



General Assembly  
*January Session, 2009*

***Raised Bill No. 1138***

LCO No. 4916

\*04916\_\_\_\_\_JUD\*

Referred to Committee on Judiciary  
Introduced by:  
(JUD)

***AN ACT CONCERNING DEATH WITH DIGNITY.***

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

Section 1. (NEW) (*Effective January 1, 2010*) As used in this section and sections 2 to 25, inclusive, of this act:

- (1) "Adult" means an individual who is eighteen years of age or older;
- (2) "Attending physician" means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease;
- (3) "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available;
- (4) "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease;
- (5) "Counseling" means one or more consultations as necessary between a psychiatrist or a psychologist and a patient for the purpose of determining that the patient is competent and not suffering from depression or any other psychiatric or psychological disorder that causes impaired judgment;

(6) "Health care provider" means a person licensed, certified or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility;

(7) "In a humane and dignified manner" means in a manner permitted by and in accordance with sections 1 to 25, inclusive, of this act.

(8) "Informed decision" means a decision by a qualified patient to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

(A) The patient's medical diagnosis;

(B) The patient's prognosis;

(C) The potential risks associated with taking the medication to be prescribed;

(D) The probable result of taking the medication to be prescribed; and

(E) The feasible alternatives including, but not limited to, comfort care, hospice care and pain control;

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

(10) "Patient" means an individual who is under the care of a physician;

(11) "Physician" means an individual licensed as a physician pursuant to chapter 370 of the general statutes;

(12) "Psychiatrist" means a psychiatrist licensed pursuant to chapter 370 of the general statutes;

(13) "Psychologist" means a psychologist licensed pursuant to chapter 383 of the general statutes;

(14) "Qualified patient" means a competent adult who is a resident of this state and has satisfied the requirements of sections 1 to 25, inclusive, of this act, in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner;

(15) "Self-administer" means a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner; and

(16) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Sec. 2. (NEW) (*Effective January 1, 2010*) (a) An adult who is competent, is a resident of this state, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request pursuant to section 22 of this act for medication that the patient may self-administer to end his or her life in a humane and dignified manner in accordance with sections 1 to 25, inclusive, of this act.

(b) An individual is not a qualified patient under sections 1 to 25, inclusive, of this act, solely because of age or disability.

Sec. 3. (NEW) (*Effective January 1, 2010*) (a) A valid request for medication under sections 1 to 25, inclusive, of this act, shall be in substantially the form described in section 22 of this act, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is competent, acting voluntarily and is not being coerced to sign the request.

(b) One of the witnesses described in subsection (a) of this section shall be a person who is not:

(1) A relative of the patient by blood, marriage or adoption;

(2) A person who at the time the request is signed would be entitled to any portion of the estate of the patient upon death under any will or by operation of law; or

(3) An owner, operator or employee of a health care facility where the patient is receiving medical treatment or is a resident.

(c) The patient's attending physician at the time the request is signed shall not be a witness.

(d) If the patient is a patient in a nursing home, as defined in section 19a-490 of the general statutes, at the time the written request is made, one of the witnesses shall be an individual designated by the nursing home and having the qualifications specified by the Department of Public Health, pursuant to regulations which the Commissioner of Public Health shall adopt, in accordance with chapter 54 of the general statutes.

Sec. 4. (NEW) (*Effective January 1, 2010*) (a) With respect to a written request for medication made pursuant to section 2 of this act, the attending physician shall:

- (1) Make the initial determination of whether a patient has a terminal disease, is competent and has made the request voluntarily;
- (2) Request that the patient demonstrate residency in this state under section 13 of this act;
- (3) Ensure that the patient is making an informed decision by informing the patient of:
  - (A) The patient's medical diagnosis;
  - (B) The patient's prognosis;
  - (C) The potential risks associated with taking the medication to be prescribed;
  - (D) The probable result of taking the medication to be prescribed; and
  - (E) The feasible alternatives including, but not limited to, comfort care, hospice care and pain control;
- (4) Refer the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is competent and acting voluntarily;
- (5) Refer the patient for counseling if appropriate under section 6 of this act;
- (6) Recommend that the patient notify the patient's next of kin;
- (7) Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under sections 1 to 25, inclusive, of this act, of not taking the medication in a public place and the potential cause of action under section 21 of this act for taking the medication in a public place;
- (8) Inform the patient that the patient has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind the request at the end of the fifteen-day waiting period set forth in section 9 of this act;
- (9) Verify, immediately before writing the prescription for medication under sections 1 to 25, inclusive, of this act, that the patient is making an informed decision;
- (10) Fulfill the medical record documentation requirements of section 12 of this act;

(11) Ensure that all appropriate steps are carried out in accordance with sections 1 to 25, inclusive, of this act, before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and

(12) (A) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, if the attending physician is authorized under state law to dispense such medication; or

(B) With the patient's written consent:

(i) Contact a pharmacist and inform the pharmacist of the prescription; and

(ii) Deliver the written prescription personally, by mail or facsimile to the pharmacist, who shall dispense the medications directly to either the patient, the attending physician or an expressly identified agent of the patient. Medications dispensed pursuant to this subsection shall not be dispensed by mail or other form of courier.

(b) The attending physician may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death.

Sec. 5. (NEW) (*Effective January 1, 2010*) In order for a patient to be found to be a qualified patient for the purposes of sections 1 to 25, inclusive, of this act, a consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease and verify that the patient is competent, is acting voluntarily and has made an informed decision.

Sec. 6. (NEW) (*Effective January 1, 2010*) If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from depression or any other psychiatric or psychological disorder that causes impaired judgment, either physician shall refer the patient for counseling. Medication to end a patient's life in a humane and dignified manner shall not be prescribed until the person performing the counseling determines that the patient is not suffering from depression or any other psychiatric or psychological disorder that causes impaired judgment.

Sec. 7. (NEW) (*Effective January 1, 2010*) An individual shall not receive a prescription for medication to end his or her life unless he or she has made an informed decision. Immediately before writing a prescription for medication under sections 1 to 25, inclusive, of this act, the attending physician shall verify that the qualified patient is making an informed decision.

Sec. 8. (NEW) (*Effective January 1, 2010*) The attending physician shall recommend that the patient notify the patient's next of kin of his or her request for medication under sections 1 to 25, inclusive, of this act. A patient who declines or is unable to notify such

next of kin shall not have his or her request for medication denied solely for failure to notify next of kin.

Sec. 9. (NEW) (*Effective January 1, 2010*) To receive a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her attending physician at least fifteen days after making the initial oral request. At the time the qualified patient makes his or her second oral request, the attending physician shall offer the qualified patient an opportunity to rescind the request.

Sec. 10. (NEW) (*Effective January 1, 2010*) An individual may rescind his or her request for medication to end his or her life in a humane and dignified manner at any time and in any manner without regard to his or her mental state. No prescription for such medication may be written without the attending physician offering the qualified patient an opportunity to rescind the request.

Sec. 11. (NEW) (*Effective January 1, 2010*) (a) At least fifteen days shall elapse between the qualified patient's initial oral request and the writing of a prescription for medication to end his or her life in a humane and dignified manner under sections 1 to 25, inclusive, of this act.

(b) At least forty-eight hours shall elapse between the date the qualified patient signs the written request for such medication and the writing of a prescription for such medication under sections 1 to 25, inclusive, of this act.

Sec. 12. (NEW) (*Effective January 1, 2010*) With respect to a request by a qualified patient for medication to end his or her life in a humane and dignified manner, the following shall be documented or filed in the qualified patient's medical record:

- (1) All oral requests by a qualified patient for medication to end his or her life in a humane and dignified manner;
- (2) All written requests by a qualified patient for medication to end his or her life in a humane and dignified manner;
- (3) The attending physician's diagnosis and prognosis, and determination that the qualified patient is competent, is acting voluntarily and has made an informed decision;
- (4) The consulting physician's diagnosis and prognosis, and verification that the qualified patient is competent, is acting voluntarily and has made an informed decision;
- (5) A report of the outcome and determinations made during counseling, if performed;

(6) The attending physician's offer to the qualified patient to rescind his or her request at the time of the qualified patient's second oral request under section 9 of this act; and

(7) A note by the attending physician indicating that all requirements under sections 1 to 25, inclusive, of this act, have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.

Sec. 13. (NEW) (*Effective January 1, 2010*) Only requests made by qualified patients who are residents of this state may be granted under sections 1 to 25, inclusive, of this act. Factors demonstrating residency of this state include, but are not limited to:

(1) Possession of a Connecticut driver's license;

(2) Registration to vote in this state; or

(3) Evidence that the person owns or leases property in this state.

Sec. 14. (NEW) (*Effective January 1, 2010*) Any qualified patient who does not self-administer medication dispensed under sections 1 to 25, inclusive, of this act, to end his or her life shall dispose of such medication by lawful means.

Sec. 15. (NEW) (*Effective January 1, 2010*) (a) (1) The Department of Public Health shall annually review all records maintained under section 12 of this act.

(2) The Department of Public Health shall require any health care provider upon writing a prescription or dispensing medication under sections 1 to 25, inclusive, of this act, to file a copy of the prescription record and such other administratively required documentation with the department. All administratively required documentation shall be mailed or otherwise transmitted in such form as the Commissioner of Public Health prescribes not later than thirty calendar days after the writing of a prescription and dispensing of medication under sections 1 to 25, inclusive, of this act, except that all documents required to be filed with the department by the prescribing physician after the death of the patient shall be transmitted to the department not later than thirty calendar days after the date of death of the patient. If any person who is required to report information to the department pursuant to any provision of sections 1 to 25, inclusive, of this act, provides an inadequate or incomplete report, the department shall contact the person to request a complete report.

(b) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54 of the general statutes, to facilitate the collection of information regarding compliance with sections 1 to 25, inclusive, of this act. The commissioner shall maintain as confidential information collected pursuant to sections 1 to 25, inclusive, of this act.

(c) The department shall generate and make available to the public an annual statistical report of information collected under subsections (a) and (b) of this section, provided such report shall not include any individually identifiable information.

Sec. 16. (NEW) (*Effective January 1, 2010*) (a) Any provision in a contract, will or other agreement, whether written or oral, to the extent the provision would affect whether an individual may make or rescind a request for medication to end his or her life in a humane and dignified manner, is not valid.

(b) Any obligation owing under any currently existing contract shall not be conditioned or affected by the making or rescinding of a request by an individual for medication to end his or her life in a humane and dignified manner.

Sec. 17. (NEW) (*Effective January 1, 2010*) The sale, procurement or issuance of any life, health or accident insurance or annuity policy or the rate charged for any such policy shall not be conditioned upon or affected by the making or rescinding of a request, by an individual, for medication that the individual as a qualified patient may self-administer to end his or her life in a humane and dignified manner. A qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner shall not have an effect on a life, health or accident insurance or annuity policy, or benefits payable under such policy.

Sec. 18. (NEW) (*Effective January 1, 2010*) (a) Nothing in sections 1 to 25, inclusive, of this act, authorizes a physician or any other person to end a patient's life by lethal injection, mercy killing or any other active euthanasia.

(b) Any action taken in accordance with sections 1 to 25, inclusive, of this act, does not constitute causing another person to commit suicide in violation of section 53a-54a or 53a-56 of the general statutes.

(c) No report of a public agency, as defined in section 1-200 of the general statutes, may refer to the practice of obtaining and self-administering life-ending medication to end a qualified patient's life in a humane and dignified manner as "suicide" or "assisted suicide", and shall refer to such practice as "obtaining and self-administering life-ending medication to end a qualified patient's life in a humane and dignified manner".

Sec. 19. (NEW) (*Effective January 1, 2010*) (a) Except as provided in section 20 of this act and subsection (b) of this section:

(1) A person shall not be subject to civil or criminal liability or disciplinary action by the Connecticut Medical Examining Board or other professional licensing board for providing services in good faith compliance with sections 1 to 25, inclusive, of this act,

including being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner;

(2) A professional organization or association or health care provider may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership or other penalty for providing services or refusing to provide services in good faith compliance with sections 1 to 25, inclusive, of this act;

(3) A qualified patient's request for, or provision by an attending physician of, medication in good faith compliance with sections 1 to 25, inclusive, of this act, does not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator for the qualified patient; and

(4) Only a willing health care provider shall participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under sections 1 to 25, inclusive, of this act, and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

(b) (1) A health care provider may prohibit another health care provider from providing services under any provision of sections 1 to 25, inclusive, of this act on the premises of the prohibiting health care provider if the prohibiting health care provider has given notice to all health care providers with privileges to practice on the premises and to the general public of the prohibiting provider's policy regarding the provision of services under sections 1 to 25, inclusive, of this act. This subsection shall not prevent a health care provider from providing health care services to a patient that do not constitute providing services under any provision of sections 1 to 25, inclusive, of this act.

(2) A health care provider may subject another health care provider to the sanctions set forth in this subdivision if the sanctioning health care provider has notified the sanctioned provider before providing services under sections 1 to 25, inclusive, of this act that the sanctioning health care provider prohibits the provision of services under sections 1 to 25, inclusive, of this act. Such sanctions may include:

(A) Loss of privileges, loss of membership or other sanctions provided under the written bylaws, policies or procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and provides services under sections 1 to 25, inclusive, of this act while on the health care facility premises of the sanctioning health care provider, but not if such services are provided in a private medical office of the physician or other health care provider;

(B) Termination of a lease or other property contract or other nonmonetary remedies provided by a lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider provides services under sections 1 to 25, inclusive, of this act while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(C) Termination of a contract or other nonmonetary remedies provided by contract if the sanctioned health care provider provides services under sections 1 to 25, inclusive, of this act while acting in the course and scope of the sanctioned health care provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this subsection shall prevent:

(i) A health care provider from providing services under sections 1 to 25, inclusive, of this act while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or

(ii) A patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the physician's capacity as an employee or independent contractor of the sanctioning health care provider.

(3) A health care provider that imposes sanctions under subdivision (2) of this subsection shall follow all procedures the sanctioning health care provider may have that are related to the imposition of sanctions on other health care providers.

(c) Nothing in sections 1 to 25, inclusive, of this act, shall lower the applicable standard of care for the attending physician, consulting physician, psychiatrist, psychologist or other health care provider acting pursuant to any provision of sections 1 to 25, inclusive, of this act.

(d) For the purposes of this section:

(1) "Notify" means the provision of a separate statement in writing to the health care provider specifically informing the health care provider before the provider's provision of services under sections 1 to 25, inclusive, of this act of the sanctioning health care provider's policy about providing services under sections 1 to 25, inclusive, of this act.

(2) "Provide services under sections 1 to 25, inclusive, of this act" means to perform the acts of an attending physician described in section 4 of this act, the acts of a consulting physician function under section 5 of this act or the counseling described in section 6 of this act. "Provide services under sections 1 to 25, inclusive, of this act" does not include:

(A) Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

(B) Providing information about the provisions of sections 1 to 25, inclusive, of this act to a patient upon the request of the patient;

(C) Providing a patient, upon the request of the patient, with a referral to another physician; or

(D) A patient contracting with his or her attending physician or consulting physician to act outside of the course and scope of the physician's capacity as an employee or independent contractor of the sanctioning health care provider.

Sec. 20. (NEW) (*Effective January 1, 2010*) (a) Any person who without authorization of the patient wilfully alters or forges a request for medication described in section 22 of this act or conceals or destroys a rescission of such a request for medication with the intent or effect of causing the patient's death is guilty of facilitating a death by self-administration of medication.

(b) Any person who coerces or exerts undue influence on a patient to complete a request for medication described in section 22 of this act, or coerces or exerts undue influence on a patient to destroy a rescission of such a request, with the intent or effect of causing the patient's death is guilty of facilitating a death by self-administration of medication.

(c) Facilitating a death by self-administration of medication is a class A felony.

Sec. 21. (NEW) (*Effective January 1, 2010*) Any public agency, as defined in section 1-200 of the general statutes, that incurs costs resulting from an individual self-administering medication to end his or her life in a public place may file a claim against the individual or the estate of the individual to recover such costs, including court costs and reasonable attorney's fees.

Sec. 22. (NEW) (*Effective January 1, 2010*) A request for a medication as authorized by sections 1 to 25, inclusive, of this act, shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A

HUMANE AND DIGNIFIED MANNER

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

I am suffering from ..., which my attending physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist to fill the prescription.

INITIAL ONE:

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

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

.... I have no family to inform of my decision.

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

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

I make this request voluntarily and without reservation, and I accept full responsibility for my actions.

Signed: ....

Dated: ....

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the individual named above signs, I declare that the individual making and signing the above request:

Witness 1 .... Witness 2 ....

Initials .... Initials ....

.... 1. Is personally known to me or has provided proof of identity;

.... 2. Signed this request in my presence on the date of the individual's signature;

..... 3. Appears to be of sound mind and not under duress, fraud or undue influence;

.... 4. Is not a patient for whom I am the attending physician.

Printed Name of Witness 1 ....

Signature of Witness 1 .... Date ....

Printed Name of Witness 2 ....

Signature of Witness 2 .... Date ....

NOTE: One witness shall not be a relative by blood, marriage or adoption of the individual signing this request, shall not be entitled to any portion of the individual's estate upon death under any will or by operation of law, and shall not own, operate or be employed at a health care facility where the person is receiving medical treatment or is a resident. If the patient is a resident of a nursing home, as defined in section 19a-490 of the general statutes, one of the witnesses shall be an individual designated by the nursing home.

Sec. 23. (NEW) (*Effective January 1, 2010*) Nothing in sections 1 to 25, inclusive, of this act, shall be construed to permit any affirmative or deliberate act or omission to end life other than to permit a qualified patient to self-administer medication to end his or her life in a humane and dignified manner under sections 1 to 25, inclusive, of this act.

Sec. 24. (NEW) (*Effective January 1, 2010*) Sections 1 to 25, inclusive, of this act, do not limit liability for civil damages resulting from negligent conduct or intentional misconduct by any person.

Sec. 25. (NEW) (*Effective January 1, 2010*) Nothing in sections 1 to 25, inclusive, of this act, shall preclude criminal prosecution under any provision of law for conduct that is inconsistent with sections 1 to 25, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2010</i>	New section
Sec. 2	<i>January 1, 2010</i>	New section
Sec. 3	<i>January 1, 2010</i>	New section
Sec. 4	<i>January 1, 2010</i>	New section
Sec. 5	<i>January 1, 2010</i>	New section
Sec. 6	<i>January 1, 2010</i>	New section

Sec. 7	<i>January 1, 2010</i>	New section
Sec. 8	<i>January 1, 2010</i>	New section
Sec. 9	<i>January 1, 2010</i>	New section
Sec. 10	<i>January 1, 2010</i>	New section
Sec. 11	<i>January 1, 2010</i>	New section
Sec. 12	<i>January 1, 2010</i>	New section
Sec. 13	<i>January 1, 2010</i>	New section
Sec. 14	<i>January 1, 2010</i>	New section
Sec. 15	<i>January 1, 2010</i>	New section
Sec. 16	<i>January 1, 2010</i>	New section
Sec. 17	<i>January 1, 2010</i>	New section
Sec. 18	<i>January 1, 2010</i>	New section
Sec. 19	<i>January 1, 2010</i>	New section
Sec. 20	<i>January 1, 2010</i>	New section
Sec. 21	<i>January 1, 2010</i>	New section
Sec. 22	<i>January 1, 2010</i>	New section
Sec. 23	<i>January 1, 2010</i>	New section
Sec. 24	<i>January 1, 2010</i>	New section
Sec. 25	<i>January 1, 2010</i>	New section

***Statement of Purpose:***

To allow a competent terminally ill patient to self-administer medication to end his or her life after evaluation by physicians and counseling, the passage of a waiting period and the completion of a formal, witnessed request for such medication.

***[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.]***