

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 16-0867.01 Christy Chase x2008

SENATE BILL 16-025

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SENATE SPONSORSHIP

Merrifield,

HOUSE SPONSORSHIP

Court and Ginal,

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Senate Committees

State, Veterans, & Military Affairs

House Committees

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A BILL FOR AN ACT

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

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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 COMMUNICATE AN INFORMED DECISION TO HEALTH CARE PROVIDERS,  
2 INCLUDING COMMUNICATION THROUGH A PERSON FAMILIAR WITH THE  
3 INDIVIDUAL'S MANNER OF COMMUNICATING IF THAT PERSON IS AVAILABLE.

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

8 (7) "HEALTH CARE PROVIDER" OR "PROVIDER" MEANS A PERSON  
9 WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE AUTHORIZED OR  
10 PERMITTED BY LAW TO ADMINISTER HEALTH CARE OR DISPENSE  
11 MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A  
12 PROFESSION. THE TERM INCLUDES A HEALTH CARE FACILITY, INCLUDING  
13 A LONG-TERM CARE FACILITY AS DEFINED IN SECTION 25-3-103.7(1)(f.3).

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

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

18 (b) BASED ON AN UNDERSTANDING AND ACKNOWLEDGMENT OF  
19 THE RELEVANT FACTS; AND

20 (c) MADE AFTER THE ATTENDING PHYSICIAN FULLY INFORMS THE  
21 QUALIFIED INDIVIDUAL OF:

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

23 (II) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE  
24 MEDICATION TO BE PRESCRIBED;

25 (III) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE  
26 PRESCRIBED;

27 (IV) THE CHOICES AVAILABLE TO AN INDIVIDUAL THAT

1 DEMONSTRATE HIS OR HER SELF-DETERMINATION AND INTENT TO END HIS  
2 OR HER LIFE IN A PEACEFUL MANNER, INCLUDING THE ABILITY TO CHOOSE  
3 WHETHER TO:

4 (A) REQUEST AID IN DYING;

5 (B) OBTAIN A PRESCRIPTION FOR MEDICATION TO END HIS OR HER  
6 LIFE;

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

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

11 (V) FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT  
12 OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE  
13 CARE, AND PAIN CONTROL.

14 (9) "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A  
15 PSYCHIATRIST LICENSED UNDER ARTICLE 36 OF TITLE 12, C.R.S., OR A  
16 PERSON LICENSED UNDER ARTICLE 43 OF TITLE 12, C.R.S., TO PRACTICE A  
17 PARTICULAR MENTAL HEALTH PROFESSION.

18 (10) "MEDICALLY CONFIRMED" MEANS THAT A CONSULTING  
19 PHYSICIAN WHO HAS EXAMINED THE TERMINALLY ILL INDIVIDUAL AND THE  
20 INDIVIDUAL'S RELEVANT MEDICAL RECORDS HAS CONFIRMED THE MEDICAL  
21 OPINION OF THE ATTENDING PHYSICIAN.

22 (11) "QUALIFIED INDIVIDUAL" MEANS A TERMINALLY ILL ADULT  
23 WHO IS CAPABLE, IS A RESIDENT, AND HAS SATISFIED THE REQUIREMENTS  
24 OF THIS ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION FOR AID-IN-DYING  
25 MEDICATION TO END HIS OR HER LIFE.

26 (12) "RESIDENT" MEANS AN INDIVIDUAL WHO IS ABLE TO  
27 DEMONSTRATE RESIDENCY IN COLORADO BY PROVIDING ANY OF THE

1 FOLLOWING DOCUMENTATION TO HIS OR HER ATTENDING PHYSICIAN:

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

4 (b) A COLORADO VOTER REGISTRATION CARD OR OTHER  
5 DOCUMENTATION SHOWING THE INDIVIDUAL IS REGISTERED TO VOTE IN  
6 COLORADO;

7 (c) EVIDENCE THAT THE INDIVIDUAL OWNS OR LEASES PROPERTY  
8 IN COLORADO; OR

9 (d) A COLORADO INCOME TAX RETURN FOR THE MOST RECENT TAX  
10 YEAR.

11 (13) "SELF-ADMINISTRATION" MEANS, IF A QUALIFIED INDIVIDUAL,  
12 TO ENGAGE IN AN AFFIRMATIVE AND VOLUNTARY ACT TO USE PRESCRIBED  
13 MEDICATION TO BRING ABOUT HIS OR HER OWN PEACEFUL AND HUMANE  
14 DEATH.

15 (14) "TERMINAL ILLNESS" MEANS AN INCURABLE AND  
16 IRREVERSIBLE ILLNESS THAT HAS BEEN MEDICALLY CONFIRMED AND WILL,  
17 WITHIN REASONABLE MEDICAL JUDGMENT, RESULT IN DEATH WITHIN SIX  
18 MONTHS.

19 **25-48-103. Right to request aid-in-dying medication.** (1) A  
20 CAPABLE, ADULT RESIDENT OF COLORADO MAY MAKE A REQUEST, IN  
21 ACCORDANCE WITH SECTIONS 25-48-104 AND 25-48-111, TO RECEIVE A  
22 PRESCRIPTION FOR AID-IN-DYING MEDICATION IF:

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

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

27 (2) A PERSON DOES NOT QUALIFY TO RECEIVE A PRESCRIPTION FOR

1 AID-IN-DYING MEDICATION SOLELY BECAUSE OF AGE OR DISABILITY.

2 **25-48-104. Request process - witness requirements.** (1) IN  
3 ORDER TO RECEIVE A PRESCRIPTION FOR AID-IN-DYING MEDICATION  
4 PURSUANT TO THIS ARTICLE, AN INDIVIDUAL WHO SATISFIES THE  
5 REQUIREMENTS IN SECTION 25-48-103 MUST MAKE TWO ORAL REQUESTS,  
6 SEPARATED BY AT LEAST FIFTEEN DAYS, AND A VALID WRITTEN REQUEST  
7 TO HIS OR HER ATTENDING PHYSICIAN.

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

10 (I) SUBSTANTIALLY IN THE SAME FORM AS SET FORTH IN SECTION  
11 25-48-111;

12 (II) SIGNED AND DATED BY THE INDIVIDUAL SEEKING THE  
13 MEDICATION; AND

14 (III) WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE  
15 PRESENCE OF THE INDIVIDUAL, ATTEST TO THE BEST OF THEIR KNOWLEDGE  
16 AND BELIEF THAT THE INDIVIDUAL IS:

17 (A) CAPABLE;

18 (B) ACTING VOLUNTARILY; AND

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

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

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

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

27 (III) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE

1 FACILITY WHERE THE INDIVIDUAL IS RECEIVING MEDICAL TREATMENT OR  
2 IS A RESIDENT.

3 (c) THE INDIVIDUAL'S ATTENDING PHYSICIAN SHALL NOT SERVE AS  
4 A WITNESS TO THE WRITTEN REQUEST.

5 **25-48-105. Right to rescind request - requirement to offer**  
6 **opportunity to rescind.** (1) AT ANY TIME, AN INDIVIDUAL MAY RESCIND  
7 HIS OR HER REQUEST FOR AID-IN-DYING MEDICATION WITHOUT REGARD TO  
8 THE INDIVIDUAL'S MENTAL STATE.

9 (2) AN ATTENDING PHYSICIAN SHALL NOT WRITE A PRESCRIPTION  
10 FOR AID-IN-DYING MEDICATION UNDER THIS ARTICLE UNLESS THE  
11 ATTENDING PHYSICIAN OFFERS THE QUALIFIED INDIVIDUAL AN  
12 OPPORTUNITY TO RESCIND THE REQUEST FOR THE MEDICATION.

13 **25-48-106. Attending physician responsibilities.** (1) THE  
14 ATTENDING PHYSICIAN SHALL:

15 (a) MAKE THE INITIAL DETERMINATION OF WHETHER AN  
16 INDIVIDUAL REQUESTING AID-IN-DYING MEDICATION HAS A TERMINAL  
17 ILLNESS, IS CAPABLE OF MAKING AN INFORMED DECISION, AND HAS MADE  
18 THE REQUEST VOLUNTARILY;

19 (b) REQUEST THAT THE INDIVIDUAL DEMONSTRATE COLORADO  
20 RESIDENCY BY PROVIDING DOCUMENTATION AS DESCRIBED IN SECTION  
21 25-48-102 (12);

22 (c) PROVIDE A STANDARD OF CARE UNDER ACCEPTED MEDICAL  
23 GUIDELINES;

24 (d) REFER THE INDIVIDUAL TO A CONSULTING PHYSICIAN OF THE  
25 INDIVIDUAL'S CHOOSING FOR MEDICAL CONFIRMATION OF THE DIAGNOSIS  
26 AND PROGNOSIS AND FOR A DETERMINATION OF WHETHER THE INDIVIDUAL  
27 IS CAPABLE AND ACTING VOLUNTARILY;



1 (e) PROVIDE FULL, INDIVIDUAL-CENTERED DISCLOSURES TO  
2 ENSURE THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION BY  
3 DISCUSSING WITH THE INDIVIDUAL:

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

5 (II) THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT  
6 OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE  
7 CARE, AND PAIN CONTROL;

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

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

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

14 (f) REFER THE INDIVIDUAL TO A LICENSED MENTAL HEALTH  
15 PROFESSIONAL PURSUANT TO SECTION 25-48-108 IF, IN THE ATTENDING  
16 PHYSICIAN'S OPINION, THE INDIVIDUAL'S ABILITY TO MAKE AN INFORMED  
17 DECISION IS COMPROMISED FOR ANY REASON;

18 (g) CONFIRM THAT THE INDIVIDUAL'S REQUEST DOES NOT ARISE  
19 FROM COERCION OR UNDUE INFLUENCE BY ANOTHER PERSON BY  
20 DISCUSSING WITH THE INDIVIDUAL, WITHOUT THE PRESENCE OF OTHER  
21 PERSONS, WHETHER THE INDIVIDUAL IS FEELING COERCED OR UNDULY  
22 INFLUENCED BY ANOTHER PERSON;

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

24 (I) HAVING ANOTHER PERSON PRESENT WHEN THE INDIVIDUAL  
25 SELF-ADMINISTERS THE AID-IN-DYING MEDICATION PRESCRIBED PURSUANT  
26 TO THIS ARTICLE;

27 (II) NOT TAKING THE AID-IN-DYING MEDICATION IN A PUBLIC

1 PLACE;

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

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

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

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

12 (k) ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN  
13 ACCORDANCE WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR  
14 AID-IN-DYING MEDICATION; AND

15 (l) (I) DISPENSE AID-IN-DYING MEDICATIONS DIRECTLY TO THE  
16 QUALIFIED INDIVIDUAL, INCLUDING ANCILLARY MEDICATIONS INTENDED  
17 TO MINIMIZE THE INDIVIDUAL'S DISCOMFORT, IF THE ATTENDING  
18 PHYSICIAN HAS A CURRENT DRUG ENFORCEMENT ADMINISTRATION  
19 CERTIFICATE AND COMPLIES WITH ANY APPLICABLE ADMINISTRATIVE  
20 RULE; OR

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

22 (A) CONTACT A LICENSED PHARMACIST AND INFORM THE  
23 PHARMACIST OF THE PRESCRIPTION; AND

24 (B) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY, BY MAIL,  
25 OR THROUGH AUTHORIZED ELECTRONIC TRANSMISSION IN THE MANNER  
26 PERMITTED UNDER ARTICLE 42.5 OF TITLE 12, C.R.S., TO THE PHARMACIST,  
27 WHO SHALL DISPENSE THE MEDICATION TO THE QUALIFIED INDIVIDUAL,

1 THE ATTENDING PHYSICIAN, OR AN INDIVIDUAL EXPRESSLY DESIGNATED  
2 BY THE QUALIFIED INDIVIDUAL.

3 **25-48-107. Consulting physician responsibilities.** (1) BEFORE  
4 AN INDIVIDUAL WHO IS REQUESTING AID-IN-DYING MEDICATION CAN  
5 RECEIVE A PRESCRIPTION FOR THE MEDICATION, A CONSULTING PHYSICIAN  
6 OF THE INDIVIDUAL'S CHOOSING MUST:

7 (a) EXAMINE THE INDIVIDUAL AND HIS OR HER RELEVANT MEDICAL  
8 RECORDS;

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

10 (I) THAT THE INDIVIDUAL IS SUFFERING FROM A TERMINAL  
11 ILLNESS;

12 (II) THE INDIVIDUAL'S PROGNOSIS; AND

13 (III) THAT THE INDIVIDUAL IS CAPABLE OF MAKING AN INFORMED  
14 DECISION, OR PROVIDE DOCUMENTATION THAT THE CONSULTING  
15 PHYSICIAN HAS REFERRED THE INDIVIDUAL FOR FURTHER EVALUATION IN  
16 ACCORDANCE WITH SECTION 25-48-108.

17 **25-48-108. Confirmation that individual is capable - referral**  
18 **to mental health professional.** (1) AN ATTENDING PHYSICIAN SHALL NOT  
19 PRESCRIBE AID-IN-DYING MEDICATION UNDER THIS ARTICLE FOR AN  
20 INDIVIDUAL WITH A TERMINAL ILLNESS UNTIL THE INDIVIDUAL IS  
21 DETERMINED TO BE CAPABLE OF MAKING AN INFORMED DECISION AND  
22 THAT DETERMINATION IS CONFIRMED IN ACCORDANCE WITH THIS SECTION.

23 (2) THE DETERMINATION OF WHETHER AN INDIVIDUAL WITH A  
24 TERMINAL ILLNESS WHO IS REQUESTING AID-IN-DYING MEDICATION IS  
25 CAPABLE OF MAKING AN INFORMED DECISION AND CONFIRMATION OF THAT  
26 DETERMINATION MUST BE MADE BY TWO OF THE FOLLOWING:

27 (a) THE ATTENDING PHYSICIAN;

1 (b) THE CONSULTING PHYSICIAN; OR

2 (c) A LICENSED MENTAL HEALTH PROFESSIONAL.

3 (3) IF, IN THE OPINION OF THE ATTENDING PHYSICIAN OR THE  
4 CONSULTING PHYSICIAN, THE INDIVIDUAL'S ABILITY TO MAKE AN  
5 INFORMED DECISION IS COMPROMISED, THE ATTENDING PHYSICIAN OR  
6 CONSULTING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A LICENSED  
7 MENTAL HEALTH PROFESSIONAL FOR A DETERMINATION OF WHETHER THE  
8 INDIVIDUAL IS CAPABLE OF MAKING AN INFORMED DECISION.

9 (4) A LICENSED MENTAL HEALTH PROFESSIONAL WHO EVALUATES  
10 AN INDIVIDUAL UNDER THIS SECTION SHALL COMMUNICATE, IN WRITING,  
11 TO THE ATTENDING OR CONSULTING PHYSICIAN WHO REQUESTED THE  
12 EVALUATION, HIS OR HER CONCLUSIONS ABOUT WHETHER THE INDIVIDUAL  
13 IS CAPABLE OF MAKING AN INFORMED DECISION. IF THE LICENSED MENTAL  
14 HEALTH PROFESSIONAL DETERMINES THAT THE INDIVIDUAL IS NOT  
15 CAPABLE OF MAKING AN INFORMED DECISION, THE ATTENDING PHYSICIAN  
16 SHALL NOT PRESCRIBE AID-IN-DYING MEDICATION TO THE INDIVIDUAL.

17 **25-48-109. Death certificate.** (1) UNLESS OTHERWISE  
18 PROHIBITED BY LAW, THE ATTENDING PHYSICIAN MAY SIGN THE DEATH  
19 CERTIFICATE OF A QUALIFIED INDIVIDUAL WHO OBTAINS AND  
20 SELF-ADMINISTERS AID-IN-DYING MEDICATION.

21 (2) IF A QUALIFIED INDIVIDUAL DIES AFTER USING AID-IN-DYING  
22 MEDICATION, THE QUALIFIED INDIVIDUAL'S TERMINAL ILLNESS SHALL BE  
23 LISTED AS THE CAUSE OF DEATH ON HIS OR HER DEATH CERTIFICATE.  
24 WHEN AN ATTENDING PHYSICIAN CERTIFIES THAT A DEATH OCCURRED IN  
25 ACCORDANCE WITH THIS ARTICLE, THE DEATH IS NOT REPORTABLE AND  
26 DOES NOT CONSTITUTE GROUNDS FOR POSTMORTEM INQUIRY UNDER  
27 SECTION 30-10-606 (1), C.R.S.

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

5           (2) IMMEDIATELY BEFORE WRITING A PRESCRIPTION FOR  
6 AID-IN-DYING MEDICATION UNDER THIS ARTICLE, THE ATTENDING  
7 PHYSICIAN SHALL VERIFY THAT THE INDIVIDUAL WITH A TERMINAL  
8 ILLNESS IS A QUALIFIED INDIVIDUAL AND IS MAKING AN INFORMED  
9 DECISION.

10           **25-48-111. Form of written request.** A REQUEST FOR  
11 AID-IN-DYING MEDICATION AUTHORIZED BY THIS ARTICLE MUST BE IN  
12 SUBSTANTIALLY THE FOLLOWING FORM:

13                           REQUEST FOR MEDICATION TO END MY LIFE  
14                           IN A HUMANE AND DIGNIFIED MANNER

15 I, \_\_\_\_\_, AM AN ADULT OF SOUND MIND. I AM SUFFERING  
16 FROM \_\_\_\_\_, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS A  
17 TERMINAL ILLNESS AND WHICH HAS BEEN MEDICALLY CONFIRMED. I HAVE  
18 BEEN FULLY INFORMED OF MY DIAGNOSIS AND PROGNOSIS, THE NATURE OF  
19 THE AID-IN-DYING MEDICATION TO BE PRESCRIBED AND POTENTIAL  
20 ASSOCIATED RISKS, THE EXPECTED RESULT, AND THE FEASIBLE  
21 ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES, INCLUDING  
22 COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL.  
23 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE AID-IN-DYING  
24 MEDICATION THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED  
25 MANNER IF I CHOOSE TO TAKE IT, AND I AUTHORIZE MY ATTENDING  
26 PHYSICIAN TO CONTACT ANY PHARMACIST ABOUT MY REQUEST.  
27 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY

1 TIME.  
2 I UNDERSTAND THE SERIOUSNESS OF THIS REQUEST, AND I EXPECT TO DIE  
3 IF I TAKE THE AID-IN-DYING MEDICATION PRESCRIBED. I FURTHER  
4 UNDERSTAND THAT ALTHOUGH MOST DEATHS OCCUR WITHIN THREE  
5 HOURS, MY DEATH MAY TAKE LONGER, AND MY ATTENDING PHYSICIAN  
6 HAS COUNSELED ME ABOUT THIS POSSIBILITY.  
7 I MAKE THIS REQUEST VOLUNTARILY, WITHOUT RESERVATION, AND  
8 WITHOUT BEING COERCED, AND I ACCEPT FULL RESPONSIBILITY FOR MY  
9 ACTIONS.

10 SIGNED: \_\_\_\_\_

11 DATED: \_\_\_\_\_

12 DECLARATION OF WITNESSES

13 WE DECLARE THAT THE INDIVIDUAL SIGNING THIS REQUEST:

14 (a) IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF  
15 IDENTITY;

16 (b) SIGNED THIS REQUEST IN OUR PRESENCE;

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

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

21 \_\_\_\_\_ WITNESS 1/DATE

22 \_\_\_\_\_ WITNESS 2/DATE

23 NOTE: ONLY ONE OF THE TWO WITNESSES MAY: BE A RELATIVE (BY  
24 BLOOD, MARRIAGE, CIVIL UNION, OR ADOPTION) OF THE INDIVIDUAL  
25 SIGNING THIS REQUEST; BE ENTITLED TO ANY PORTION OF THE  
26 INDIVIDUAL'S ESTATE UPON DEATH; OR OWN, OPERATE, OR BE EMPLOYED  
27 AT A HEALTH CARE FACILITY WHERE THE INDIVIDUAL IS A PATIENT OR

1 RESIDENT.

2 **25-48-112. Standard of care.** (1) PHYSICIANS AND HEALTH CARE  
3 PROVIDERS SHALL PROVIDE MEDICAL SERVICES UNDER THIS ARTICLE THAT  
4 MEET OR EXCEED THE STANDARD OF CARE FOR END-OF-LIFE MEDICAL  
5 CARE.

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

11 **25-48-113. Effect on wills, contracts, and statutes.** (1) A  
12 PROVISION IN A CONTRACT, WILL, OR OTHER AGREEMENT, WHETHER  
13 WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER A QUALIFIED  
14 INDIVIDUAL MAY MAKE OR RESCIND A REQUEST FOR AID IN DYING  
15 PURSUANT TO THIS ARTICLE IS INVALID.

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

20 **25-48-114. Insurance or annuity policies.** (1) THE SALE,  
21 PROCUREMENT, OR ISSUANCE OF, OR THE RATE CHARGED FOR, ANY LIFE,  
22 HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY MUST NOT BE  
23 CONDITIONED UPON, OR AFFECTED BY, A QUALIFIED INDIVIDUAL'S ACT OF  
24 MAKING OR RESCINDING A REQUEST FOR AID-IN-DYING MEDICATION IN  
25 ACCORDANCE WITH THIS ARTICLE.

26 (2) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING  
27 AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE DOES NOT AFFECT

1 A LIFE, HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY, OTHER  
2 THAN THAT THE DEATH IS A NATURAL DEATH RESULTING FROM THE  
3 QUALIFIED INDIVIDUAL'S TERMINAL ILLNESS.

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

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

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

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

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

26 **25-48-116. No duty to prescribe or dispense.** (1) A HEALTH  
27 CARE PROVIDER MAY CHOOSE WHETHER TO PARTICIPATE IN PROVIDING



1 AID-IN-DYING MEDICATION TO A QUALIFIED INDIVIDUAL IN ACCORDANCE  
2 WITH THIS ARTICLE.

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

10 **25-48-117. Health care facility may prohibit participation -**  
11 **sanctions if provider violates policy.** (1) A HEALTH CARE FACILITY MAY  
12 PROHIBIT A PHYSICIAN FROM WRITING A PRESCRIPTION FOR AID-IN-DYING  
13 MEDICATION FOR A QUALIFIED INDIVIDUAL WHO IS A RESIDENT IN THE  
14 FACILITY AND WHO INTENDS TO USE THE AID-IN-DYING MEDICATION ON  
15 THE FACILITY'S PREMISES. THE HEALTH CARE FACILITY MUST NOTIFY THE  
16 PHYSICIAN IN WRITING OF ITS POLICY WITH REGARD TO PRESCRIPTIONS FOR  
17 AID-IN-DYING MEDICATION.

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

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

27 **25-48-118. Liabilities.** (1) A PERSON COMMITS A CLASS 2 FELONY

1 AND IS SUBJECT TO PUNISHMENT IN ACCORDANCE WITH SECTION  
2 18-1.3-401, C.R.S., IF THE PERSON, WITH INTENT OR THE EFFECT OF  
3 CAUSING AN INDIVIDUAL'S DEATH, PURPOSELY OR KNOWINGLY:

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

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

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

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

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

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

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

23 **25-48-119. Safe disposal of unused medications.** A PERSON WHO  
24 HAS CUSTODY OR CONTROL OF AID-IN-DYING MEDICATION DISPENSED  
25 UNDER THIS ARTICLE THAT THE TERMINALLY ILL INDIVIDUAL DECIDES NOT  
26 TO USE OR THAT REMAINS UNUSED AFTER THE TERMINALLY ILL  
27 INDIVIDUAL'S DEATH SHALL DISPOSE OF THE UNUSED AID-IN-DYING

1 MEDICATION BY LAWFUL MEANS IN ACCORDANCE WITH SECTION 25-15-328  
2 OR ANY OTHER STATE OR FEDERALLY APPROVED MEDICATION TAKE-BACK  
3 PROGRAM AUTHORIZED UNDER THE FEDERAL "SECURE AND RESPONSIBLE  
4 DRUG DISPOSAL ACT OF 2010", PUB.L. 111-273, AS AMENDED, AND  
5 REGULATIONS ADOPTED PURSUANT TO THE FEDERAL ACT.

6 **25-48-120. Actions complying with article not a crime.**  
7 NOTHING IN THIS ARTICLE AUTHORIZES A PHYSICIAN OR ANY OTHER  
8 PERSON TO END AN INDIVIDUAL'S LIFE BY LETHAL INJECTION, MERCY  
9 KILLING, OR EUTHANASIA. ACTIONS TAKEN IN ACCORDANCE WITH THIS  
10 ARTICLE DO NOT, FOR ANY PURPOSE, CONSTITUTE SUICIDE, ASSISTED  
11 SUICIDE, MERCY KILLING, HOMICIDE, OR ELDER ABUSE UNDER THE  
12 "COLORADO CRIMINAL CODE", TITLE 18, C.R.S.

13 **25-48-121. Claims by government entity for costs.** A  
14 GOVERNMENT ENTITY THAT INCURS COSTS RESULTING FROM AN  
15 INDIVIDUAL TERMINATING HIS OR HER LIFE PURSUANT TO THIS ARTICLE IN  
16 A PUBLIC PLACE HAS A CLAIM AGAINST THE ESTATE OF THE INDIVIDUAL TO  
17 RECOVER THE COSTS AND REASONABLE ATTORNEY FEES RELATED TO  
18 ENFORCING THE CLAIM.

19 **25-48-122. No effect on advance medical directives.**

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

21 (a) A DECLARATION MADE UNDER ARTICLE 18 OF TITLE 15, C.R.S.,  
22 DIRECTING THAT LIFE-SUSTAINING PROCEDURES BE WITHHELD OR  
23 WITHDRAWN;

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

26 (c) AN ADVANCE MEDICAL DIRECTIVE EXECUTED UNDER ARTICLE  
27 18.7 OF TITLE 15, C.R.S.

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

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