Second Regular Session Seventy-fourth General Assembly STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction SENATE BILL 24-068

LLS NO. 24-0599.01 Yelana Love x2295

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Senate Committees Health & Human Services Appropriations **House Committees**

A BILL FOR AN ACT

101 CONCERNING END-OF-LIFE OPTIONS FOR AN INDIVIDUAL 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 <u>http://leg.colorado.gov.</u>)

Current law 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 (medical aid-in-dying). The bill modifies the medical aid-in-dying laws by:

• Providing an advanced practice registered nurse with the same authority to evaluate an individual and prescribe





medication as a physician;

- Removing the requirement that an individual must be a resident of the state to access end-of-life options;
- Adding language specifying that if any end-of-life options conflict with requirements to receive federal money, the conflicting part is inoperative and the remainder of the law will continue to operate; and
- Reducing the waiting period between oral requests from 15 days to 48 hours, and allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive more than 48 hours and meets all other qualifications.

The bill also prohibits certain insurers from:

- Denying or altering health-care or life insurance benefits otherwise available to a covered individual with a terminal illness based on the availability of medical aid-in-dying; or
- Attempting to coerce an individual with a terminal illness to make a request for medical aid-in-dying medication.
- 1 Be it enacted by the General Assembly of the State of Colorado:
- 2 SECTION 1. In Colorado Revised Statutes, 25-48-102, amend 3 (2), (3), (4), (5), (7), (9), (10), (12), (13), (15), and (16); repeal (8); and
- 4 add (1.5) as follows:
- 5 25-48-102. Definitions. As used in this article 48, unless the 6 context otherwise requires:
- 7 (1.5) "ADVANCED PRACTICE REGISTERED NURSE" HAS THE SAME 8 MEANING AS SET FORTH IN SECTION 12-255-104 (1).
- 9

(2)"Attending physician PROVIDER" means a physician OR 10 ADVANCED PRACTICE REGISTERED NURSE who has primary responsibility 11 for the care of a terminally ill individual and the treatment of the 12 individual's terminal illness.

(3) "Consulting physician PROVIDER" means a physician OR 13 14 ADVANCED PRACTICE REGISTERED NURSE who is qualified by specialty or 15 experience to make a professional diagnosis and prognosis regarding a 1 terminally ill individual's illness.

(4) "Health-care provider" or "provider" means a person who is
licensed, certified, registered, 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. The term includes a health-care
facility, including a long-term care facility as defined in section
25-3-103.7 (1)(f.3) and a continuing care retirement community as
described in section 25.5-6-203 (1)(c)(I)(A).

9 (5) "Informed decision" means a decision that is BY A MENTALLY 10 CAPABLE INDIVIDUAL TO REQUEST AND OBTAIN A PRESCRIPTION FOR 11 MEDICATION PURSUANT TO THIS ARTICLE 48, THAT THE QUALIFIED 12 INDIVIDUAL MAY SELF-ADMINISTER TO BRING ABOUT DEATH, AFTER BEING 13 FULLY INFORMED BY THE ATTENDING PROVIDER AND THE CONSULTING 14 PROVIDER OF:

(a) Made by an individual to obtain a prescription for medical
aid-in-dying medication that the qualified individual may decide to
self-administer to end his or her life in a peaceful manner THE
INDIVIDUAL'S DIAGNOSIS AND PROGNOSIS;

(b) Based on an understanding and acknowledgment of the
relevant facts; and THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
MEDICATION TO BE PRESCRIBED;

(c) Made after the attending physician fully informs the individual
 of: THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE
 PRESCRIBED;

25 (I) His or her medical diagnosis and prognosis of six months or
26 less;

27 (II) The potential risks associated with taking the medical aid-in

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1 dying medication to be prescribed;

2	(III) The probable result of taking the medical aid-in-dying
3	medication to be prescribed;
4	(IV) The choices available to an individual that demonstrate his
5	or her self-determination and intent to end his or her life in a peaceful
6	manner, including the ability to choose whether to:
7	(A) Request medical aid in dying;
8	(B) Obtain a prescription for medical aid-in-dying medication to
9	end his or her life;
10	(C) Fill the prescription and possess medical aid-in-dying
11	medication to end his or her life; and
12	(D) Ultimately self-administer the medical aid-in-dying
13	medication to bring about a peaceful death; and
14	(V) All feasible alternatives or additional treatment opportunities,
15	including comfort care, palliative care, hospice care, and pain control.
15 16	including comfort care, palliative care, hospice care, and pain control. (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS
-	
16	(d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS
16 17	(d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE,
16 17 18	(d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND
16 17 18 19	(d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND
16 17 18 19 20	 (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND (e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT
16 17 18 19 20 21	 (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND (e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT TO THIS ARTICLE 48 OR WITHDRAW CONSENT FOR ANY OTHER TREATMENT
16 17 18 19 20 21 22	 (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND (e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT TO THIS ARTICLE 48 OR WITHDRAW CONSENT FOR ANY OTHER TREATMENT AT ANY TIME.
 16 17 18 19 20 21 22 23 	 (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND (e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT TO THIS ARTICLE 48 OR WITHDRAW CONSENT FOR ANY OTHER TREATMENT AT ANY TIME. (7) "Medical aid-in-dying" means the medical practice of a
 16 17 18 19 20 21 22 23 24 	 (d) THE FEASIBLE END-OF-LIFE CARE AND TREATMENT OPTIONS FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND BENEFITS OF EACH OF THESE OPTIONS; AND (e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT TO THIS ARTICLE 48 OR WITHDRAW CONSENT FOR ANY OTHER TREATMENT AT ANY TIME. (7) "Medical aid-in-dying" means the medical practice of a physician prescribing medical aid-in-dying medication to a qualified

25-48-106 AND 25-48-107, AND THE PROVIDING OF A PRESCRIPTION TO A
 QUALIFIED INDIVIDUAL PURSUANT TO THIS ARTICLE 48.

3 (8) "Medical aid-in-dying medication" means medication
4 prescribed by a physician pursuant to this article to provide medical aid
5 in dying to a qualified individual.

6 (9) "Medically confirmed" means that a consulting physician who
7 PROVIDER has examined the terminally ill individual and the individual's
8 relevant medical records AND has confirmed the medical opinion of the
9 attending physician PROVIDER.

(10) "Mental capacity" or "mentally capable" means that in the
 opinion of an individual's attending physician PROVIDER, consulting
 physician PROVIDER, psychiatrist or psychologist, the individual has the
 ability to make and communicate an informed decision to health-care
 providers.

(12) "Prognosis of six months or less" means a prognosis resulting
 from a terminal illness that the illness will, within reasonable medical
 judgment, result in death within six months. and which has been
 medically confirmed.

19 (13) (a) "Qualified individual" means a terminally ill adult with 20 a prognosis of six months or less, who has mental capacity, has made an 21 informed decision, is a resident of the state and has satisfied the 22 requirements of this article in order to obtain a prescription for medical 23 aid-in-dying medication to end his or her life in a peaceful manner WHO 24 IS A CAPABLE ADULT AND WHO HAS SATISFIED THE REQUIREMENTS OF THIS 25 ARTICLE 48 IN ORDER TO OBTAIN A PRESCRIPTION FOR MEDICATION TO 26 BRING ABOUT A DEATH.

27 (b) AN INDIVIDUAL IS NOT A "QUALIFIED INDIVIDUAL" BASED

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2 3 (15) (a) "Self-administer" means WHEN a qualified individual's 4 affirmative, conscious, and physical act of administering the medical 5 aid-in-dying medication to himself or herself to bring about his or her 6 own death INDIVIDUAL PERFORMS AN AFFIRMATIVE, CONSCIOUS, 7 VOLUNTARY ACT TO INGEST MEDICATION PRESCRIBED PURSUANT TO THIS 8 ARTICLE 48 TO BRING ABOUT THE INDIVIDUAL'S DEATH. 9 (b) "Self-Administer" does not include administration by 10 PARENTERAL INJECTION OR INFUSION. 11 (16) "Terminal illness" means an incurable and irreversible illness 12 DISEASE that HAS BEEN MEDICALLY CONFIRMED AND will, within 13 reasonable medical judgment, result in death WITHIN SIX MONTHS. 14 SECTION 2. In Colorado Revised Statutes, 25-48-103, amend 15 (1)(a) and (1)(b) as follows: 16 25-48-103. Right to request medical aid-in-dying medication. 17 (1) An adult <u>resident of Colorado</u> may make a request, in accordance 18 with sections 25-48-104 and 25-48-112, to receive a prescription for 19 medical aid-in-dying medication if: 20 (a) The individual's attending physician PROVIDER has diagnosed 21 the individual with a terminal illness with a prognosis of six months or 22 less: 23 (b) The individual's attending physician PROVIDER has determined the individual has mental capacity; and 24 SECTION 3. In Colorado Revised Statutes, 25-48-104, amend 25 26 (1) and (2)(c) as follows: 27 25-48-104. Request process - witness requirements.

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(1) (a) EXCEPT AS PROVIDED IN SUBSECTION (1)(b) OF THIS SECTION, in
 order to receive a prescription for medical aid-in-dying medication
 pursuant to this article ARTICLE 48, an individual who satisfies the
 requirements in section 25-48-103 must make two oral requests, separated
 by at least <u>fifteen SEVEN days</u>, and a valid written request to his or her
 THE INDIVIDUAL'S attending physician PROVIDER.

(b) IF AN INDIVIDUAL'S ATTENDING PROVIDER HAS DETERMINED
THAT THE INDIVIDUAL WILL, WITHIN REASONABLE MEDICAL JUDGMENT,
DIE WITHIN FORTY-EIGHT HOURS AFTER MAKING THE INITIAL ORAL
REQUEST UNDER THIS SECTION, THE INDIVIDUAL MAY SATISFY THE
REQUIREMENTS OF THIS SECTION BY REITERATING THE ORAL REQUEST TO
THE ATTENDING PROVIDER AT ANY TIME AFTER MAKING THE INITIAL ORAL
REQUEST.

(2) (c) Neither The individual's attending physician nor OR
CONSULTING PROVIDER OR a person authorized as the individual's
qualified power of attorney or durable medical power of attorney shall
NOT serve as a witness to the written request.

18 SECTION 4. In Colorado Revised Statutes, 25-48-105, amend
19 (2) as follows:

25-48-105. Right to rescind request - requirement to offer
opportunity to rescind. (2) An attending physician PROVIDER shall not
write a prescription for medical aid-in-dying medication under this article
ARTICLE 48 unless the attending physician PROVIDER offers the qualified
individual an opportunity to rescind the request for the medical
aid-in-dying medication.

26 SECTION 5. In Colorado Revised Statutes, 25-48-106, amend
27 (1) introductory portion, (1)(d), (1)(f), (1)(h) introductory portion,

1 (1)(h)(IV), (1)(i), and (1)(l) as follows:

2 25-48-106. Attending provider responsibilities. (1) The
3 attending physician PROVIDER shall:

5 (d) Refer the individual to a consulting physician PROVIDER for 6 medical confirmation of the diagnosis and prognosis and for a 7 determination of whether the individual is mentally capable, is making an 8 informed decision, and acting voluntarily;

9 (f) Refer the individual to a licensed mental health professional
10 pursuant to section 25-48-108 if the attending physician believes that the
11 individual may not be mentally capable of making an informed decision
12 PROVIDER OBSERVES SIGNS THAT THE INDIVIDUAL MAY NOT BE CAPABLE
13 OF MAKING AN INFORMED DECISION;

(h) Counsel EDUCATE the individual about the importance of:
(IV) Notifying his or her THE INDIVIDUAL'S next of kin OR ANY
PERSON WHO PLAYS A SIGNIFICANT ROLE IN THE INDIVIDUAL'S LIFE, WHICH
MAY INCLUDE A PERSON NOT LEGALLY RELATED TO THE INDIVIDUAL, of
the request for medical aid-in-dying medication;

(i) Inform the individual that he or she THE INDIVIDUAL may
rescind the request for medical aid-in-dying medication at any time and
in any manner PURSUANT TO THIS ARTICLE 48;

22 (1) Either:

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(I) Dispense medical aid-in-dying medications directly to the
qualified individual, including ancillary medications intended to minimize
the individual's discomfort, if the attending physician PROVIDER has a
current drug enforcement administration certificate and complies with any
applicable administrative rule; or

1 (II) Deliver the written prescription personally, by mail, or 2 through authorized electronic transmission in the manner permitted under 3 article 280 of title 12, to a licensed pharmacist, who shall dispense the 4 medical aid-in-dying medication to the qualified individual, the attending 5 physician PROVIDER, or an individual expressly designated by the 6 qualified individual.

7 SECTION 6. In Colorado Revised Statutes, amend 25-48-107 as
8 follows:

25-48-107. Consulting provider responsibilities. (1) Before an
 individual who is requesting medical aid-in-dying medication may receive
 a prescription for the medical aid-in-dying medication, a consulting
 physician PROVIDER must:

13 (1) (a) Examine the individual and his or her THE INDIVIDUAL'S
14 relevant medical records; AND

15 (2) (b) Confirm, in writing, to the attending physician PROVIDER
 16 THAT THE INDIVIDUAL:

(a) (I) That the individual Has a terminal illness;

17

18 (b) (II) The individual Has a prognosis of six months or less;

(c) (III) That the individual Is making an informed decision; and
 (d) (IV) That the individual Is mentally capable, or provide
 documentation that the consulting physician PROVIDER has referred the
 individual for further evaluation in accordance with section 25-48-108;
 AND

24 (V) HAS REQUESTED A PRESCRIPTION FOR MEDICAL AID-IN-DYING25 MEDICATION.

26 SECTION 7. In Colorado Revised Statutes, repeal and reenact,
27 with amendments, 25-48-108 as follows:

25-48-108. Confirmation that individual is mentally capable
 - referral to mental health professional. (1) IF EITHER THE ATTENDING
 PROVIDER OR THE CONSULTING PROVIDER HAS DOUBTS AS TO WHETHER AN
 INDIVIDUAL IS MENTALLY CAPABLE, THE PROVIDER SHALL REFER THE
 INDIVIDUAL TO A LICENSED MENTAL HEALTH PROVIDER FOR
 DETERMINATION REGARDING MENTAL CAPABILITY.

7 (2) THE LICENSED MENTAL HEALTH PROVIDER TO WHOM THE
8 INDIVIDUAL IS REFERRED PURSUANT TO SUBSECTION (1) OF THIS SECTION
9 SHALL SUBMIT TO THE REQUESTING ATTENDING PROVIDER OR THE
10 CONSULTING PROVIDER WHO REFERRED THE INDIVIDUAL A WRITTEN
11 DETERMINATION OF WHETHER THE INDIVIDUAL IS MENTALLY CAPABLE.

(3) IF THE LICENSED MENTAL HEALTH PROVIDER DETERMINES THAT
THE INDIVIDUAL IS NOT MENTALLY CAPABLE, THE INDIVIDUAL IS NOT A
QUALIFIED INDIVIDUAL AND THE ATTENDING PROVIDER SHALL NOT
PRESCRIBE MEDICATION TO THE INDIVIDUAL UNDER THIS ARTICLE 48.

SECTION 8. In Colorado Revised Statutes, 25-48-109, amend
(1) as follows:

25-48-109. Death certificate. (1) Unless otherwise prohibited by
 law, the attending physician PROVIDER or the hospice medical director
 shall sign the death certificate of a qualified individual who obtained and
 self-administered MEDICAL aid-in-dying medication.

SECTION 9. In Colorado Revised Statutes, 25-48-110, amend
(2) as follows:

24 25-48-110. Informed decision required. (2) Immediately before
 25 writing a prescription for medical aid-in-dying medication under this
 26 article ARTICLE 48, the attending physician PROVIDER shall verify that the
 27 individual with a terminal illness is making an informed decision.

1 SECTION 10. In Colorado Revised Statutes, 25-48-111, amend 2 (1) introductory portion, (1)(c), (1)(d), and (1)(g) as follows: 3 25-48-111. Medical record documentation requirements -4 reporting requirements - department compliance reviews - rules. 5 (1) The attending physician PROVIDER shall document in the individual's 6 medical record, the following information: 7 (c) The attending physician's PROVIDER'S diagnosis and prognosis, 8 determination of mental capacity, and that the individual is making a 9 voluntary request and an informed decision; 10 (d)The consulting physician's PROVIDER'S confirmation of 11 diagnosis and prognosis, mental capacity, and that the individual is 12 making an informed decision; 13 (g) A notation by the attending physician PROVIDER that all 14 requirements under this article ARTICLE 48 have been satisfied AND 15 indicating steps taken to carry out the request, including a notation of the 16 medical aid-in-dying medications prescribed and when. 17 SECTION 11. In Colorado Revised Statutes, amend 25-48-112 18 as follows: 19 **25-48-112.** Form of written request. (1) A request for medical 20 aid-in-dying medication authorized by this article ARTICLE 48 must be in 21 substantially the following form: 22 Request for medication to end my life 23 in a peaceful manner 24 I, ______ am an adult of sound mind. I am suffering from ______, 25 which my attending physician PROVIDER has determined is a terminal 26 illness and which has been medically confirmed. I have been fully 27 informed of my diagnosis and prognosis of six months or less, the nature

of the medical aid-in-dying medication to be prescribed and potential
 associated risks, the expected result, and the feasible alternatives or
 additional treatment opportunities, including comfort care, palliative care,
 hospice care, and pain control.

5 I request that my attending physician PROVIDER prescribe medical 6 aid-in-dying medication that will end my life in a peaceful manner if I 7 choose to take it, and I authorize my attending physician PROVIDER to 8 contact any pharmacist about my request.

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

10 I understand the seriousness of this request, and I expect to die if I take

11 the aid-in-dying medication prescribed.

I further understand that although most deaths occur within three hours, my death may take longer, and my attending physician PROVIDER has counseled me about this possibility. I make this request voluntarily, without reservation, and without being coerced, and I accept full responsibility for my actions.

- 17 Signed: _____
- 18 Dated: _____
- 19Declaration of witnesses
- 20 We declare that the individual signing this request:
- 21 Is personally known to us or has provided proof of identity;
- 22 Signed this request in our presence;
- 23 Appears to be of sound mind and not under duress, coercion, or undue
- 24 influence; and
- 25 I am not the attending physician PROVIDER for the individual.
- 26 _____ witness 1/date
- 27 _____ witness 2/date

Note: Of the two witnesses to the written request, at least one must not: Be a relative (by blood, marriage, civil union, or adoption) of the individual signing this request; be entitled to any portion of the individual's estate upon death; or own, operate, or be employed at a health-care facility where the individual is a patient or resident.

And neither the individual's attending physician OR CONSULTING
PROVIDER nor a person authorized as the individual's qualified power of
attorney or durable medical power of attorney shall serve as a witness to
the written request.

SECTION 12. In Colorado Revised Statutes, 25-48-116, amend
(3) introductory portion as follows:

25-48-116. Immunity for actions in good faith - prohibition
against reprisals. (3) A request by an individual for, or the provision by
an attending physician PROVIDER of, medical aid-in-dying medication in
good faith compliance with this article ARTICLE 48 does not:

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SECTION 13. In Colorado Revised Statutes, 25-48-117, amend (2); and add (3) as follows:

18 **25-48-117.** No duty to prescribe or dispense. (2) If a 19 health-care provider is unable or unwilling to carry out an individual's 20 request for medical aid-in-dying medication made in accordance with this 21 article, and the individual transfers his or her care to a new health-care 22 provider, the prior health-care provider shall transfer, upon request, a 23 copy of the individual's relevant medical records to the new health-care 24 provider: ARTICLE 48, THE PROVIDER SHALL INFORM THE INDIVIDUAL OF 25 THE PROVIDER'S INABILITY OR UNWILLINGNESS.

26 (3) IF THE INDIVIDUAL TRANSFERS THE INDIVIDUAL'S CARE TO A
27 NEW HEALTH-CARE PROVIDER, THE PRIOR HEALTH-CARE PROVIDER SHALL

1 TRANSFER, UPON REQUEST, A COPY OF THE INDIVIDUAL'S RELEVANT 2 MEDICAL RECORDS TO THE NEW HEALTH-CARE PROVIDER.

3 SECTION 14. In Colorado Revised Statutes, 25-48-118, amend 4 (1); and **add** (2.5) and (2.7) as follows:

5 25-48-118. Health-care facility permissible prohibitions -6 <u>notice to the public -</u> sanctions if provider violates policy. (1) A 7 health-care facility may prohibit a physician PROVIDER employed or under 8 contract from writing a prescription for medical aid-in-dying medication 9 for a qualified individual who intends to use the medical aid-in-dying 10 medication on the facility's premises. The health-care facility must notify 11 the physician PROVIDERS AND STAFF AT THE TIME OF HIRING, 12 CONTRACTING WITH, OR PRIVILEGING AND ON A YEARLY BASIS 13 THEREAFTER in writing of its policy with regard to prescriptions for 14 medical aid-in-dying medication. A health-care facility that fails to 15 provide EXPLICIT advance notice to the physician PROVIDERS AND STAFF shall not be entitled to enforce such a policy. against the physician. 16

17 (2.5) A HEALTH-CARE FACILITY SHALL NOT PROHIBIT A PROVIDER 18 FROM PROVIDING INFORMATION TO AN INDIVIDUAL REGARDING THE 19 INDIVIDUAL'S HEALTH STATUS, INCLUDING DIAGNOSIS, PROGNOSIS, 20 RECOMMENDED TREATMENT, AND TREATMENT ALTERNATIVES, INCLUDING 21 THE RISKS AND BENEFITS OF THE RECOMMENDED TREATMENT AND EACH 22 TREATMENT ALTERNATIVE.

- 24 (2.7) A HEALTH FACILITY THAT IS A COVERED ENTITY, AS DEFINED
- 25 IN SECTION 25-58-103 (1), SHALL COMPLY WITH SECTION 25-58-105 (3)
- 26 AND RULES PROMULGATED PURSUANT TO SECTION 25-58-105 REGARDING
- 27 THE FACILITY'S AVAILABILITY OF END-OF-LIFE HEALTH-CARE SERVICES.

SECTION 15. In Colorado Revised Statutes, amend 25-48-120
 as follows:

25-48-120. Safe disposal of unused medical aid-in-dying
medications. (1) A person who has custody or control of medical
aid-in-dying medication dispensed under this article that the terminally ill
individual decides not to use or that remains unused ARTICLE 48 after the
A terminally ill individual's death shall dispose of the unused medical
aid-in-dying medication either by:

9 (1) (a) Returning the unused medical aid-in-dying medication to 10 the attending physician PROVIDER who prescribed the medical 11 aid-in-dying medication, who shall dispose of the unused medical 12 aid-in-dying medication in the manner required by law; or

(2) (b) Lawful means in accordance with section 25-15-328,
 C.R.S. or any other state or federally approved medication take-back
 program authorized under the federal "Secure and Responsible Drug
 Disposal Act of 2010", Pub.L. 111-273, and regulations adopted pursuant
 to the federal act.

18 SECTION 16. In Colorado Revised Statutes, amend 25-48-121
19 as follows:

20 25-48-121. Actions complying with article not a crime. Nothing
in this article ARTICLE 48 authorizes a physician PROVIDER or any other
person to end an individual's life by lethal injection, mercy killing, or
euthanasia. Actions taken in accordance with this article ARTICLE 48 do
not, for any purpose, constitute suicide, assisted suicide, mercy killing,
homicide, or elder abuse under the "Colorado Criminal Code", as set forth
in title 18. C.R.S.

27 SECTION 17. In Colorado Revised Statutes, amend 25-48-122

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1 as follows:

2 25-48-122. Claims by government entity for costs. A
3 government entity that incurs costs resulting from an individual
4 terminating his or her life pursuant to this article SELF-ADMINISTRATION
5 OF MEDICATION PRESCRIBED UNDER THIS ARTICLE 48 in a public place has
6 a claim against the estate of the individual to recover the costs and
7 reasonable attorney fees related to enforcing the claim.

8 SECTION 18. In Colorado Revised Statutes, add 25-48-124 as
9 follows:

25-48-124. Severability. IF ANY PART OF THIS ARTICLE 48 IS
FOUND TO BE IN CONFLICT WITH FEDERAL REQUIREMENTS THAT ARE A
PRESCRIBED CONDITION FOR RECEIPT OF FEDERAL FUNDS, THE
CONFLICTING PART OF THIS SECTION IS INOPERATIVE SOLELY TO THE
EXTENT OF THE CONFLICT, AND THE CONFLICT DOES NOT AFFECT THE
OPERATION OF THE REMAINDER OF THIS ARTICLE 48.

SECTION 19. In Colorado Revised Statutes, 10-7-103, add (3)
as follows:

18 10-7-103. Life insurance policies - prohibition. (3) A LIFE
19 INSURANCE COMPANY DOING BUSINESS IN COLORADO SHALL NOT DENY OR
20 ALTER BENEFITS OTHERWISE AVAILABLE TO AN INDIVIDUAL WITH A
21 TERMINAL DISEASE BASED ON THE AVAILABILITY OF MEDICAL
22 AID-IN-DYING PURSUANT TO ARTICLE 48 OF TITLE 25.

23 SECTION 20. In Colorado Revised Statutes, add 10-16-167 as
24 follows:

25 10-16-167. Medical aid-in-dying - carrier prohibitions. (1) A
 26 CARRIER SHALL NOT:

27 (a) Deny or alter benefits otherwise available to a

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COVERED INDIVIDUAL WITH A TERMINAL DISEASE BASED ON THE
 AVAILABILITY OF MEDICAL AID-IN-DYING PURSUANT TO ARTICLE 48 OF
 TITLE 25.

4 (b) ATTEMPT TO COERCE AN INDIVIDUAL WITH A TERMINAL
5 DISEASE TO MAKE A REQUEST FOR MEDICAL AID-IN-DYING MEDICATION.

6 **SECTION 21.** Act subject to petition - effective date. This act 7 takes effect at 12:01 a.m. on the day following the expiration of the 8 ninety-day period after final adjournment of the general assembly; except 9 that, if a referendum petition is filed pursuant to section 1 (3) of article V 10 of the state constitution against this act or an item, section, or part of this 11 act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in 12 13 November 2024 and, in such case, will take effect on the date of the 14 official declaration of the vote thereon by the governor.