

Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

INTRODUCED

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/bills/summaries>.)

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 POST-MORTEM 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.** (1) 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 ACT 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, AND REGULATIONS
5 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.