>	New section
Sec. 10	<i>October 1, 2018</i>	New section
Sec. 11	<i>October 1, 2018</i>	New section
Sec. 12	<i>October 1, 2018</i>	New section
Sec. 13	<i>October 1, 2018</i>	New section
Sec. 14	<i>October 1, 2018</i>	New section
Sec. 15	<i>October 1, 2018</i>	New section
Sec. 16	<i>October 1, 2018</i>	New section
Sec. 17	<i>October 1, 2018</i>	New section
Sec. 18	<i>October 1, 2018</i>	New section
Sec. 19	<i>October 1, 2018</i>	New section

Statement of Purpose:

To allow a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness that such patient may self-administer to bring about his or her death.

[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.]