Second Regular Session Seventy-fourth General Assembly STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House

LLS NO. 24-0599.01 Yelana Love x2295

SENATE BILL 24-068

SENATE SPONSORSHIP

Ginal, Cutter, Fenberg, Hansen, Hinrichsen, Jaquez Lewis, Marchman, Michaelson Jenet

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Health & Human Services Appropriations

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Health & Human Services

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 http://leg.colorado.gov.)

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 HOUSE nd Reading Unamended April 5, 2024

SENATE 3rd Reading Unamended March 8, 2024

SENATE Amended 2nd Reading March 7, 2024

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing law.

Dashes through the words or numbers indicate deletions from existing law.

- 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:

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25-48-102. Definitions. As used in this article 48, unless the context otherwise requires:

- 7 (1.5) "ADVANCED PRACTICE REGISTERED NURSE" HAS THE SAME 8 MEANING AS SET FORTH IN SECTION 12-255-104 (1).
- "Attending physician PROVIDER" means a physician OR 10 ADVANCED PRACTICE REGISTERED NURSE who has primary responsibility 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 ADVANCED PRACTICE REGISTERED NURSE who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a

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1	terminally ill individual's illness.
2	(4) "Health-care provider" or "provider" means a person who is
3	licensed, certified, registered, or otherwise authorized or permitted by law
4	to administer health care or dispense medication in the ordinary course of
5	business or practice of a profession. The term includes a health-care
6	facility, including a long-term care facility as defined in section
7	25-3-103.7 (1)(f.3) and a continuing care retirement community as
8	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:
15	(a) Made by an individual to obtain a prescription for medical
16	aid-in-dying medication that the qualified individual may decide to
17	self-administer to end his or her life in a peaceful manner THE
18	INDIVIDUAL'S DIAGNOSIS AND PROGNOSIS;
19	(b) Based on an understanding and acknowledgment of the
20	relevant facts; and The Potential Risks associated with taking the
21	MEDICATION TO BE PRESCRIBED;
22	(c) Made after the attending physician fully informs the individual
23	of: The probable result of taking the medication to be
24	PRESCRIBED;
25	(I) His or her medical diagnosis and prognosis of six months or
26	less;

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

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I	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.
16	(d) The feasible end-of-life care and treatment options
17	FOR THE INDIVIDUAL'S TERMINAL DISEASE, INCLUDING COMFORT CARE,
18	PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL, AND THE RISKS AND
19	BENEFITS OF EACH OF THESE OPTIONS; AND
20	(e) THE INDIVIDUAL'S RIGHT TO WITHDRAW A REQUEST PURSUANT
21	TO THIS ARTICLE 48 OR WITHDRAW CONSENT FOR ANY OTHER TREATMENT
22	AT ANY TIME.
23	(7) "Medical aid-in-dying" means the medical practice of a
24	physician prescribing medical aid-in-dying medication to a qualified
25	individual that the individual may choose to self-administer to bring about
26	a peaceful death Practice of Evaluating a request, the determining
27	OF QUALIFICATION, THE PERFORMING OF THE DUTIES IN SECTIONS

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1	25-48-106 and $25-48-107$, and the providing of a prescription to a
2	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	(10) "Mental capacity" or "mentally capable" means that in the
11	opinion of an individual's attending physician PROVIDER, consulting
12	physician PROVIDER, psychiatrist or psychologist, the individual has the
13	ability to make and communicate an informed decision to health-care
14	providers.
15	(12) "Prognosis of six months or less" means a prognosis resulting
16	from a terminal illness that the illness will, within reasonable medical
17	judgment, result in death within six months. and which has been
18	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	<u>IS A CAPABLE ADULT AND</u> WHO HAS SATISFIED THE REQUIREMENTS OF THIS
25	ARTICLE 48 IN ORDER TO OBTAIN A PRESCRIPTION FOR MEDICATION TO

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

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BRING ABOUT A DEATH.

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1	SOLELY ON THE INDIVIDUAL'S AGE OR DISABILITY.
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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
24	the individual has mental capacity; and
25	SECTION 3. In Colorado Revised Statutes, 25-48-104, amend
26	(1) and (2)(c) as follows:
27	25-48-104. Request process - witness requirements.

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- 1 (1) (a) EXCEPT AS PROVIDED IN SUBSECTION (1)(b) OF THIS SECTION, in 2 order to receive a prescription for medical aid-in-dying medication 3 pursuant to this article ARTICLE 48, an individual who satisfies the 4 requirements in section 25-48-103 must make two oral requests, separated 5 by at least fifteen SEVEN days, and a valid written request to his or her 6 THE INDIVIDUAL'S attending physician PROVIDER. 7 (b) IF AN INDIVIDUAL'S ATTENDING PROVIDER HAS DETERMINED 8 THAT THE INDIVIDUAL WILL, WITHIN REASONABLE MEDICAL JUDGMENT, 9 DIE WITHIN FORTY-EIGHT HOURS AFTER MAKING THE INITIAL ORAL 10 REQUEST UNDER THIS SECTION, THE INDIVIDUAL MAY SATISFY THE 11 REQUIREMENTS OF THIS SECTION BY REITERATING THE ORAL REQUEST TO 12 THE ATTENDING PROVIDER AT ANY TIME AFTER MAKING THE INITIAL ORAL 13 REQUEST. 14 (2) (c) Neither The individual's attending physician nor OR 15 CONSULTING PROVIDER OR a person authorized as the individual's 16 qualified power of attorney or durable medical power of attorney shall 17 NOT serve as a witness to the written request. 18 **SECTION 4.** In Colorado Revised Statutes, 25-48-105, amend 19 (2) as follows: 20 25-48-105. Right to rescind request - requirement to offer
- 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
- 25 aid-in-dying medication.
- SECTION 5. In Colorado Revised Statutes, 25-48-106, amend
 (1) introductory portion, (1)(d), (1)(f), (1)(h) introductory portion,

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1	(1)(h)(IV), (1)(i), and (1)(1) as follows:
2	25-48-106. Attending provider responsibilities. (1) The
3	attending physician PROVIDER shall:
4	
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;
14	(h) Counsel EDUCATE the individual about the importance of:
15	(IV) Notifying his or her THE INDIVIDUAL'S next of kin OR ANY
16	PERSON WHO PLAYS A SIGNIFICANT ROLE IN THE INDIVIDUAL'S LIFE, WHICH
17	MAY INCLUDE A PERSON NOT LEGALLY RELATED TO THE INDIVIDUAL, of
18	the request for medical aid-in-dying medication;
19	(i) Inform the individual that he or she THE INDIVIDUAL may
20	rescind the request for medical aid-in-dying medication at any time and
21	in any manner Pursuant to this article 48;
22	(l) Either:
23	(I) Dispense medical aid-in-dying medications directly to the
24	qualified individual, including ancillary medications intended to minimize
25	the individual's discomfort, if the attending physician PROVIDER has a
26	current drug enforcement administration certificate and complies with any
27	applicable administrative rule; or

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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:
9	25-48-107. Consulting provider responsibilities. (1) Before an
10	individual who is requesting medical aid-in-dying medication may receive
11	a prescription for the medical aid-in-dying medication, a consulting
12	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:
17	(a) (I) That the individual Has a terminal illness;
18	(b) (II) The individual Has a prognosis of six months or less;
19	(c) (III) That the individual Is making an informed decision; and
20	(d) (IV) That the individual Is mentally capable, or provide
21	documentation that the consulting physician PROVIDER has referred the
22	individual for further evaluation in accordance with section 25-48-108;
23	AND
24	(V) HAS REQUESTED A PRESCRIPTION FOR MEDICAL AID-IN-DYING
25	MEDICATION.
26	SECTION 7. In Colorado Revised Statutes, repeal and reenact,
2.7	with amendments, 25-48-108 as follows:

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1	25-48-108. Confirmation that individual is mentally capable
2	- referral to mental health professional. (1) If either the attending
3	PROVIDER OR THE CONSULTING PROVIDER HAS DOUBTS AS TO WHETHER AN
4	INDIVIDUAL IS MENTALLY CAPABLE, THE PROVIDER SHALL REFER THE
5	INDIVIDUAL TO A LICENSED MENTAL HEALTH PROVIDER FOR
6	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.
12	(3) IF THE LICENSED MENTAL HEALTH PROVIDER DETERMINES THAT
13	THE INDIVIDUAL IS NOT MENTALLY CAPABLE, THE INDIVIDUAL IS NOT A
14	QUALIFIED INDIVIDUAL AND THE ATTENDING PROVIDER SHALL NOT
15	PRESCRIBE MEDICATION TO THE INDIVIDUAL UNDER THIS ARTICLE 48.
16	SECTION 8. In Colorado Revised Statutes, 25-48-109, amend
17	(1) as follows:
18	25-48-109. Death certificate. (1) Unless otherwise prohibited by
19	law, the attending physician PROVIDER or the hospice medical director
20	shall sign the death certificate of a qualified individual who obtained and
21	self-administered MEDICAL aid-in-dying medication.
22	SECTION 9. In Colorado Revised Statutes, 25-48-110, amend
23	(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.

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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

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1 of the medical aid-in-dying medication to be prescribed and potential 2 associated risks, the expected result, and the feasible alternatives or 3 additional treatment opportunities, including comfort care, palliative care, 4 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. 12 I further understand that although most deaths occur within three hours, 13 my death may take longer, and my attending physician PROVIDER has 14 counseled me about this possibility. I make this request voluntarily, 15 without reservation, and without being coerced, and I accept full 16 responsibility for my actions. 17 Signed: 18 Dated: _____ 19 Declaration 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

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1	Note: Of the two witnesses to the written request, at least one must not:
2	Be a relative (by blood, marriage, civil union, or adoption) of the
3	individual signing this request; be entitled to any portion of the
4	individual's estate upon death; or own, operate, or be employed at a
5	health-care facility where the individual is a patient or resident.
6	And neither the individual's attending physician OR CONSULTING
7	PROVIDER nor a person authorized as the individual's qualified power of
8	attorney or durable medical power of attorney shall serve as a witness to
9	the written request.
10	SECTION 12. In Colorado Revised Statutes, 25-48-116, amend
11	(3) introductory portion as follows:
12	25-48-116. Immunity for actions in good faith - prohibition
13	against reprisals. (3) A request by an individual for, or the provision by
14	an attending physician PROVIDER of, medical aid-in-dying medication in
15	good faith compliance with this article ARTICLE 48 does not:
16	SECTION 13. In Colorado Revised Statutes, 25-48-117, amend
17	(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

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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
16	shall not be entitled to enforce such a policy. against the physician.
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.
23	
24	(2.7) A HEALTH FACILITY THAT IS A COVERED ENTITY, AS DEFINED
25	<u>IN SECTION 25-58-103 (1), SHALL COMPLY WITH SECTION 25-58-105 (3)</u>
26	AND RULES PROMULGATED PURSUANT TO SECTION 25-58-105 REGARDING
27	THE FACILITY'S AVAILABILITY OF END-OF-LIFE HEALTH-CARE SERVICES.

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1	SECTION 15. In Colorado Revised Statutes, amend 25-48-120
2	as follows:
3	25-48-120. Safe disposal of unused medical aid-in-dying
4	medications. (1) A person who has custody or control of medical
5	aid-in-dying medication dispensed under this article that the terminally ill
6	individual decides not to use or that remains unused ARTICLE 48 after the
7	A terminally ill individual's death shall dispose of the unused medical
8	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
13	(2) (b) Lawful means in accordance with section 25-15-328,
14	C.R.S. or any other state or federally approved medication take-back
15	program authorized under the federal "Secure and Responsible Drug
16	Disposal Act of 2010", Pub.L. 111-273, and regulations adopted pursuant
17	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
21	in this article ARTICLE 48 authorizes a physician PROVIDER or any other
22	person to end an individual's life by lethal injection, mercy killing, or
23	euthanasia. Actions taken in accordance with this article ARTICLE 48 do
24	not, for any purpose, constitute suicide, assisted suicide, mercy killing,
25	homicide, or elder abuse under the "Colorado Criminal Code", as set forth
26	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:
10	25-48-124. Severability. If any part of this article 48 is
11	FOUND TO BE IN CONFLICT WITH FEDERAL REQUIREMENTS THAT ARE A
12	PRESCRIBED CONDITION FOR RECEIPT OF FEDERAL FUNDS, THE
13	CONFLICTING PART OF THIS SECTION IS INOPERATIVE SOLELY TO THE
14	EXTENT OF THE CONFLICT, AND THE CONFLICT DOES NOT AFFECT THE
15	OPERATION OF THE REMAINDER OF THIS ARTICLE 48.
16	SECTION 19. In Colorado Revised Statutes, 10-7-103, add (3)
17	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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1	COVERED INDIVIDUAL WITH A TERMINAL DISEASE BASED ON THE
2	AVAILABILITY OF MEDICAL AID-IN-DYING PURSUANT TO ARTICLE 48 OF
3	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
12	effect unless approved by the people at the general election to be held in
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.

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