



General Assembly

January Session, 2021

Substitute Bill No. 6425



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, 2021*) As used in this act:

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

3 (2) "Aid in dying" means the medical practice of a physician
4 prescribing medication to a qualified patient who is terminally ill, which
5 medication a qualified patient may self-administer to bring about his or
6 her death;

7 (3) "Attending physician" means the physician who has primary
8 responsibility for the medical care of a patient and treatment of a
9 patient's terminal illness;

10 (4) "Competent" means, in the opinion of a patient's attending
11 physician, consulting physician, psychiatrist, psychologist or licensed
12 clinical social worker, that a patient has the capacity to understand and
13 acknowledge the nature and consequences of health care decisions,
14 including the benefits and disadvantages of treatment, to make an
15 informed decision and to communicate such decision to a health care
16 provider, including communicating through a person familiar with a
17 patient's manner of communicating;

18 (5) "Consulting physician" means a physician other than a patient's
19 attending physician who is qualified by specialty or experience to make
20 a professional diagnosis and prognosis regarding a patient's terminal
21 illness;

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

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

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

35 (9) "Informed decision" means a decision by a qualified patient to
36 request and obtain a prescription for medication that the qualified
37 patient may self-administer for aid in dying, that is based on an
38 understanding and acknowledgment of the relevant facts and after
39 being fully informed by the attending physician of: (A) The qualified
40 patient's medical diagnosis and prognosis; (B) the potential risks
41 associated with self-administering the medication to be prescribed; (C)
42 the probable result of taking the medication to be dispensed or
43 prescribed; and (D) the feasible alternatives to aid in dying and health
44 care treatment options, including, but not limited to, palliative care;

45 (10) "Licensed clinical social worker" means a person who has been
46 licensed as a clinical social worker pursuant to chapter 383b of the
47 general statutes;

48 (11) "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 (12) "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, patient access to information and patient
57 choice, and (D) includes, but is not limited to, discussions between a
58 patient and a health care provider concerning a patient's goals for
59 treatment and appropriate treatment options available to a patient,
60 including hospice care and comprehensive pain and symptom
61 management;

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

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

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

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

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

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

75 (19) "Self-administer" means a qualified patient's voluntary,
76 conscious and affirmative act of ingesting medication; and

77 (20) "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, 2021*) (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 oral requests and one
86 written request to such patient's attending physician pursuant to
87 sections 3 and 4 of this 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 act.

91 Sec. 3. (NEW) (*Effective October 1, 2021*) (a) A patient wishing to
92 receive aid in dying shall make two oral requests and one written
93 request to such patient's attending physician. A patient's second oral
94 request for aid in dying shall be made not earlier than fifteen days after
95 the date on which a patient makes the first oral request. A valid written
96 request for aid in dying under sections 1 and 2 of this act and sections 4
97 to 19, inclusive, of this act shall be in substantially the form set forth in
98 section 4 of this act and shall be signed and dated by the patient. A
99 written request shall be witnessed by at least two persons in the
100 presence of the patient. Each person serving as a witness shall attest, in
101 writing, that to the best of his or her knowledge and belief (1) the patient
102 appears to be of sound mind, and (2) the patient is acting voluntarily
103 and not being coerced to sign the request.

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

108 Sec. 4. (NEW) (*Effective October 1, 2021*) A written request for aid in
109 dying as authorized by this act shall be in substantially the following
110 form:

111 REQUEST FOR MEDICATION TO AID IN DYING

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

113 I am a resident of the State of Connecticut.

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

119 I have been fully informed of my diagnosis, prognosis, the nature of
120 medication to be dispensed or prescribed to aid me in dying, the
121 potential associated risks, the expected result, feasible alternatives to aid
122 in dying and additional health care treatment options, including
123 palliative care and the availability of counseling with a psychologist,
124 psychiatrist or licensed clinical social worker.

125 I request that my attending physician dispense or prescribe
126 medication that I may self-administer for aid in dying. I authorize my
127 attending physician to contact a pharmacist to fill the prescription for
128 such medication, upon my request.

129 INITIAL ONE:

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

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

133 I have no family to inform of my decision.

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

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

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

142 Signed:

143 Dated:

144 DECLARATION OF WITNESSES

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

147 Witness 1 Witness 2

148 Initials Initials

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

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

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

155 Printed Name of Witness 1

156 Signature of Witness 1 Date

157 Printed Name of Witness 2

158 Signature of Witness 2 Date

159 Sec. 5. (NEW) (*Effective October 1, 2021*) (a) A qualified patient may
160 rescind his or her request for aid in dying at any time and in any manner
161 without regard to his or her mental state.

162 (b) An attending physician shall offer a qualified patient an
163 opportunity to rescind his or her request for aid in dying at the time
164 such patient makes a second oral request for aid in dying to the
165 attending physician.

166 (c) No attending physician shall dispense or prescribe medication for
167 aid in dying without the attending physician first offering the qualified
168 patient a second opportunity to rescind his or her request for aid in
169 dying.

170 Sec. 6. (NEW) (*Effective October 1, 2021*) When an attending physician
171 receives a patient's first oral request for aid in dying made pursuant to
172 sections 2 to 4, inclusive, of this act, the attending physician shall:

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

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

183 (3) Ensure that the patient is making an informed decision by
184 informing the patient of: (A) The patient's medical diagnosis; (B) the
185 patient's prognosis; (C) the potential risks associated with self-
186 administering the medication to be dispensed or prescribed for aid in
187 dying; (D) the probable result of self-administering the medication to be
188 dispensed or prescribed for aid in dying; (E) the feasible alternatives to
189 aid in dying and health care treatment options including, but not limited

190 to, palliative care; and (F) the availability of counseling with a
191 psychologist, psychiatrist or licensed clinical social worker; and

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

196 Sec. 7. (NEW) (*Effective October 1, 2021*) In order for a patient to be
197 found to be a qualified patient for the purposes of this act, a consulting
198 physician shall: (1) Examine the patient and the patient's relevant
199 medical records; (2) confirm, in writing, the attending physician's
200 diagnosis that the patient has a terminal illness; (3) verify that the patient
201 is competent, is acting voluntarily and has made an informed decision
202 to request aid in dying; and (4) refer the patient for counseling, if
203 required in accordance with section 8 of this act.

204 Sec. 8. (NEW) (*Effective October 1, 2021*) (a) If, in the medical opinion
205 of the attending physician or the consulting physician, a patient may be
206 suffering from a psychiatric or psychological condition including, but
207 not limited to, depression, that is causing impaired judgment, either the
208 attending or consulting physician shall refer the patient for counseling
209 to determine whether the patient is competent to request aid in dying.

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

214 Sec. 9. (NEW) (*Effective October 1, 2021*) (a) After an attending
215 physician and a consulting physician determine that a patient is a
216 qualified patient, in accordance with sections 6 to 8, inclusive, of this act
217 and after such qualified patient makes a second oral request for aid in
218 dying in accordance with section 3 of this act, the attending physician
219 shall:

220 (1) Recommend to the qualified patient that he or she notify his or her

221 next of kin of the qualified patient's request for aid in dying and inform
222 the qualified patient that a failure to do so shall not be a basis for the
223 denial of such request;

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

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

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

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

235 (6) (A) Dispense such medication, including ancillary medication
236 intended to facilitate the desired effect to minimize the qualified
237 patient's discomfort, if the attending physician is authorized to dispense
238 such medication, to the qualified patient; or (B) upon the qualified
239 patient's request and with the qualified patient's written consent (i)
240 contact a pharmacist and inform the pharmacist of the prescription, and
241 (ii) personally deliver the written prescription, by mail, facsimile or
242 electronic transmission to the pharmacist, who shall dispense such
243 medication directly to the qualified patient, the attending physician or
244 an expressly identified agent of the qualified patient.

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

247 Sec. 10. (NEW) (*Effective October 1, 2021*) The attending physician shall
248 ensure that the following items are documented or filed in a qualified
249 patient's medical record:

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

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

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

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

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

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

267 (7) Documentation of the attending physician's offer to a qualified
268 patient to rescind his or her request for aid in dying at the time the
269 attending physician dispenses or prescribes medication for aid in dying;
270 and

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

276 Sec. 11. (NEW) (*Effective October 1, 2021*) Any person, other than a
277 qualified patient, in possession of medication dispensed or prescribed
278 for aid in dying that has not been self-administered shall return such

279 medication to the attending physician or the Commissioner of
280 Consumer Protection in accordance with section 21a-252 of the general
281 statutes.

282 Sec. 12. (NEW) (*Effective October 1, 2021*) (a) Any provision of a
283 contract, including, but not limited to, a contract related to an insurance
284 policy or annuity, conditioned on or affected by the making or
285 rescinding of a request for aid in dying shall not be valid.

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

288 (c) On and after October 1, 2021, the sale, procurement or issuance of
289 any life, health or accident insurance or annuity policy or the rate
290 charged for any such policy shall not be conditioned upon or affected
291 by the making or rescinding of a request for aid in dying.

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

296 Sec. 13. (NEW) (*Effective October 1, 2021*) (a) As used in this section,
297 "participate in the provision of medication" means to perform the duties
298 of an attending physician or consulting physician, a psychiatrist,
299 psychologist or pharmacist in accordance with the provisions of sections
300 2 to 10, inclusive, of this act. "Participate in the provision of medication"
301 does not include: (1) Making an initial diagnosis of a patient's terminal
302 illness; (2) informing a patient of his or her medical diagnosis or
303 prognosis; (3) informing a patient concerning the provisions of this
304 section, sections 1 to 12, inclusive, of this act and sections 16 to 19,
305 inclusive, of this act, upon the patient's request; or (4) referring a patient
306 to another health care provider for aid in dying.

307 (b) Participation in any act described in sections 1 to 12, inclusive, of
308 this act and sections 16 to 19, inclusive, of this act by a patient, health
309 care provider or any other person shall be voluntary. Each health care

310 provider shall individually and affirmatively determine whether to
311 participate in the provision of medication to a qualified patient for aid
312 in dying. A health care facility shall not require a health care provider
313 to participate in the provision of medication to a qualified patient for aid
314 in dying, but may prohibit such participation in accordance with
315 subsection (d) of this section.

316 (c) If a health care provider or health care facility chooses not to
317 participate in the provision of medication to a qualified patient for aid
318 in dying, upon request of a qualified patient, such health care provider
319 or health care facility shall transfer all relevant medical records to any
320 health care provider or health care facility, as directed by a qualified
321 patient.

322 (d) A health care facility may adopt written policies prohibiting a
323 health care provider associated with such health care facility from
324 participating in the provision of medication to a patient for aid in dying,
325 provided such facility provides written notice of such policy and any
326 sanctions for violation of such policy to such health care provider.
327 Notwithstanding the provisions of this subsection or any policies
328 adopted in accordance with this subsection, a health care provider may:
329 (1) Diagnose a patient with a terminal illness; (2) inform a patient of his
330 or her medical prognosis; (3) provide a patient with information
331 concerning the provisions of this section, sections 1 to 12, inclusive, of
332 this act and sections 16 to 19, inclusive, of this act, upon a patient's
333 request; (4) refer a patient to another health care facility or health care
334 provider; (5) transfer a patient's medical records to a health care
335 provider or health care facility, as requested by a patient; or (6)
336 participate in the provision of medication for aid in dying when such
337 health care provider is acting outside the scope of his or her employment
338 or contract with a health care facility that prohibits participation in the
339 provision of such medication.

340 (e) Except as provided in a policy adopted in accordance with
341 subsection (d) of this section, no health care facility may subject an
342 employee or other person who provides services under contract with

343 the health care facility to disciplinary action, loss of privileges, loss of
344 membership or any other penalty for participating, or refusing to
345 participate, in the provision of medication or related activities in good
346 faith compliance with the provisions of this section, sections 1 to 12,
347 inclusive, of this act and sections 16 to 19, inclusive, of this act.

348 Sec. 14. (NEW) (*Effective October 1, 2021*) (a) A person is guilty of
349 murder when such person, without authorization of a patient, wilfully
350 alters or forges a request for aid in dying, as described in sections 3 and
351 4 of this act, or conceals or destroys a rescission of such a request for aid
352 in dying with the intent or effect of causing the patient's death.

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

358 Sec. 15. (NEW) (*Effective October 1, 2021*) (a) Nothing in sections 1 to
359 14, inclusive, of this act or sections 16 to 19, inclusive, of this act
360 authorizes a physician or any other person to end another person's life
361 by lethal injection, mercy killing, assisting a suicide or any other active
362 euthanasia.

363 (b) Nothing in sections 1 to 14, inclusive, of this act or section 16 to
364 19, inclusive, of this act authorizes a health care provider or any person,
365 including a qualified patient, to end the qualified patient's life by
366 intravenous or other parenteral injection or infusion, mercy killing,
367 homicide, murder, manslaughter, euthanasia, or any other criminal act.

368 (c) Any actions taken in accordance with sections 1 to 14, inclusive, of
369 this act or sections 16 to 19, inclusive, of this act, do not, for any
370 purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,
371 homicide, murder, manslaughter, elder abuse or neglect or any other
372 civil or criminal violation under the general statutes.

373 (d) No action taken in accordance with sections 1 to 14, inclusive, of

374 this act or sections 16 to 19, inclusive, of this act shall constitute causing
375 or assisting another person to commit suicide in violation of section 53a-
376 54a or 53a-56 of the general statutes.

377 (e) No person shall be subject to civil or criminal liability or
378 professional disciplinary action, including, but not limited to,
379 revocation of such person's professional license, for (1) participating in
380 the provision of medication or related activities in good faith
381 compliance with the provisions of sections 1 to 14, inclusive, of this act
382 and sections 16 to 19, inclusive, of this act, or (2) being present at the
383 time a qualified patient self-administers medication dispensed or
384 prescribed for aid in dying.

385 (f) An attending physician's dispensing of, or issuance of a
386 prescription for medication for aid in dying or a patient's request for aid
387 in dying, in good faith compliance with the provisions of this act shall
388 not constitute neglect for the purpose of any law or provide the sole
389 basis for appointment of a guardian or conservator for such patient.

390 Sec. 16. (NEW) (*Effective October 1, 2021*) Sections 1 to 15, inclusive, of
391 this act or sections 17 to 19, inclusive, of this act do not limit liability for
392 civil damages resulting from negligent conduct or intentional
393 misconduct by any person.

394 Sec. 17. (NEW) (*Effective October 1, 2021*) (a) Any person who
395 knowingly possesses, sells or delivers medication dispensed or
396 prescribed for aid in dying for any purpose other than delivering such
397 medication to a qualified patient, or returning such medication in
398 accordance with section 11 of this act, shall be guilty of a class D felony.

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

402 Sec. 18. (NEW) (*Effective October 1, 2021*) Nothing in sections 1 to 17,
403 inclusive, of this act or section 19 of this act shall limit the jurisdiction or
404 authority of the nonprofit entity designated by the Governor to serve as

405 the Connecticut protection and advocacy system under section 46a-10b
406 of the general statutes.

407 Sec. 19. (NEW) (Effective October 1, 2021) No person who serves as an
408 attending physician or consulting physician shall inherit or receive any
409 part of the estate of such qualified patient, whether under the provisions
410 of law relating to intestate succession or as a devisee or legatee, or
411 otherwise under the will of such qualified patient, or receive any
412 property as beneficiary or survivor of such qualified patient after such
413 qualified patient has self-administered medication dispensed or
414 prescribed for aid in dying.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2021	New section
Sec. 2	October 1, 2021	New section
Sec. 3	October 1, 2021	New section
Sec. 4	October 1, 2021	New section
Sec. 5	October 1, 2021	New section
Sec. 6	October 1, 2021	New section
Sec. 7	October 1, 2021	New section
Sec. 8	October 1, 2021	New section
Sec. 9	October 1, 2021	New section
Sec. 10	October 1, 2021	New section
Sec. 11	October 1, 2021	New section
Sec. 12	October 1, 2021	New section
Sec. 13	October 1, 2021	New section
Sec. 14	October 1, 2021	New section
Sec. 15	October 1, 2021	New section
Sec. 16	October 1, 2021	New section
Sec. 17	October 1, 2021	New section
Sec. 18	October 1, 2021	New section
Sec. 19	October 1, 2021	New section

Statement of Legislative Commissioners:

In Sections 1, 2(b), 4 and 7, "this act" was substituted for internal references that encompassed all of the sections in the bill, for clarity and to avoid repetition.

PH *Joint Favorable Subst. -LCO*