

**Second Regular Session
Seventieth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 16-0001.01 Christy Chase x2008

HOUSE BILL 16-1054

HOUSE SPONSORSHIP

Court and Ginal,

SENATE SPONSORSHIP

Merrifield,

House Committees
Judiciary

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING END-OF-LIFE OPTIONS FOR INDIVIDUALS WITH A**
102 **TERMINAL ILLNESS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill enacts the "Colorado End-of-life Options Act" (act), which authorizes an individual with a terminal illness to request, and the individual's attending physician to prescribe to the individual, medication to hasten the individual's death. To be qualified to request aid-in-dying medication, an individual must be a capable adult resident of Colorado who has a terminal illness and has voluntarily expressed the wish to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

receive a prescription for aid-in-dying medication by making 2 oral requests and a written request to his or her attending physician. An individual who requests aid-in-dying medication may rescind the request at any time, regardless of his or her mental state.

The act outlines the responsibilities of the attending physician, including:

- ! Determining whether the requesting individual has a terminal illness, is capable of making an informed decision, and is making the request for aid-in-dying medication voluntarily;
- ! Requesting the individual to demonstrate proof of Colorado residency;
- ! Referring the individual to a consulting physician to confirm that the individual is qualified to request aid-in-dying medication;
- ! Providing full disclosures to ensure that the individual is making an informed decision; and
- ! Informing the individual of the right to rescind the request at any time.

An attending physician cannot write a prescription for aid-in-dying medication unless at least 2 health care providers determine that the individual is capable of making an informed decision. The attending or consulting physician is to refer the individual to a licensed mental health professional if he or she believes the individual's ability to make an informed decision is compromised. The attending physician cannot write a prescription unless the mental health professional communicates, in writing, that the individual is capable.

The bill grants immunity from civil and criminal liability and from professional discipline to a person who participates in good faith under the act. The bill also specifies that actions taken in accordance with the act do not constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse.

A health care provider is not obligated to prescribe aid-in-dying medication, and a health care facility may prohibit a physician from writing a prescription for a resident of the facility who intends to use aid-in-dying medication on the facility's premises.

A person commits a class 2 felony if the person purposely or knowingly:

- ! Alters or forges an aid-in-dying medication request without the terminally ill individual's authorization;
- ! Conceals or destroys a rescission of a request for aid-in-dying medication; or
- ! Coerces or exerts undue influence to get a terminally ill individual to request, or to destroy a rescission of a request for, aid-in-dying medication.

1 (a) UNDERSTAND THE NATURE AND CONSEQUENCES OF A HEALTH
2 CARE DECISION;

3 (b) UNDERSTAND THE SIGNIFICANT BENEFITS AND RISKS OF AND
4 ALTERNATIVES TO THE HEALTH CARE DECISION; AND

5 (c) MAKE AND COMMUNICATE AN INFORMED DECISION TO HEALTH
6 CARE PROVIDERS, INCLUDING COMMUNICATION THROUGH A PERSON
7 FAMILIAR WITH THE INDIVIDUAL'S MANNER OF COMMUNICATING IF THAT
8 PERSON IS AVAILABLE.

9 (6) "CONSULTING PHYSICIAN" MEANS A COLORADO-LICENSED
10 PHYSICIAN WHO IS QUALIFIED BY SPECIALTY OR EXPERIENCE TO MAKE A
11 PROFESSIONAL DIAGNOSIS AND PROGNOSIS REGARDING A TERMINALLY ILL
12 INDIVIDUAL'S ILLNESS.

13 (7) "HEALTH CARE PROVIDER" OR "PROVIDER" MEANS A PERSON
14 WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE AUTHORIZED OR
15 PERMITTED BY LAW TO ADMINISTER HEALTH CARE OR DISPENSE
16 MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A
17 PROFESSION. THE TERM INCLUDES A HEALTH CARE FACILITY, INCLUDING
18 A LONG-TERM CARE FACILITY AS DEFINED IN SECTION 25-3-103.7 (1) (f.3)
19 AND A CONTINUING CARE RETIREMENT COMMUNITY AS DESCRIBED IN
20 SECTION 25.5-6-203 (1) (c) (I), C.R.S.

21 (8) "INFORMED DECISION" MEANS A DECISION THAT IS:

22 (a) MADE BY A QUALIFIED INDIVIDUAL TO REQUEST AND OBTAIN
23 A PRESCRIPTION FOR MEDICATION THAT THE QUALIFIED INDIVIDUAL MAY
24 SELF-ADMINISTER TO END HIS OR HER LIFE IN A PEACEFUL MANNER;

25 (b) BASED ON AN UNDERSTANDING AND ACKNOWLEDGMENT OF
26 THE RELEVANT FACTS; AND

27 (c) MADE AFTER THE ATTENDING PHYSICIAN FULLY INFORMS THE

1 QUALIFIED INDIVIDUAL OF:

2 (I) HIS OR HER MEDICAL DIAGNOSIS AND PROGNOSIS;

3 (II) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
4 MEDICATION TO BE PRESCRIBED;

5 (III) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE
6 PRESCRIBED;

7 (IV) THE CHOICES AVAILABLE TO AN INDIVIDUAL THAT
8 DEMONSTRATE HIS OR HER SELF-DETERMINATION AND INTENT TO END HIS
9 OR HER LIFE IN A PEACEFUL MANNER, INCLUDING THE ABILITY TO CHOOSE
10 WHETHER TO:

11 (A) REQUEST AID IN DYING;

12 (B) OBTAIN A PRESCRIPTION FOR MEDICATION TO END HIS OR HER
13 LIFE;

14 (C) FILL AND POSSESS A PRESCRIPTION FOR MEDICATION TO END
15 HIS OR HER LIFE; AND

16 (D) ULTIMATELY SELF-ADMINISTER THE MEDICATION TO BRING
17 ABOUT A PEACEFUL DEATH; AND

18 (V) FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT
19 OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE
20 CARE, AND PAIN CONTROL.

21 (9) "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A
22 PSYCHIATRIST LICENSED UNDER ARTICLE 36 OF TITLE 12, C.R.S., OR A
23 PSYCHOLOGIST LICENSED UNDER PART 3 OF ARTICLE 43 OF TITLE 12,
24 C.R.S., TO PRACTICE PSYCHOLOGY.

25 (10) "MEDICALLY CONFIRMED" MEANS THAT A CONSULTING
26 PHYSICIAN WHO HAS EXAMINED THE TERMINALLY ILL INDIVIDUAL AND THE
27 INDIVIDUAL'S RELEVANT MEDICAL RECORDS HAS CONFIRMED THE MEDICAL

1 OPINION OF THE ATTENDING PHYSICIAN.

2 (11) "MENTALLY COMPETENT" OR "MENTAL COMPETENCY" MEANS
3 POSSESSING THE NECESSARY AND SUFFICIENT DECISIONAL ABILITY TO BE
4 RESPONSIBLE FOR ONE'S OWN DECISIONS AND ACTIONS REGARDING
5 MEDICAL CARE AND TREATMENT.

6 (12) "QUALIFIED INDIVIDUAL" MEANS A TERMINALLY ILL ADULT
7 WHO IS CAPABLE, IS MENTALLY COMPETENT, IS A RESIDENT, AND HAS
8 SATISFIED THE REQUIREMENTS OF THIS ARTICLE IN ORDER TO OBTAIN A
9 PRESCRIPTION FOR AID-IN-DYING MEDICATION TO END HIS OR HER LIFE.

10 (13) "RESIDENT" MEANS AN INDIVIDUAL WHO IS ABLE TO
11 DEMONSTRATE RESIDENCY IN COLORADO BY PROVIDING ANY OF THE
12 FOLLOWING DOCUMENTATION TO HIS OR HER ATTENDING PHYSICIAN:

13 (a) A COLORADO DRIVER'S LICENSE OR IDENTIFICATION CARD
14 ISSUED PURSUANT TO ARTICLE 2 OF TITLE 42, C.R.S.;

15 (b) A COLORADO VOTER REGISTRATION CARD OR OTHER
16 DOCUMENTATION SHOWING THE INDIVIDUAL IS REGISTERED TO VOTE IN
17 COLORADO;

18 (c) EVIDENCE THAT THE INDIVIDUAL OWNS OR LEASES PROPERTY
19 IN COLORADO; OR

20 (d) A COLORADO INCOME TAX RETURN FOR THE MOST RECENT TAX
21 YEAR.

22 (14) "SELF-ADMINISTER" MEANS A QUALIFIED INDIVIDUAL'S
23 AFFIRMATIVE, CONSCIOUS, AND PHYSICAL ACT OF ADMINISTERING AND
24 INGESTING THE AID-IN-DYING MEDICATION TO BRING ABOUT HIS OR HER
25 OWN DEATH.

26 (15) "TERMINAL ILLNESS" MEANS AN INCURABLE AND
27 IRREVERSIBLE ILLNESS THAT HAS BEEN MEDICALLY CONFIRMED AND WILL,

1 WITHIN REASONABLE MEDICAL JUDGMENT, RESULT IN DEATH WITHIN SIX
2 MONTHS.

3 **25-48-103. Right to request aid-in-dying medication.** (1) A
4 CAPABLE, MENTALLY COMPETENT, ADULT RESIDENT OF COLORADO MAY
5 MAKE A REQUEST, IN ACCORDANCE WITH SECTIONS 25-48-104 AND
6 25-48-111, TO RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION
7 IF:

8 (a) THE INDIVIDUAL'S ATTENDING PHYSICIAN HAS DIAGNOSED THE
9 INDIVIDUAL WITH A TERMINAL ILLNESS; AND

10 (b) THE INDIVIDUAL HAS VOLUNTARILY EXPRESSED THE WISH TO
11 RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION.

12 (2) A PERSON DOES NOT QUALIFY TO RECEIVE A PRESCRIPTION FOR
13 AID-IN-DYING MEDICATION SOLELY BECAUSE OF AGE OR DISABILITY.

14 **25-48-104. Request process - witness requirements.** (1) IN
15 ORDER TO RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION
16 PURSUANT TO THIS ARTICLE, AN INDIVIDUAL WHO SATISFIES THE
17 REQUIREMENTS IN SECTION 25-48-103 MUST MAKE TWO ORAL REQUESTS,
18 SEPARATED BY AT LEAST FIFTEEN DAYS, AND A VALID WRITTEN REQUEST
19 TO HIS OR HER ATTENDING PHYSICIAN.

20 (2) (a) TO BE VALID, A WRITTEN REQUEST FOR AID-IN-DYING
21 MEDICATION MUST BE:

22 (I) SUBSTANTIALLY IN THE SAME FORM AS SET FORTH IN SECTION
23 25-48-111;

24 (II) SIGNED AND DATED BY THE INDIVIDUAL SEEKING THE
25 MEDICATION; AND

26 (III) WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE
27 PRESENCE OF THE INDIVIDUAL, ATTEST TO THE BEST OF THEIR KNOWLEDGE

1 AND BELIEF THAT THE INDIVIDUAL IS:

2 (A) **MENTALLY COMPETENT;**

3 (B) ACTING VOLUNTARILY; AND

4 (C) NOT BEING COERCED TO SIGN THE REQUEST.

5 (b) OF THE TWO WITNESSES TO THE WRITTEN REQUEST, AT LEAST
6 ONE MUST NOT BE:

7 (I) RELATED TO THE INDIVIDUAL BY BLOOD, MARRIAGE, CIVIL
8 UNION, OR ADOPTION;

9 (II) AN INDIVIDUAL WHO, AT THE TIME THE REQUEST IS SIGNED, IS
10 ENTITLED, UNDER A WILL OR BY OPERATION OF LAW, TO ANY PORTION OF
11 THE INDIVIDUAL'S ESTATE UPON HIS OR HER DEATH; OR

12 (III) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE
13 FACILITY WHERE THE INDIVIDUAL IS RECEIVING MEDICAL TREATMENT OR
14 IS A RESIDENT.

15 (c) **NEITHER THE INDIVIDUAL'S ATTENDING PHYSICIAN NOR A**
16 **PERSON DESIGNATED AS THE INDIVIDUAL'S QUALIFIED POWER OF**
17 **ATTORNEY OR DURABLE MEDICAL POWER OF ATTORNEY SHALL SERVE AS**
18 **A WITNESS TO THE WRITTEN REQUEST.**

19 **25-48-105. Right to rescind request - requirement to offer**
20 **opportunity to rescind.** (1) AT ANY TIME, AN INDIVIDUAL MAY RESCIND
21 HIS OR HER REQUEST FOR AID-IN-DYING MEDICATION WITHOUT REGARD TO
22 THE INDIVIDUAL'S MENTAL STATE.

23 (2) AN ATTENDING PHYSICIAN SHALL NOT WRITE A PRESCRIPTION
24 FOR AID-IN-DYING MEDICATION UNDER THIS ARTICLE UNLESS THE
25 ATTENDING PHYSICIAN OFFERS THE QUALIFIED INDIVIDUAL AN
26 OPPORTUNITY TO RESCIND THE REQUEST FOR THE MEDICATION.

27 **25-48-106. Attending physician responsibilities.** (1) THE

1 ATTENDING PHYSICIAN SHALL:

2 (a) MAKE THE INITIAL DETERMINATION OF WHETHER AN
3 INDIVIDUAL REQUESTING AID-IN-DYING MEDICATION HAS A TERMINAL
4 ILLNESS, IS CAPABLE OF MAKING AN INFORMED DECISION, IS MENTALLY
5 COMPETENT, AND HAS MADE THE REQUEST VOLUNTARILY;

6 (b) REQUEST THAT THE INDIVIDUAL DEMONSTRATE COLORADO
7 RESIDENCY BY PROVIDING DOCUMENTATION AS DESCRIBED IN SECTION
8 25-48-102 (13);

9 (c) PROVIDE A STANDARD OF CARE UNDER ACCEPTED MEDICAL
10 GUIDELINES;

11 (d) REFER THE INDIVIDUAL TO A CONSULTING PHYSICIAN OF THE
12 INDIVIDUAL'S CHOOSING FOR MEDICAL CONFIRMATION OF THE DIAGNOSIS
13 AND PROGNOSIS AND FOR A DETERMINATION OF WHETHER THE INDIVIDUAL
14 IS CAPABLE, MENTALLY COMPETENT, AND ACTING VOLUNTARILY;

15 (e) PROVIDE FULL, INDIVIDUAL-CENTERED DISCLOSURES TO
16 ENSURE THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION BY
17 DISCUSSING WITH THE INDIVIDUAL:

18 (I) HIS OR HER MEDICAL DIAGNOSIS AND PROGNOSIS;

19 (II) THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT
20 OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE
21 CARE, AND PAIN CONTROL;

22 (III) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
23 AID-IN-DYING MEDICATION TO BE PRESCRIBED;

24 (IV) THE PROBABLE RESULT OF TAKING THE AID-IN-DYING
25 MEDICATION TO BE PRESCRIBED; AND

26 (V) THE POSSIBILITY THAT THE INDIVIDUAL CAN OBTAIN THE
27 MEDICATION BUT CHOOSE NOT TO USE IT;

1 (f) REFER THE INDIVIDUAL TO A LICENSED MENTAL HEALTH
2 PROFESSIONAL PURSUANT TO SECTION 25-48-108 IF, IN THE ATTENDING
3 PHYSICIAN'S OPINION, THE INDIVIDUAL'S ABILITY TO MAKE AN INFORMED
4 DECISION OR HIS OR HER MENTAL COMPETENCY IS COMPROMISED FOR ANY
5 REASON;

6 (g) CONFIRM THAT THE INDIVIDUAL'S REQUEST DOES NOT ARISE
7 FROM COERCION OR UNDUE INFLUENCE BY ANOTHER PERSON BY
8 DISCUSSING WITH THE INDIVIDUAL, WITHOUT THE PRESENCE OF OTHER
9 PERSONS, WHETHER THE INDIVIDUAL IS FEELING COERCED OR UNDULY
10 INFLUENCED BY ANOTHER PERSON;

11 (h) COUNSEL THE INDIVIDUAL ABOUT THE IMPORTANCE OF:

12 (I) HAVING ANOTHER PERSON PRESENT WHEN THE INDIVIDUAL
13 SELF-ADMINISTERS THE AID-IN-DYING MEDICATION PRESCRIBED PURSUANT
14 TO THIS ARTICLE;

15 (II) NOT TAKING THE AID-IN-DYING MEDICATION IN A PUBLIC
16 PLACE;

17 (III) SAFE-KEEPING AND PROPER DISPOSAL OF UNUSED
18 MEDICATION IN ACCORDANCE WITH SECTION 25-48-119; AND

19 (IV) NOTIFYING HIS OR HER NEXT OF KIN OF THE REQUEST FOR
20 AID-IN-DYING MEDICATION;

21 (i) INFORM THE INDIVIDUAL THAT HE OR SHE MAY RESCIND THE
22 REQUEST FOR AID-IN-DYING MEDICATION AT ANY TIME AND IN ANY
23 MANNER;

24 (j) VERIFY, IMMEDIATELY PRIOR TO WRITING THE PRESCRIPTION
25 FOR AID-IN-DYING MEDICATION, THAT THE INDIVIDUAL IS MAKING AN
26 INFORMED DECISION;

27 (k) ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN

1 ACCORDANCE WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR
2 AID-IN-DYING MEDICATION; AND

3 (I) (I) DISPENSE AID-IN-DYING MEDICATIONS DIRECTLY TO THE
4 QUALIFIED INDIVIDUAL, INCLUDING ANCILLARY MEDICATIONS INTENDED
5 TO MINIMIZE THE INDIVIDUAL'S DISCOMFORT, IF THE ATTENDING
6 PHYSICIAN HAS A CURRENT DRUG ENFORCEMENT ADMINISTRATION
7 CERTIFICATE AND COMPLIES WITH ANY APPLICABLE ADMINISTRATIVE
8 RULE; OR

9 (II) WITH THE QUALIFIED INDIVIDUAL'S WRITTEN CONSENT:

10 (A) CONTACT A LICENSED PHARMACIST AND INFORM THE
11 PHARMACIST OF THE PRESCRIPTION; AND

12 (B) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY, BY MAIL,
13 OR THROUGH AUTHORIZED ELECTRONIC TRANSMISSION IN THE MANNER
14 PERMITTED UNDER ARTICLE 42.5 OF TITLE 12, C.R.S., TO THE PHARMACIST,
15 WHO SHALL DISPENSE THE MEDICATION TO THE QUALIFIED INDIVIDUAL,
16 THE ATTENDING PHYSICIAN, OR AN INDIVIDUAL EXPRESSLY DESIGNATED
17 BY THE QUALIFIED INDIVIDUAL.

18 **25-48-107. Consulting physician responsibilities.** (1) BEFORE
19 AN INDIVIDUAL WHO IS REQUESTING AID-IN-DYING MEDICATION CAN
20 RECEIVE A PRESCRIPTION FOR THE MEDICATION, A CONSULTING PHYSICIAN
21 OF THE INDIVIDUAL'S CHOOSING MUST:

22 (a) EXAMINE THE INDIVIDUAL AND HIS OR HER RELEVANT MEDICAL
23 RECORDS;

24 (b) CONFIRM, IN WRITING, TO THE ATTENDING PHYSICIAN:

25 (I) THAT THE INDIVIDUAL IS SUFFERING FROM A TERMINAL
26 ILLNESS;

27 (II) THE INDIVIDUAL'S PROGNOSIS; AND

1 (III) THAT THE INDIVIDUAL IS CAPABLE OF MAKING AN INFORMED
2 DECISION AND IS MENTALLY COMPETENT, OR PROVIDE DOCUMENTATION
3 THAT THE CONSULTING PHYSICIAN HAS REFERRED THE INDIVIDUAL FOR
4 FURTHER EVALUATION IN ACCORDANCE WITH SECTION 25-48-108.

5 **25-48-108. Confirmation that individual is capable and**
6 **mentally competent - referral to mental health professional.** (1) AN
7 ATTENDING PHYSICIAN SHALL NOT PRESCRIBE AID-IN-DYING MEDICATION
8 UNDER THIS ARTICLE FOR AN INDIVIDUAL WITH A TERMINAL ILLNESS UNTIL
9 THE INDIVIDUAL IS DETERMINED TO BE CAPABLE OF MAKING AN INFORMED
10 DECISION AND MENTALLY COMPETENT, AND THOSE DETERMINATIONS ARE
11 CONFIRMED IN ACCORDANCE WITH THIS SECTION.

12 (2) THE DETERMINATIONS OF WHETHER AN INDIVIDUAL WITH A
13 TERMINAL ILLNESS WHO IS REQUESTING AID-IN-DYING MEDICATION IS
14 CAPABLE OF MAKING AN INFORMED DECISION AND IS MENTALLY
15 COMPETENT, AND CONFIRMATION OF THOSE DETERMINATIONS, MUST BE
16 MADE BY TWO OF THE FOLLOWING:

- 17 (a) THE ATTENDING PHYSICIAN;
- 18 (b) THE CONSULTING PHYSICIAN; OR
- 19 (c) A LICENSED MENTAL HEALTH PROFESSIONAL.

20 (3) IF, IN THE OPINION OF THE ATTENDING PHYSICIAN OR THE
21 CONSULTING PHYSICIAN, THE INDIVIDUAL'S ABILITY TO MAKE AN
22 INFORMED DECISION OR MENTAL COMPETENCY IS COMPROMISED, THE
23 ATTENDING PHYSICIAN OR CONSULTING PHYSICIAN SHALL REFER THE
24 INDIVIDUAL TO A LICENSED MENTAL HEALTH PROFESSIONAL FOR A
25 DETERMINATION OF WHETHER THE INDIVIDUAL IS CAPABLE OF MAKING AN
26 INFORMED DECISION AND IS MENTALLY COMPETENT.

27 (4) A LICENSED MENTAL HEALTH PROFESSIONAL WHO EVALUATES

1 AN INDIVIDUAL UNDER THIS SECTION SHALL COMMUNICATE, IN WRITING,
2 TO THE ATTENDING OR CONSULTING PHYSICIAN WHO REQUESTED THE
3 EVALUATION, HIS OR HER CONCLUSIONS ABOUT WHETHER THE INDIVIDUAL
4 IS CAPABLE OF MAKING AN INFORMED DECISION AND IS MENTALLY
5 COMPETENT. IF THE LICENSED MENTAL HEALTH PROFESSIONAL
6 DETERMINES THAT THE INDIVIDUAL IS NOT CAPABLE OF MAKING AN
7 INFORMED DECISION OR IS NOT MENTALLY COMPETENT, THE ATTENDING
8 PHYSICIAN SHALL NOT PRESCRIBE AID-IN-DYING MEDICATION TO THE
9 INDIVIDUAL.

10 **25-48-109. Death certificate.** (1) UNLESS OTHERWISE
11 PROHIBITED BY LAW, THE ATTENDING PHYSICIAN SHALL SIGN THE DEATH
12 CERTIFICATE OF A QUALIFIED INDIVIDUAL WHO OBTAINS AND
13 SELF-ADMINISTERS AID-IN-DYING MEDICATION.

14 (2) WHEN AN ATTENDING PHYSICIAN CERTIFIES THAT A DEATH
15 OCCURRED IN ACCORDANCE WITH THIS ARTICLE, THE DEATH IS NOT
16 REPORTABLE AND DOES NOT CONSTITUTE GROUNDS FOR POST-MORTEM
17 INQUIRY UNDER SECTION 30-10-606 (1), C.R.S.

18 **25-48-110. Informed decision required.** (1) AN INDIVIDUAL
19 WITH A TERMINAL ILLNESS IS NOT A QUALIFIED INDIVIDUAL AND MAY NOT
20 RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION UNLESS HE OR
21 SHE HAS MADE AN INFORMED DECISION.

22 (2) IMMEDIATELY BEFORE WRITING A PRESCRIPTION FOR
23 AID-IN-DYING MEDICATION UNDER THIS ARTICLE, THE ATTENDING
24 PHYSICIAN SHALL VERIFY THAT THE INDIVIDUAL WITH A TERMINAL
25 ILLNESS IS A QUALIFIED INDIVIDUAL AND IS MAKING AN INFORMED
26 DECISION.

27 **25-48-111. Form of written request.** (1) A REQUEST FOR

1 AID-IN-DYING MEDICATION AUTHORIZED BY THIS ARTICLE MUST BE IN
2 SUBSTANTIALLY THE FOLLOWING FORM:

3 REQUEST FOR MEDICATION TO END MY LIFE
4 IN A HUMANE AND DIGNIFIED MANNER

5 I, _____, AM AN ADULT OF SOUND MIND. I AM SUFFERING
6 FROM _____, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS A
7 TERMINAL ILLNESS AND WHICH HAS BEEN MEDICALLY CONFIRMED. I HAVE
8 BEEN FULLY INFORMED OF MY DIAGNOSIS AND PROGNOSIS, THE NATURE OF
9 THE AID-IN-DYING MEDICATION TO BE PRESCRIBED AND POTENTIAL
10 ASSOCIATED RISKS, THE EXPECTED RESULT, AND THE FEASIBLE
11 ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES, INCLUDING
12 COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL.

13 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE AID-IN-DYING
14 MEDICATION THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED
15 MANNER IF I CHOOSE TO TAKE IT, AND I AUTHORIZE MY ATTENDING
16 PHYSICIAN TO CONTACT ANY PHARMACIST ABOUT MY REQUEST.

17 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY
18 TIME.

19 I UNDERSTAND THE SERIOUSNESS OF THIS REQUEST, AND I EXPECT TO DIE
20 IF I TAKE THE AID-IN-DYING MEDICATION PRESCRIBED. I FURTHER
21 UNDERSTAND THAT ALTHOUGH MOST DEATHS OCCUR WITHIN THREE
22 HOURS, MY DEATH MAY TAKE LONGER, AND MY ATTENDING PHYSICIAN
23 HAS COUNSELED ME ABOUT THIS POSSIBILITY.

24 I MAKE THIS REQUEST VOLUNTARILY, WITHOUT RESERVATION, AND
25 WITHOUT BEING COERCED, AND I ACCEPT FULL RESPONSIBILITY FOR MY
26 ACTIONS.

27 SIGNED: _____

1 DATED: _____

2 DECLARATION OF WITNESSES

3 WE DECLARE THAT THE INDIVIDUAL SIGNING THIS REQUEST:

4 (a) IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
5 IDENTITY;

6 (b) SIGNED THIS REQUEST IN OUR PRESENCE;

7 (c) APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS,
8 FRAUD, OR UNDUE INFLUENCE; AND

9 (d) IS NOT AN INDIVIDUAL FOR WHOM EITHER OF US IS THE
10 ATTENDING PHYSICIAN.

11 _____ WITNESS 1/DATE

12 _____ WITNESS 2/DATE

13 NOTE: ONLY ONE OF THE TWO WITNESSES MAY: BE A RELATIVE (BY
14 BLOOD, MARRIAGE, CIVIL UNION, OR ADOPTION) OF THE INDIVIDUAL
15 SIGNING THIS REQUEST; BE ENTITLED TO ANY PORTION OF THE
16 INDIVIDUAL'S ESTATE UPON DEATH; OR OWN, OPERATE, OR BE EMPLOYED
17 AT A HEALTH CARE FACILITY WHERE THE INDIVIDUAL IS A PATIENT OR
18 RESIDENT.

19 **25-48-112. Standard of care.** (1) PHYSICIANS AND HEALTH CARE
20 PROVIDERS SHALL PROVIDE MEDICAL SERVICES UNDER THIS ACT THAT
21 MEET OR EXCEED THE STANDARD OF CARE FOR END-OF-LIFE MEDICAL
22 CARE.

23 (2) WHEN A HEALTH CARE PROVIDER MAKES A DIAGNOSIS THAT AN
24 INDIVIDUAL HAS A TERMINAL ILLNESS, THE HEALTH CARE PROVIDER, UPON
25 THE INDIVIDUAL'S REQUEST, SHALL PROVIDE THE INDIVIDUAL WITH
26 COMPREHENSIVE INFORMATION AND COUNSELING, IN ACCORDANCE WITH
27 THIS SECTION, REGARDING LEGAL END-OF-LIFE MEDICAL CARE OPTIONS.

1 **25-48-113. Effect on wills, contracts, and statutes.** (1) A
2 PROVISION IN A CONTRACT, WILL, OR OTHER AGREEMENT, WHETHER
3 WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER A QUALIFIED
4 INDIVIDUAL MAY MAKE OR RESCIND A REQUEST FOR AID IN DYING
5 PURSUANT TO THIS ARTICLE IS INVALID.

6 (2) AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING
7 CONTRACT MUST NOT BE CONDITIONED UPON, OR AFFECTED BY, A
8 QUALIFIED INDIVIDUAL'S ACT OF MAKING OR RESCINDING A REQUEST FOR
9 AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE.

10 **25-48-114. Insurance or annuity policies.** (1) THE SALE,
11 PROCUREMENT, OR ISSUANCE OF, OR THE RATE CHARGED FOR, ANY LIFE,
12 HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY MUST NOT BE
13 CONDITIONED UPON, OR AFFECTED BY, A QUALIFIED INDIVIDUAL'S ACT OF
14 MAKING OR RESCINDING A REQUEST FOR AID-IN-DYING MEDICATION IN
15 ACCORDANCE WITH THIS ARTICLE.

16 (2) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING
17 AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE DOES NOT AFFECT
18 A LIFE, HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY, OTHER
19 THAN THAT THE DEATH IS A NATURAL DEATH RESULTING FROM THE
20 QUALIFIED INDIVIDUAL'S TERMINAL ILLNESS.

21 (3) AN INSURER SHALL NOT DENY OR OTHERWISE ALTER HEALTH
22 CARE BENEFITS AVAILABLE UNDER A POLICY OF SICKNESS AND ACCIDENT
23 INSURANCE TO AN INDIVIDUAL WITH A TERMINAL ILLNESS WHO IS
24 COVERED UNDER THE POLICY.

25 (4) AN INDIVIDUAL WITH A TERMINAL ILLNESS WHO IS A RECIPIENT
26 OF MEDICAL ASSISTANCE UNDER THE "COLORADO MEDICAL ASSISTANCE
27 ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5, C.R.S., SHALL NOT BE DENIED

1 BENEFITS UNDER THE MEDICAL ASSISTANCE PROGRAM OR HAVE HIS OR HER
2 BENEFITS UNDER THE PROGRAM OTHERWISE ALTERED.

3 **25-48-115. Immunity for good-faith participation - prohibition**
4 **against reprisals.** (1) A PERSON IS NOT SUBJECT TO CIVIL OR CRIMINAL
5 LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN
6 GOOD FAITH UNDER THIS ARTICLE, WHICH INCLUDES BEING PRESENT WHEN
7 A QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE PRESCRIBED
8 AID-IN-DYING MEDICATION.

9 (2) A HEALTH CARE PROVIDER OR PROFESSIONAL ORGANIZATION
10 OR ASSOCIATION SHALL NOT SUBJECT AN INDIVIDUAL TO ANY OF THE
11 FOLLOWING FOR PARTICIPATING OR REFUSING TO PARTICIPATE IN
12 GOOD-FAITH COMPLIANCE UNDER THIS ARTICLE:

- 13 (a) CENSURE;
- 14 (b) DISCIPLINE;
- 15 (c) SUSPENSION;
- 16 (d) LOSS OF LICENSE, PRIVILEGES, OR MEMBERSHIP; OR
- 17 (e) ANY OTHER PENALTY.

18 (3) A REQUEST BY A QUALIFIED INDIVIDUAL FOR, OR THE
19 PROVISION BY AN ATTENDING PHYSICIAN OF, AID-IN-DYING MEDICATION
20 IN GOOD-FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT:

- 21 (a) CONSTITUTE NEGLIGENCE OR ELDER ABUSE FOR ANY PURPOSE OF
22 LAW; OR
- 23 (b) PROVIDE THE SOLE BASIS FOR THE APPOINTMENT OF A
24 GUARDIAN OR CONSERVATOR.

25 (4) THIS SECTION DOES NOT LIMIT CIVIL OR CRIMINAL LIABILITY
26 FOR NEGLIGENCE, RECKLESSNESS, OR INTENTIONAL MISCONDUCT.

27 **25-48-116. No duty to prescribe or dispense.** (1) A HEALTH

1 CARE PROVIDER MAY CHOOSE WHETHER TO PARTICIPATE IN PROVIDING
2 AID-IN-DYING MEDICATION TO A QUALIFIED INDIVIDUAL IN ACCORDANCE
3 WITH THIS ARTICLE.

4 (2) IF A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO
5 CARRY OUT A QUALIFIED INDIVIDUAL'S REQUEST FOR AID-IN-DYING
6 MEDICATION MADE IN ACCORDANCE WITH THIS ARTICLE, AND THE
7 QUALIFIED INDIVIDUAL TRANSFERS HIS OR HER CARE TO A NEW HEALTH
8 CARE PROVIDER, THE PRIOR HEALTH CARE PROVIDER SHALL TRANSFER,
9 UPON REQUEST, A COPY OF THE QUALIFIED INDIVIDUAL'S RELEVANT
10 MEDICAL RECORDS TO THE NEW HEALTH CARE PROVIDER.

11 **25-48-117. Health care facility may prohibit participation -**
12 **sanctions if provider violates policy.** (1) A HEALTH CARE FACILITY MAY
13 PROHIBIT A PHYSICIAN FROM WRITING A PRESCRIPTION FOR AID-IN-DYING
14 MEDICATION FOR A QUALIFIED INDIVIDUAL WHO IS A RESIDENT IN THE
15 FACILITY AND WHO INTENDS TO USE THE AID-IN-DYING MEDICATION ON
16 THE FACILITY'S PREMISES. THE HEALTH CARE FACILITY MUST NOTIFY THE
17 PHYSICIAN IN WRITING OF ITS POLICY WITH REGARD TO PRESCRIPTIONS FOR
18 AID-IN-DYING MEDICATION.

19 (2) A HEALTH CARE FACILITY OR HEALTH CARE PROVIDER SHALL
20 NOT SUBJECT A PHYSICIAN, NURSE, PHARMACIST, OR OTHER PERSON TO
21 DISCIPLINE, SUSPENSION, LOSS OF LICENSE OR PRIVILEGES, OR ANY OTHER
22 PENALTY OR SANCTION FOR ACTIONS TAKEN IN GOOD-FAITH RELIANCE ON
23 THIS ARTICLE OR FOR REFUSING TO ACT UNDER THIS ARTICLE.

24 (3) NOTHING IN THIS SECTION OR IN SECTION 25-48-115 OR
25 25-48-116 PREVENTS A HEALTH CARE PROVIDER FROM PROVIDING TO AN
26 INDIVIDUAL HEALTH CARE SERVICES THAT DO NOT CONSTITUTE
27 PARTICIPATION UNDER THIS ARTICLE.

1 **25-48-118. Liabilities.** (1) A PERSON COMMITS A CLASS 2 FELONY
2 AND IS SUBJECT TO PUNISHMENT IN ACCORDANCE WITH SECTION
3 18-1.3-401, C.R.S., IF THE PERSON, WITH INTENT OR THE EFFECT OF
4 CAUSING AN INDIVIDUAL'S DEATH, PURPOSELY OR KNOWINGLY:

5 (a) ALTERS OR FORGES A REQUEST FOR AID-IN-DYING MEDICATION
6 TO END AN INDIVIDUAL'S LIFE WITHOUT THE INDIVIDUAL'S
7 AUTHORIZATION; OR

8 (b) CONCEALS OR DESTROYS A RESCISSION OF A REQUEST FOR
9 AID-IN-DYING MEDICATION.

10 (2) A PERSON COMMITS A CLASS 2 FELONY AND IS SUBJECT TO
11 PUNISHMENT IN ACCORDANCE WITH SECTION 18-1.3-401, C.R.S., IF THE
12 PERSON PURPOSELY OR KNOWINGLY COERCES OR EXERTS UNDUE
13 INFLUENCE ON AN INDIVIDUAL WITH A TERMINAL ILLNESS TO:

14 (a) REQUEST AID-IN-DYING MEDICATION FOR THE PURPOSE OF
15 ENDING THE TERMINALLY ILL INDIVIDUAL'S LIFE; OR

16 (b) DESTROY A RESCISSION OF A REQUEST FOR AID-IN-DYING
17 MEDICATION.

18 (3) NOTHING IN THIS ARTICLE LIMITS FURTHER LIABILITY FOR CIVIL
19 DAMAGES RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL
20 MISCONDUCT BY ANY PERSON.

21 (4) THE PENALTIES SPECIFIED IN THIS ARTICLE DO NOT PRECLUDE
22 CRIMINAL PENALTIES APPLICABLE UNDER OTHER LAW FOR CONDUCT THAT
23 IS INCONSISTENT WITH THIS ARTICLE.

24 **25-48-119. Safe disposal of unused medications.** A PERSON WHO
25 HAS CUSTODY OR CONTROL OF AID-IN-DYING MEDICATION DISPENSED
26 UNDER THIS ARTICLE THAT THE TERMINALLY ILL INDIVIDUAL DECIDES NOT
27 TO USE OR THAT REMAINS UNUSED AFTER THE TERMINALLY ILL

1 INDIVIDUAL'S DEATH SHALL DISPOSE OF THE UNUSED AID-IN-DYING
2 MEDICATION EITHER BY:

3 (a) RETURNING THE UNUSED MEDICATION TO THE ATTENDING
4 PHYSICIAN WHO PRESCRIBED THE MEDICATION, WHO SHALL DISPOSE OF
5 THE UNUSED MEDICATION IN THE MANNER REQUIRED BY LAW; OR

6 (b) LAWFUL MEANS IN ACCORDANCE WITH SECTION 25-15-328 OR
7 ANY OTHER STATE OR FEDERALLY APPROVED MEDICATION TAKE-BACK
8 PROGRAM AUTHORIZED UNDER THE FEDERAL "SECURE AND RESPONSIBLE
9 DRUG DISPOSAL ACT OF 2010", PUB.L. 111-273, AND REGULATIONS
10 ADOPTED PURSUANT TO THE FEDERAL ACT.

11 **25-48-120. Actions complying with article not a crime.**

12 NOTHING IN THIS ARTICLE AUTHORIZES A PHYSICIAN OR ANY OTHER
13 PERSON TO END AN INDIVIDUAL'S LIFE BY LETHAL INJECTION, MERCY
14 KILLING, OR EUTHANASIA. ACTIONS TAKEN IN ACCORDANCE WITH THIS
15 ARTICLE DO NOT, FOR ANY PURPOSE, CONSTITUTE SUICIDE, ASSISTED
16 SUICIDE, MERCY KILLING, HOMICIDE, OR ELDER ABUSE UNDER THE
17 "COLORADO CRIMINAL CODE", TITLE 18, C.R.S.

18 **25-48-121. Claims by government entity for costs.** A
19 GOVERNMENT ENTITY THAT INCURS COSTS RESULTING FROM AN
20 INDIVIDUAL TERMINATING HIS OR HER LIFE PURSUANT TO THIS ARTICLE IN
21 A PUBLIC PLACE HAS A CLAIM AGAINST THE ESTATE OF THE INDIVIDUAL TO
22 RECOVER THE COSTS AND REASONABLE ATTORNEY FEES RELATED TO
23 ENFORCING THE CLAIM.

24 **25-48-122. No effect on advance medical directives.**

25 (1) NOTHING IN THIS ARTICLE AFFECTS OR NEGATES:

26 (a) A DECLARATION MADE UNDER ARTICLE 18 OF TITLE 15, C.R.S.,
27 DIRECTING THAT LIFE-SUSTAINING PROCEDURES BE WITHHELD OR

1 WITHDRAWN;

2 (b) A CPR DIRECTIVE EXECUTED UNDER ARTICLE 18.6 OF TITLE 15,
3 C.R.S.; OR

4 (c) AN ADVANCE MEDICAL DIRECTIVE EXECUTED UNDER ARTICLE
5 18.7 OF TITLE 15, C.R.S.

6 **SECTION 2. Applicability.** This act applies to conduct occurring
7 on or after the effective date of this act.

8 **SECTION 3. Safety clause.** The general assembly hereby finds,
9 determines, and declares that this act is necessary for the immediate
10 preservation of the public peace, health, and safety.