



General Assembly

**Substitute Bill No. 88**

February Session, 2022



**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, 2022*) As used in this section and  
2 sections 2 to 18, 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 such  
7 patient's death;

8 (3) "Attending physician" means the physician who has primary  
9 responsibility for the medical care of a patient and treatment of a  
10 patient's terminal illness and whose practice is not primarily comprised  
11 of evaluating, qualifying and prescribing or dispensing medication  
12 pursuant to the provisions of this section and sections 2 to 18, inclusive,  
13 of this act;

14 (4) "Competent" means, in the opinion of a patient's attending  
15 physician, consulting physician, psychiatrist, psychologist or licensed  
16 clinical social worker, that a patient has the capacity to understand and

17 acknowledge the nature and consequences of health care decisions,  
18 including the benefits and disadvantages of treatment, to make an  
19 informed decision and to communicate such decision to a health care  
20 provider, including communicating through a person familiar with a  
21 patient's manner of communicating;

22 (5) "Consulting physician" means a physician other than a patient's  
23 attending physician who is qualified by specialty or experience to make  
24 a professional diagnosis and prognosis regarding a patient's terminal  
25 illness;

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

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

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

39 (9) "Hospice care" means health care centered on a terminally ill  
40 patient and such patient's family that provides for the physical,  
41 psychosocial, spiritual and emotional needs of such patient;

42 (10) "Informed decision" means a decision by a qualified patient to  
43 request and obtain a prescription for medication that the qualified  
44 patient may self-administer for aid in dying, that is based on an  
45 understanding and acknowledgment of the relevant facts and after  
46 being fully informed by the attending physician of: (A) The qualified  
47 patient's medical diagnosis and prognosis; (B) the potential risks

48 associated with self-administering the medication to be prescribed; (C)  
49 the probable result of taking the medication to be dispensed or  
50 prescribed; and (D) the feasible alternatives to aid in dying and health  
51 care treatment options, including, but not limited to, hospice care and  
52 palliative care;

53 (11) "Licensed clinical social worker" means a person who has been  
54 licensed as a clinical social worker pursuant to chapter 383b of the  
55 general statutes;

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

59 (13) "Palliative care" means health care centered on a seriously ill  
60 patient and such patient's family that (A) optimizes a patient's quality  
61 of life by anticipating, preventing and treating a patient's suffering  
62 throughout the continuum of a patient's serious illness, (B) addresses  
63 the physical, emotional, social and spiritual needs of a patient, (C)  
64 facilitates patient autonomy, patient access to information and patient  
65 choice, and (D) includes, but is not limited to, discussions between a  
66 patient and a health care provider concerning a patient's goals for  
67 treatment and appropriate treatment options available to a patient,  
68 including hospice care and comprehensive pain and symptom  
69 management;

70 (14) "Patient" means a person who is under the care of a physician;

71 (15) "Pharmacist" means a person licensed to practice pharmacy  
72 pursuant to chapter 400j of the general statutes;

73 (16) "Physician" means a person licensed to practice medicine and  
74 surgery pursuant to chapter 370 of the general statutes;

75 (17) "Psychiatrist" means a physician specializing in psychiatry and  
76 licensed pursuant to chapter 370 of the general statutes;

77 (18) "Psychologist" means a person licensed to practice psychology  
78 pursuant to chapter 383 of the general statutes;

79 (19) "Qualified patient" means a competent adult who is a resident of  
80 this state, has a terminal illness and has satisfied the requirements of this  
81 section and sections 2 to 9, inclusive, of this act, in order to obtain aid in  
82 dying;

83 (20) "Self-administer" means a qualified patient's voluntary,  
84 conscious and affirmative act of ingesting medication; and

85 (21) "Terminal illness" means the final stage of an incurable and  
86 irreversible medical condition that an attending physician anticipates,  
87 within reasonable medical judgment, will produce a patient's death  
88 within six months if the progression of such condition follows its typical  
89 course.

90 Sec. 2. (NEW) (*Effective October 1, 2022*) (a) A patient who (1) is an  
91 adult, (2) is competent, (3) is a resident of this state, (4) has been  
92 determined by such patient's attending physician to have a terminal  
93 illness, and (5) has voluntarily expressed such patient's wish to receive  
94 aid in dying, may request aid in dying by submitting two written  
95 requests to such patient's attending physician pursuant to sections 3 and  
96 4 of this act.

97 (b) No person, including, but not limited to, an agent under a living  
98 will, an attorney-in-fact under a durable power of attorney, a guardian,  
99 or a conservator, may act on behalf of a patient for purposes of sections  
100 1 to 19, inclusive, of this act.

101 Sec. 3. (NEW) (*Effective October 1, 2022*) (a) A patient wishing to  
102 receive aid in dying shall submit two written requests to such patient's  
103 attending physician pursuant to section 4 of this act. A patient's second  
104 written request for aid in dying shall be submitted not earlier than  
105 fifteen days after the date on which such patient submits the first written  
106 request. A valid written request for aid in dying under sections 1, 2 and  
107 4 to 18, inclusive, of this act shall be signed and dated by the patient.

108 Each written request shall be witnessed by at least two persons in the  
109 presence of the patient. Each person serving as a witness shall attest, in  
110 writing, that to the best of such person's knowledge and belief (1) the  
111 patient appears to be of sound mind, (2) the patient is acting voluntarily  
112 and not being coerced to sign the request, and (3) the witness is not: (A)  
113 A relative of the patient by blood, marriage or adoption, (B) entitled to  
114 any portion of the estate of the patient upon the patient's death, under  
115 any will or by operation of law, (C) an owner, operator or employee of  
116 a health care facility where the patient is a resident or receiving medical  
117 treatment, or (D) such patient's attending physician at the time the  
118 request is signed.

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

123 Sec. 4. (NEW) (*Effective October 1, 2022*) A written request for aid in  
124 dying as authorized by sections 1 to 19, inclusive, of this act shall be in  
125 substantially the following form:

126 REQUEST FOR MEDICATION TO AID IN DYING

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

128 I am a resident of the State of Connecticut.

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

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

138 in dying and additional health care treatment options, including hospice  
139 care and palliative care and the availability of counseling with a  
140 psychologist, psychiatrist or licensed clinical social worker.

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

145 INITIAL ONE:

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

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

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

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

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

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

158 Signed: ....

159 Dated: ....

160 DECLARATION OF WITNESSES

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

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

164       Initials .... Initials ....

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

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

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

171       .... 4. I am not the attending physician for the person making the  
172 request;

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

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

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

181       Printed Name of Witness 1 ....

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

183       Printed Name of Witness 2 ....

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

185       Sec. 5. (NEW) (*Effective October 1, 2022*) (a) A qualified patient may  
186 rescind such patient's request for aid in dying at any time and in any  
187 manner without regard to such patient's mental state.

188       (b) An attending physician shall offer a qualified patient an  
189 opportunity to rescind such patient's request for aid in dying at the time

190 such patient makes a second written request for aid in dying to the  
191 attending physician.

192 (c) No attending physician shall dispense or prescribe medication for  
193 aid in dying without the attending physician first offering the qualified  
194 patient a second opportunity to rescind such patient's request for aid in  
195 dying.

196 Sec. 6. (NEW) (*Effective October 1, 2022*) When an attending physician  
197 is presented with a patient's first written request for aid in dying made  
198 pursuant to sections 2 to 4, inclusive, of this act, the attending physician  
199 shall:

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

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

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

219 (4) Refer the patient to a consulting physician for medical  
220 confirmation of the attending physician's diagnosis of the patient's



221 terminal illness, the patient's prognosis and for a determination that the  
222 patient is competent and acting voluntarily in requesting aid in dying.

223       Sec. 7. (NEW) (*Effective October 1, 2022*) In order for a patient to be  
224 found to be a qualified patient for the purposes of sections 1 to 19,  
225 inclusive, of this act, a consulting physician shall: (1) Examine the  
226 patient and the patient's relevant medical records; (2) confirm, in  
227 writing, the attending physician's diagnosis that the patient has a  
228 terminal illness; (3) verify that the patient is competent, is acting  
229 voluntarily and has made an informed decision to request aid in dying,  
230 as described in subdivision (3) of section 6 of this act; and (4) refer the  
231 patient for counseling, if required in accordance with section 8 of this  
232 act.

233       Sec. 8. (NEW) (*Effective October 1, 2022*) (a) If, in the medical opinion  
234 of the attending physician or the consulting physician, a patient may be  
235 suffering from a psychiatric or psychological condition including, but  
236 not limited to, depression, that is causing impaired judgment, either the  
237 attending or consulting physician shall refer the patient for counseling  
238 to determine whether the patient is competent to request aid in dying.

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

243       Sec. 9. (NEW) (*Effective October 1, 2022*) After an attending physician  
244 and a consulting physician determine that a patient is a qualified  
245 patient, in accordance with sections 6 to 8, inclusive, of this act and after  
246 such qualified patient submits a second written request for aid in dying  
247 in accordance with section 3 of this act, the attending physician shall:

248       (1) Recommend to the qualified patient that such patient notify such  
249 patient's next of kin of the qualified patient's request for aid in dying  
250 and 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 such patient may rescind such  
257 patient's 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 dispense  
266 such medication, to the qualified patient; or (B) upon the qualified  
267 patient's request and with the qualified patient's written consent (i)  
268 contact a pharmacist who chooses to participate in the provision of  
269 medication for aid in dying and inform the pharmacist of the  
270 prescription, and (ii) personally deliver the written prescription, by  
271 mail, facsimile or electronic transmission to the pharmacist, who may  
272 dispense such medication directly to the qualified patient, the attending  
273 physician or an expressly identified agent of the qualified patient.

274 Sec. 10. (NEW) (*Effective October 1, 2022*) The attending physician shall  
275 ensure that the following items are documented or filed in a qualified  
276 patient's medical record:

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

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

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

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

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

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

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

301 Sec. 11. (NEW) (*Effective October 1, 2022*) Any person, other than a  
302 qualified patient, in possession of medication dispensed or prescribed  
303 for aid in dying that has not been self-administered shall (1) destroy  
304 such medication in a manner described on the Department of Consumer  
305 Protection's Internet web site, or (2) dispose of such medication at a  
306 pharmacy that accepts and disposes of unused prescription drugs  
307 pursuant to section 20-576a of the general statutes or a municipal police  
308 station that collects and disposes of unwanted pharmaceuticals  
309 pursuant to section 21a-12f of the general statutes.

310 Sec. 12. (NEW) (*Effective October 1, 2022*) (a) Any provision of a  
311 contract, including, but not limited to, a contract related to an insurance

312 policy or annuity, conditioned on or affected by the making or  
313 rescinding of a request for aid in dying shall not be valid.

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

316 (c) On and after October 1, 2022, the sale, procurement or issuance of  
317 any life, health or accident insurance or annuity policy or the rate  
318 charged for any such policy shall not be conditioned upon or affected  
319 by the making or rescinding of a request for aid in dying.

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

324 Sec. 13. (NEW) (*Effective October 1, 2022*) (a) As used in this section,  
325 "participate in the provision of medication" means to perform the duties  
326 of an attending physician or consulting physician, a psychiatrist,  
327 psychologist or pharmacist in accordance with the provisions of sections  
328 2 to 10, inclusive, of this act. "Participate in the provision of medication"  
329 does not include: (1) Making an initial diagnosis of a patient's terminal  
330 illness; (2) informing a patient of such patient's medical diagnosis or  
331 prognosis; (3) informing a patient concerning the provisions of this  
332 section, sections 1 to 12, inclusive, of this act and sections 16 to 18,  
333 inclusive, of this act, upon the patient's request; or (4) referring a patient  
334 to another health care provider for aid in dying.

335 (b) Participation in any act described in sections 1 to 12, inclusive, of  
336 this act and sections 16 to 18, inclusive, of this act by a patient, health  
337 care provider or any other person shall be voluntary. Each health care  
338 provider shall individually and affirmatively determine whether to  
339 participate in the provision of medication to a qualified patient for aid  
340 in dying. A health care facility shall not require a health care provider  
341 to participate in the provision of medication to a qualified patient for aid  
342 in dying, but may prohibit such participation in accordance with

343 subsection (d) of this section.

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

350 (d) A health care facility may adopt written policies prohibiting a  
351 health care provider associated with such health care facility from  
352 participating in the provision of medication to a patient for aid in dying,  
353 provided such facility provides written notice of such policy and any  
354 sanctions for violation of such policy to such health care provider.  
355 Notwithstanding the provisions of this subsection or any policies  
356 adopted in accordance with this subsection, a health care provider may:  
357 (1) Diagnose a patient with a terminal illness; (2) inform a patient of such  
358 patient's medical prognosis; (3) provide a patient with information  
359 concerning the provisions of this section, sections 1 to 12, inclusive, of  
360 this act and sections 16 to 18, inclusive, of this act, upon a patient's  
361 request; (4) refer a patient to another health care facility or health care  
362 provider; (5) transfer a patient's medical records to a health care  
363 provider or health care facility, as requested by a patient; or (6)  
364 participate in the provision of medication for aid in dying when such  
365 health care provider is acting outside the scope of such provider's  
366 employment or contract with a health care facility that prohibits  
367 participation in the provision of such medication.

368 (e) Except as provided in a policy adopted in accordance with  
369 subsection (d) of this section, no health care facility may subject an  
370 employee or other person who provides services under contract with  
371 the health care facility to disciplinary action, loss of privileges, loss of  
372 membership or any other penalty for participating, or refusing to  
373 participate, in the provision of medication or related activities in good  
374 faith compliance with the provisions of this section, sections 1 to 12,  
375 inclusive, of this act and sections 16 to 18, inclusive, of this act.

376 Sec. 14. (NEW) (*Effective October 1, 2022*) (a) Nothing in sections 1 to  
377 13, inclusive, of this act or sections 15 to 18, inclusive, of this act  
378 authorizes a physician or any other person to end another person's life  
379 by lethal injection, mercy killing, assisting a suicide or any other active  
380 euthanasia.

381 (b) Nothing in sections 1 to 13, inclusive, of this act or sections 15 to  
382 18, inclusive, of this act authorizes a health care provider or any person,  
383 including a qualified patient, to end the qualified patient's life by  
384 intravenous or other parenteral injection or infusion, mercy killing,  
385 homicide, murder, manslaughter, euthanasia, or any other criminal act.

386 (c) Any actions taken in accordance with sections 1 to 13, inclusive, of  
387 this act or sections 15 to 18, inclusive, of this act, do not, for any  
388 purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,  
389 homicide, murder, manslaughter, elder abuse or neglect or any other  
390 civil or criminal violation under the general statutes.

391 (d) No action taken in accordance with sections 1 to 13, inclusive, of  
392 this act or sections 15 to 18, inclusive, of this act shall constitute causing  
393 or assisting another person to commit suicide in violation of section 53a-  
394 54a or 53a-56 of the general statutes.

395 (e) No person shall be subject to civil or criminal liability or  
396 professional disciplinary action, including, but not limited to,  
397 revocation of such person's professional license, for (1) participating in  
398 the provision of medication or related activities in good faith  
399 compliance with the provisions of sections 1 to 13, inclusive, of this act  
400 and sections 15 to 18, inclusive, of this act, or (2) being present at the  
401 time a qualified patient self-administers medication dispensed or  
402 prescribed for aid in dying.

403 (f) An attending physician's dispensing of, or issuance of a  
404 prescription for medication for aid in dying, a pharmacist's dispensing  
405 of medication for aid in dying or a patient's request for aid in dying, in  
406 good faith compliance with the provisions of sections 1 to 19, inclusive,

407 of this act shall not constitute neglect for the purpose of any law or  
408 provide the sole basis for appointment of a guardian or conservator for  
409 such patient.

410 Sec. 15. (NEW) (*Effective October 1, 2022*) Sections 1 to 14, inclusive, of  
411 this act or sections 16 to 18, inclusive, of this act do not limit liability for  
412 civil damages resulting from negligent conduct or intentional  
413 misconduct by any person.

414 Sec. 16. (NEW) (*Effective October 1, 2022*) Nothing in sections 1 to 15,  
415 inclusive, of this act or section 17 or 18 of this act shall limit the  
416 jurisdiction or authority of the nonprofit entity designated by the  
417 Governor to serve as the Connecticut protection and advocacy system  
418 under section 46a-10b of the general statutes.

419 Sec. 17. (NEW) (*Effective October 1, 2022*) No person who serves as an  
420 attending physician or consulting physician shall inherit or receive any  
421 part of the estate of such qualified patient, whether under the provisions  
422 of law relating to intestate succession or as a devisee or legatee, or  
423 otherwise under the will of such qualified patient, or receive any  
424 property as beneficiary or survivor of such qualified patient after such  
425 qualified patient has self-administered medication dispensed or  
426 prescribed for aid in dying.

427 Sec. 18. (NEW) (*Effective from passage*) Not later than October 1, 2022,  
428 the Department of Public Health shall create an attending physician  
429 checklist form and an attending physician follow-up form to facilitate  
430 the collection of information that attending physicians are required to  
431 submit to the department pursuant to the provisions of subsections (a)  
432 and (b) of section 19 of this act and post such forms on the department's  
433 Internet web site.

434 Sec. 19. (NEW) (*Effective October 1, 2022*) (a) Not later than thirty days  
435 after prescribing medication to a qualified patient pursuant to the  
436 provisions of sections 1 to 17, inclusive, of this act, an attending  
437 physician shall submit to the department an attending physician

438 checklist form, containing the following information: (1) The qualified  
439 patient's name and date of birth; (2) the qualified patient's diagnosis and  
440 prognosis; and (3) a statement by the attending physician indicating that  
441 all requirements under this section and sections 1 to 10, inclusive, of this  
442 act have been met and that such physician has prescribed medication  
443 pursuant to the provisions of sections 1 to 17, inclusive, of this act.

444 (b) Not later than sixty days after an attending physician receives  
445 notification of a qualified patient's death from self-administration of  
446 medication prescribed pursuant to the provisions of sections 1 to 17,  
447 inclusive, of this act, such attending physician shall submit to the  
448 department an attending physician follow-up form, containing the  
449 following information: (1) The qualified patients name and date of birth;  
450 (2) the date of the qualified patient's death; and (3) whether the qualified  
451 patient was provided hospice care at the time of such patient's death.

452 (c) On or before January 1, 2023, and annually thereafter, the  
453 Department of Public Health shall review the forms submitted pursuant  
454 to subsections (a) and (b) of this section to ensure compliance with the  
455 provisions of said subsections.

456 (d) On or before January 1, 2023, and annually thereafter, the  
457 Department of Public Health shall submit a report, in accordance with  
458 the provisions of section 11-4a of the general statutes, to the joint  
459 standing committee of the General Assembly having cognizance of  
460 matters relating to public health containing the following data: (1) The  
461 number of prescriptions for medication written for qualified patients  
462 pursuant to the provisions of sections 1 to 17, inclusive, of this act; and  
463 (2) the number of qualified patients who died following self-  
464 administration of medication prescribed pursuant to the provisions of  
465 sections 1 to 17, inclusive, of this act. Such report shall not contain the  
466 identifying information of any qualified patient or health care provider.

467 (e) Any data collected by the Department of Public Health pursuant  
468 to the provisions of subsections (a) and (b) of this section shall not be  
469 subject to disclosure under the Freedom of Information Act, as defined



470 in section 1-200 of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	New section
Sec. 2	<i>October 1, 2022</i>	New section
Sec. 3	<i>October 1, 2022</i>	New section
Sec. 4	<i>October 1, 2022</i>	New section
Sec. 5	<i>October 1, 2022</i>	New section
Sec. 6	<i>October 1, 2022</i>	New section
Sec. 7	<i>October 1, 2022</i>	New section
Sec. 8	<i>October 1, 2022</i>	New section
Sec. 9	<i>October 1, 2022</i>	New section
Sec. 10	<i>October 1, 2022</i>	New section
Sec. 11	<i>October 1, 2022</i>	New section
Sec. 12	<i>October 1, 2022</i>	New section
Sec. 13	<i>October 1, 2022</i>	New section
Sec. 14	<i>October 1, 2022</i>	New section
Sec. 15	<i>October 1, 2022</i>	New section
Sec. 16	<i>October 1, 2022</i>	New section
Sec. 17	<i>October 1, 2022</i>	New section
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>October 1, 2022</i>	New section

**PH** Joint Favorable Subst.