



General Assembly

February Session, 2020

Raised Bill No. 5420

LCO No. 2340



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, 2020*) As used in this section and
2 sections 2 to 19, inclusive, of this act:

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

4 (2) "Aid in dying" means the medical practice of a physician
5 prescribing medication to a qualified patient who is terminally ill, which
6 medication a qualified patient may self-administer to bring about his or
7 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 benefits
15 and disadvantages of treatment, to make an informed decision and to
16 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 administer
31 health care or dispense medication in the ordinary course of business or
32 practice of a profession, including, but not limited to, a physician,
33 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-490
36 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 prescribed; (C)
44 the probable result of taking the medication to be dispensed or

45 prescribed; and (D) the feasible alternatives to aid in dying and health
46 care treatment options, including, but not limited to, palliative care;

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

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

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

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

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

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

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

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

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

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

80 Sec. 2. (NEW) (*Effective October 1, 2020*) (a) A patient who (1) is an
81 adult, (2) is competent, (3) is a resident of this state, (4) has been
82 determined by such patient's attending physician to have a terminal
83 illness, and (5) has voluntarily expressed his or her wish to receive aid
84 in dying, may request aid in dying by making two written requests to
85 such patient's attending physician pursuant to sections 3 and 4 of this
86 act.

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

91 Sec. 3. (NEW) (*Effective October 1, 2020*) (a) A patient wishing to
92 receive aid in dying shall submit two written requests to such patient's
93 attending physician in substantially the form set forth in section 4 of this
94 act. A patient's second written request for aid in dying shall be
95 submitted not earlier than fifteen days after the date on which a patient
96 submits the first request. A valid written request for aid in dying under
97 sections 1 and 2 of this act and sections 4 to 19, inclusive, of this act shall
98 be signed and dated by the patient. Each request shall be witnessed by
99 at least two persons in the presence of the patient. Each person serving
100 as a witness shall attest, in writing, that to the best of his or her
101 knowledge and belief (1) the patient appears to be of sound mind, (2)
102 the patient is acting voluntarily and not being coerced to sign the
103 request, and (3) the witness is not: (A) A relative of the patient by blood,
104 marriage or adoption, (B) entitled to any portion of the estate of the

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

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

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

119 Sec. 4. (NEW) (*Effective October 1, 2020*) A request for aid in dying as
120 authorized by this section, sections 1 to 3, inclusive, of this act and
121 sections 5 to 19, inclusive, of this act shall be in substantially the
122 following form:

123 REQUEST FOR MEDICATION TO AID IN DYING

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

125 I am a resident of the State of Connecticut.

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

131 I have been fully informed of my diagnosis, prognosis, the nature of
132 medication to be dispensed or prescribed to aid me in dying, the
133 potential associated risks, the expected result, feasible alternatives to aid

134 in dying and additional health care treatment options, including
135 palliative care and the availability of counseling with a psychologist,
136 psychiatrist or licensed clinical social worker.

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

141 INITIAL ONE:

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

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

145 I have no family to inform of my decision.

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

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

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

154 Signed:

155 Dated:

156 DECLARATION OF WITNESSES

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

159 Witness 1 Witness 2

160 Initials Initials

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

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

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

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

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

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

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

177 Printed Name of Witness 1

178 Signature of Witness 1 Date

179 Printed Name of Witness 2

180 Signature of Witness 2 Date

181 Sec. 5. (NEW) (*Effective October 1, 2020*) (a) A qualified patient may
182 rescind his or her request for aid in dying at any time and in any manner
183 without regard to his or her mental state.

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

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

192 Sec. 6. (NEW) (*Effective October 1, 2020*) When an attending physician
193 is presented with a patient's first written request for aid in dying made
194 pursuant to sections 2 to 4, inclusive, of this act, the attending physician
195 shall:

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

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

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

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

219 Sec. 7. (NEW) (*Effective October 1, 2020*) In order for a patient to be
220 found to be a qualified patient for the purposes of this section, sections
221 1 to 6, inclusive, of this act and sections 8 to 19, inclusive, of this act, a
222 consulting physician shall: (1) Examine the patient and the patient's
223 relevant medical records; (2) confirm, in writing, the attending
224 physician's diagnosis that the patient has a terminal illness; (3) verify
225 that the patient is competent, is acting voluntarily and has made an
226 informed decision to request aid in dying; and (4) refer the patient for
227 counseling, if required in accordance with section 8 of this act.

228 Sec. 8. (NEW) (*Effective October 1, 2020*) (a) If, in the medical opinion
229 of the attending physician or the consulting physician, a patient may be
230 suffering from a psychiatric or psychological condition including, but
231 not limited to, depression, that is causing impaired judgment, either the
232 attending or consulting physician shall refer the patient for counseling
233 to determine whether the patient is competent to request aid in dying.

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

238 Sec. 9. (NEW) (*Effective October 1, 2020*) (a) After an attending
239 physician and a consulting physician determine that a patient is a
240 qualified patient, in accordance with sections 6 to 8, inclusive, of this act
241 and after such qualified patient submits a second request for aid in
242 dying in accordance with sections 3 and 4 of this act, the attending
243 physician shall:

244 (1) Recommend to the qualified patient that he or she notify his or her
245 next of kin of the qualified patient's request for aid in dying and inform

246 the qualified patient that a failure to do so shall not be a basis for the
247 denial of such request;

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

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

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

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

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

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

271 Sec. 10. (NEW) (*Effective October 1, 2020*) The attending physician shall
272 ensure that the following items are documented or filed in a qualified
273 patient's medical record:

274 (1) The basis for determining that a qualified patient is an adult and

275 a resident of the state;

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

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

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

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

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

291 (7) Documentation of the attending physician's offer to a qualified
292 patient to rescind his or her request for aid in dying at the time the
293 attending physician dispenses or prescribes medication for aid in dying;
294 and

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

300 Sec. 11. (NEW) (*Effective October 1, 2020*) Any person, other than a
301 qualified patient, in possession of medication dispensed or prescribed
302 for aid in dying that has not been self-administered shall return such
303 medication to the attending physician or the Commissioner of

304 Consumer Protection in accordance with section 21a-252 of the general
305 statutes.

306 Sec. 12. (NEW) (*Effective October 1, 2020*) (a) Any provision of a
307 contract, including, but not limited to, a contract related to an insurance
308 policy or annuity, conditioned on or affected by the making or
309 rescinding of a request for aid in dying shall not be valid.

310 (b) On and after October 1, 2020, the sale, procurement or issuance of
311 any life, health or accident insurance or annuity policy or the rate
312 charged for any such policy shall not be conditioned upon or affected
313 by the making or rescinding of a request for aid in dying.

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

318 Sec. 13. (NEW) (*Effective October 1, 2020*) (a) As used in this section,
319 "participate in the provision of medication" means to perform the duties
320 of an attending physician or consulting physician, a psychiatrist,
321 psychologist or pharmacist in accordance with the provisions of sections
322 2 to 10, inclusive, of this act. "Participate in the provision of medication"
323 does not include: (1) Making an initial diagnosis of a patient's terminal
324 illness; (2) informing a patient of his or her medical diagnosis or
325 prognosis; (3) informing a patient concerning the provisions of this
326 section, sections 1 to 12, inclusive, of this act and sections 16 to 19,
327 inclusive, of this act, upon the patient's request; or (4) referring a patient
328 to another health care provider for aid in dying.

329 (b) Participation in any act described in sections 1 to 12, inclusive, of
330 this act and sections 16 to 19, inclusive, of this act by a patient, health
331 care provider or any other person shall be voluntary. Each health care
332 provider shall individually and affirmatively determine whether to
333 participate in the provision of medication to a qualified patient for aid
334 in dying. A health care facility shall not require a health care provider

335 to participate in the provision of medication to a qualified patient for aid
336 in dying, but may prohibit such participation in accordance with
337 subsection (d) of this section.

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

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

362 (e) Except as provided in a policy adopted in accordance with
363 subsection (d) of this section, no health care facility may subject an
364 employee or other person who provides services under contract with
365 the health care facility to disciplinary action, loss of privileges, loss of
366 membership or any other penalty for participating, or refusing to

367 participate, in the provision of medication or related activities in good
368 faith compliance with the provisions of this section, sections 1 to 12,
369 inclusive, of this act and sections 16 to 19, inclusive, of this act.

370 Sec. 14. (NEW) (*Effective October 1, 2020*) (a) A person is guilty of
371 murder when such person, without authorization of a patient, wilfully
372 alters or forges a request for aid in dying, as described in sections 3 and
373 4 of this act, or conceals or destroys a rescission of such a request for aid
374 in dying with the intent or effect of causing the patient's death.

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

380 Sec. 15. (NEW) (*Effective October 1, 2020*) (a) Nothing in sections 1 to
381 14, inclusive, of this act or sections 16 to 19, inclusive, of this act
382 authorizes a physician or any other person to end another person's life
383 by lethal injection, mercy killing, assisting a suicide or any other active
384 euthanasia.

385 (b) No action taken in accordance with sections 1 to 14, inclusive, of
386 this act or sections 16 to 19, inclusive, of this act shall constitute causing
387 or assisting another person to commit suicide in violation of section 53a-
388 54a or 53a-56 of the general statutes.

389 (c) No person shall be subject to civil or criminal liability or
390 professional disciplinary action, including, but not limited to,
391 revocation of such person's professional license, for (1) participating in
392 the provision of medication or related activities in good faith
393 compliance with the provisions of sections 1 to 14, inclusive, of this act
394 and sections 16 to 19, inclusive, of this act, or (2) being present at the
395 time a qualified patient self-administers medication dispensed or
396 prescribed for aid in dying.

397 (d) An attending physician's dispensing of, or issuance of a
398 prescription for medication for aid in dying or a patient's request for aid
399 in dying, in good faith compliance with the provisions of sections 1 to
400 19, inclusive, of this act shall not constitute neglect for the purpose of
401 any law or provide the sole basis for appointment of a guardian or
402 conservator for such patient.

403 Sec. 16. (NEW) (*Effective October 1, 2020*) Sections 1 to 15, inclusive, of
404 this act or sections 17 to 19, inclusive, of this act do not limit liability for
405 civil damages resulting from negligent conduct or intentional
406 misconduct by any person.

407 Sec. 17. (NEW) (*Effective October 1, 2020*) (a) Any person who
408 knowingly possesses, sells or delivers medication dispensed or
409 prescribed for aid in dying for any purpose other than delivering such
410 medication to a qualified patient, or returning such medication in
411 accordance with section 11 of this act, shall be guilty of a class D felony.

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

415 Sec. 18. (NEW) (*Effective October 1, 2020*) Nothing in sections 1 to 17,
416 inclusive, of this act or section 19 of this act shall limit the jurisdiction or
417 authority of the nonprofit entity designated by the Governor to serve as
418 the Connecticut protection and advocacy system under chapter 813 of
419 the general statutes.

420 Sec. 19. (NEW) (*Effective October 1, 2020*) No person who serves as an
421 attending physician, consulting physician or a witness as described in
422 section 3 of this act, or otherwise participates in the provision of
423 medication for aid in dying to a qualified patient, shall inherit or receive
424 any part of the estate of such qualified patient, whether under the
425 provisions of law relating to intestate succession or as a devisee or
426 legatee, or otherwise under the will of such qualified patient, or receive
427 any property as beneficiary or survivor of such qualified patient after

428 such qualified patient has self-administered medication dispensed or
429 prescribed for aid in dying.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2020</i>	New section
Sec. 2	<i>October 1, 2020</i>	New section
Sec. 3	<i>October 1, 2020</i>	New section
Sec. 4	<i>October 1, 2020</i>	New section
Sec. 5	<i>October 1, 2020</i>	New section
Sec. 6	<i>October 1, 2020</i>	New section
Sec. 7	<i>October 1, 2020</i>	New section
Sec. 8	<i>October 1, 2020</i>	New section
Sec. 9	<i>October 1, 2020</i>	New section
Sec. 10	<i>October 1, 2020</i>	New section
Sec. 11	<i>October 1, 2020</i>	New section
Sec. 12	<i>October 1, 2020</i>	New section
Sec. 13	<i>October 1, 2020</i>	New section
Sec. 14	<i>October 1, 2020</i>	New section
Sec. 15	<i>October 1, 2020</i>	New section
Sec. 16	<i>October 1, 2020</i>	New section
Sec. 17	<i>October 1, 2020</i>	New section
Sec. 18	<i>October 1, 2020</i>	New section
Sec. 19	<i>October 1, 2020</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.]