

1 **bold/strikethroughs show changes from bill as introduced and from**

2 **Galbraith/Hartwell amendment**

3 S.77

4 Senator Rodgers moves that the bill be amended by striking all after the  
5 enacting clause and inserting in lieu thereof the following:

6 Sec. 1. 18 V.S.A. chapter 112 is added to read:

7 CHAPTER 112. IMMUNITY FOR DOUBLE EFFECT

8 LETHAL MEDICATION

9 § 5271. TERMINALLY ILL PATIENTS; DOUBLE EFFECT LETHAL

10 MEDICATION; IMMUNITY FOR PRESCRIBING OR BEING

11 PRESENT WHEN TAKEN

12 (a) As used in this section:

13 (1) **“Bona fide physician-patient relationship” means a treating or**  
14 **consulting relationship in the course of which a physician has completed a**  
15 **full assessment of the patient’s medical history and current medical**  
16 **condition, including a personal physical examination.**

17 (2) “Double effect medication” means medication prescribed to relieve  
18 pain or suffering, or both, which also may have the effect of hastening death  
19 or substantially increasing the risk of death.

20 (3) **“Physician” means an individual licensed to practice medicine**  
21 **under 26 V.S.A. chapter 23 or 33.**

1           (4) “Terminal condition” means an incurable and irreversible disease  
2           which would, within reasonable medical judgment, result in a death within six  
3           months.

4           (5) “Terminally ill person” means a person with a terminal  
5           condition.

6           (b) A physician who has a bona fide physician-patient relationship with  
7           a terminally ill person and who prescribes a double effect medication to a  
8           that terminally ill person, which, if not taken as prescribed, would be lethal,  
9           shall not be subject to criminal or civil liability or professional disciplinary  
10           action if the physician warns the person about the effects of taking the  
11           medication and the person self-administers the medication and dies as a result.

12           (c) A person shall not be subject to criminal or civil liability solely for  
13           being present when a person with a terminal condition ~~takes~~ self-administers  
14           a lethal dose of a medication that has been prescribed by a physician.

15           Sec. 2. 18 V.S.A. chapter 113 is added to read:

16           CHAPTER 113. RIGHTS OF QUALIFIED PATIENTS SUFFERING A  
17           TERMINAL CONDITION

18           § 5281. DEFINITIONS

19           As used in this chapter:

20           (1) “Attending physician” means the physician whom the patient has  
21           designated to have primary responsibility for the care of the patient and who is

1           (5) “Dispense” means to prepare and deliver pursuant to a lawful order  
2           of a physician a prescription drug in a suitable container appropriately labeled  
3           for subsequent use by a patient entitled to receive the prescription drug. The  
4           term shall not include the actual administration of a prescription drug to the  
5           patient.

6           (6) “Good faith” means objective good faith.

7           (7) “Health care facility” shall have the same meaning as in section  
8           9432 of this title.

9           (8) “Health care provider” means a person, partnership, corporation,  
10          facility, or institution, licensed or certified or authorized by law to administer  
11          health care or dispense medication in the ordinary course of business or  
12          practice of a profession.

13          (9) “Informed decision” means a decision by a patient to request and  
14          obtain a prescription **for medication to be self-administered** to hasten his or  
15          her death based on the patient’s understanding and appreciation of the relevant  
16          facts and that was made after the patient was fully informed by the attending  
17          physician of all the following:

18                 (A) The patient’s medical diagnosis.

19                 (B) The patient’s prognosis, **including an acknowledgement that**  
20          **the physician’s prediction of the patient’s life expectancy is an estimate**  
21          **based on the physician’s best medical judgment and is not a guarantee of**

1 willing to participate in the provision to a qualified patient of medication to  
2 hasten his or her death in accordance with this chapter.

3 (2) “Capacity” shall have the same meaning as in subdivision  
4 9701(4)(B) of this title. “Capable” means that in the opinion of a court of  
5 in the opinion of the patient’s attending physician, consulting physician,  
6 psychiatrist, psychologist, or clinical social worker, a patient has the  
7 ability to make and communicate health care decisions to health care  
8 providers, including communication through persons familiar with the  
9 patient’s manner of communicating if those persons are available.

10 (3) “Consulting physician” means a physician who is qualified by  
11 specialty or experience to make a professional diagnosis and prognosis  
12 regarding the patient’s illness and who is willing to participate in the provision  
13 to a qualified patient of medication to hasten his or her death in accordance  
14 with this chapter.

15 (4) “Counseling” means a consultation between a psychiatrist,  
16 psychologist, or clinical social worker licensed in Vermont and a patient for  
17 the purpose of confirming that the patient:

18 (A) ~~has capacity~~ is capable; and

19 (B) is not suffering from a mental disorder or disease, including  
20 depression, that causes the patient to have impaired judgment.

1 **the actual time remaining in the patient’s life, and that the patient may**  
2 **live longer than the time predicted.**

3 **(C) the range of treatment options appropriate for the patient;**

4 **(D) the range of possible results, including potential risks associated**  
5 **with taking the medication to be prescribed;**

6 **(E) the probable result of taking the medication to be prescribed; and**

7 **(F) all feasible end-of-life services, including palliative care, comfort**  
8 **care, hospice care, and pain control;**

9 **(10) “Palliative care” shall have the same meaning as in section 2 of**  
10 **this title.**

11 **(11) “Patient” means a person who is 18 years of age or older, a resident**  
12 **of Vermont, and under the care of a physician.**

13 **(12) “Physician” means a physician licensed pursuant to 26 V.S.A.**  
14 **chapters 23 and 33.**

15 **(13) “Qualified patient” means a patient ~~with capacity~~ who is capable,**  
16 **who is physically able to self-administer medication, and who has satisfied**  
17 **the requirements of this chapter in order to obtain a prescription for medication**  
18 **to hasten his or her death. An individual shall not qualify under the provisions**  
19 **of this chapter solely because of age or disability.**

1           (14) “Terminal condition” means an incurable and irreversible disease  
2           which would, within reasonable medical judgment, result in death within six  
3           months.

4           § 5282. REQUESTS FOR MEDICATION

5           (a) In order to qualify under this chapter:

6           (1) A patient ~~with capacity~~ who is capable, who has been determined  
7           by the attending physician and consulting physician to be suffering from a  
8           terminal condition, and who has voluntarily expressed a wish to hasten the  
9           dying process may request medication to be self-administered for the purpose  
10           of hastening his or her death in accordance with this chapter.

11           (2) A patient shall have made an oral request and a written request and  
12           shall have reaffirmed the oral request to his or her attending physician not less  
13           than 15 days after the initial oral request. At the time the patient makes the  
14           second oral request, the attending physician shall offer the patient an  
15           opportunity to rescind the request.

16           (b) Oral requests for medication by the patient under this chapter shall be  
17           made in the presence of the attending physician.

18           (c) A written request for medication shall be signed and dated by the  
19           patient and witnessed by at least two persons, at least 18 years of age, who, in  
20           the presence of the patient, sign and affirm that the patient appeared to  
21           understand the nature of the document and to be free from duress or undue

1 influence at the time the request was signed. Neither witness shall be any of  
2 the following persons:

3 (1) the patient's attending physician, consulting physician, or any person  
4 who has provided counseling for the patient pursuant to section 5285 of  
5 this title;

6 (2) a person who knows that he or she is a relative of the patient by  
7 blood, marriage, civil union, or adoption;

8 (3) a person who at the time the request is signed knows that he or she  
9 would be entitled upon the patient's death to any portion of the estate or assets  
10 of the patient under any will or trust, by operation of law, or by contract; or

11 (4) an owner, operator, or employee of a health care facility, nursing  
12 home, or residential care facility where the patient is receiving medical  
13 treatment or is a resident.

14 (d) A person who knowingly fails to comply with the requirements in  
15 subsection (c) of this section is subject to prosecution under 13 V.S.A. § 2004.

16 (e) The written request shall be completed only after the patient has been  
17 examined by a consulting physician as required under section 5284 of this title.

18 (f)(1) Under no circumstances shall a guardian or conservator be permitted  
19 to act on behalf of a ward for purposes of this chapter.

20 (2) Under no circumstances shall an agent under an advance directive be  
21 permitted to act on behalf of a principal for purposes of this chapter.

1     § 5283. ATTENDING PHYSICIAN; DUTIES

2           (a) The attending physician shall perform all the following:

3                 (1) make the initial determination of whether a patient:

4                         (A) is suffering a terminal condition;

5                         (B) ~~has capacity is capable;~~ and

6                         (C) has made a voluntary request for medication to hasten his or her  
7           death;

8                 (2) ~~request require~~ proof of Vermont residency, which may be shown  
9           by:

10                         (A) a Vermont driver's license or photo identification card;

11                         (B) proof of Vermont voter's registration;

12                         (C) evidence of property ownership or a lease of residential premises  
13           in Vermont; or

14                         (D) a Vermont personal income tax return for the most recent  
15           tax year;

16                 (3) inform the patient in person, **verbally** and in writing, of all the  
17           following:

18                         (A) the patient's medical diagnosis;

19                         (B) the patient's prognosis;

20                         (C) **the range of treatment options appropriate for the patient;**

1           (D) the range of possible results, including potential risks associated  
2           with taking the medication to be prescribed;

3           (E) the probable result of taking the medication to be prescribed; and

4           (F) all feasible end-of-life services, including palliative care, comfort  
5           care, hospice care, and pain control;

6           (4) refer the patient to a consulting physician for medical confirmation  
7           of the diagnosis, prognosis, and a determination that the patient ~~has capacity~~ is  
8           capable and is acting voluntarily;

9           (5) refer the patient for counseling, if applicable, under section 5285 of  
10          this chapter;

11          (6) refer the patient for a palliative care consultation, if applicable,  
12          under section 5286 of this chapter;

13          (7) with the patient's consent, consult with the patient's primary  
14          care physician, if the patient has one;

15          (8) recommend that the patient notify the next of kin or someone with  
16          whom the patient has a significant relationship and advise the patient of the  
17          physician's duty to notify the patient's next of kin if the patient does not  
18          do so;

19          (9) counsel the patient about the importance of ensuring that another  
20          individual is present when the patient takes the medication prescribed pursuant

1 to this chapter and the importance of not taking the medication in a  
2 public place;

3 (10) inform the patient that the patient has an opportunity to rescind the  
4 request at any time and in any manner and offer the patient an opportunity to  
5 rescind ~~at the end of the 15-day waiting period after the patient's second~~  
6 oral request;

7 (11) verify, immediately prior to writing the prescription for medication  
8 under this chapter, that the patient is making an informed decision;

9 (12) fulfill the medical record documentation requirements of section  
10 5291 of this title;

11 (13) ensure that all required steps are carried out in accordance with this  
12 chapter prior to writing a prescription for medication to hasten death; and

13 (14)(A) dispense medication directly, including ancillary medication  
14 intended to facilitate the desired effect to minimize the patient's discomfort,  
15 provided the attending physician is licensed to dispense medication in  
16 Vermont, has a current Drug Enforcement Administration certificate, and  
17 complies with any applicable administrative rules; or

18 (B) with the patient's written consent:

19 (i) contact a pharmacist and inform the pharmacist of the  
20 prescription; and

1                   (ii) deliver the written prescription personally or by mail or  
2 facsimile to the pharmacist, who will dispense the medication to the patient,  
3 the attending physician, or an expressly identified agent of the patient.

4                   ~~**(b) Notwithstanding any other provision of law to the contrary, the**~~  
5 ~~**attending physician may sign the patient's death certificate, which shall**~~  
6 ~~**list the underlying terminal disease as the cause and manner of death.**~~

7                   § 5284. MEDICAL CONSULTATION REQUIRED

8                   Before a patient is qualified in accordance with this chapter, a consulting  
9 physician shall physically examine the patient, review the patient's relevant  
10 medical records, and confirm in writing the attending physician's diagnosis  
11 that the patient is suffering from a terminal condition and verify that the patient  
12 ~~**has capacity is capable**~~, is acting voluntarily, and has made an informed  
13 decision.

14                   § 5285. COUNSELING REFERRAL

15                   If, in the opinion of the attending physician or the consulting physician, a  
16 patient may be suffering from a mental disorder or disease, including  
17 depression, causing impaired judgment, either physician shall refer the patient  
18 for counseling. A medication to end the patient's life shall not be prescribed  
19 until the person performing the counseling determines that the patient is not  
20 suffering from a mental disorder or disease, including depression, that causes  
21 the patient to have impaired judgment.

1        § 5286. PALLIATIVE CARE CONSULTATION

2            If a patient is not receiving palliative care or hospice services at the  
3        time the written request for medication is made pursuant to this chapter,  
4        the patient’s attending physician shall refer the patient to a qualified  
5        health care provider for a palliative care consultation and shall attest to its  
6        completion pursuant to subdivision 5291(a)(5) of this title. For purposes  
7        of the palliative care consultation, a qualified health care provider shall be  
8        a health care provider with specialized training in hospice or palliative  
9        care, as determined by the Department of Health in consultation with the  
10       Hospice and Palliative Care Council of Vermont, the Vermont Board of  
11       Medical Practice, and the Vermont State Board of Nursing.

12       § 5287. INFORMED DECISION

13           A person shall not receive a prescription for medication to hasten his or her  
14        death unless the patient has made an informed decision. Immediately prior to  
15        writing a prescription for medication in accordance with this chapter, the  
16        attending physician shall verify that the patient is making an informed  
17        decision.

18       § 5288. RECOMMENDED REQUIRED NOTIFICATION

19           The attending physician shall recommend that the patient notify the  
20        patient’s next of kin or someone with whom the patient has a significant  
21        relationship of the patient’s request for medication in accordance with this

1 ~~chapter. A patient who declines or is unable to notify the next of kin or~~  
2 ~~the person with whom the patient has a significant relationship shall not~~  
3 ~~be refused medication in accordance with this chapter.~~

4 (a) The attending physician shall recommend that the patient notify  
5 the patient's next of kin or someone with whom the patient has a  
6 significant relationship of the patient's request for medication in  
7 accordance with this chapter.

8 (b) If the patient is unable or unwilling to notify his or her next of kin,  
9 the attending physician shall notify the patient's next of kin of the  
10 patient's request for medication in accordance with this chapter.

11 (c) A patient who has no surviving next of kin shall not be refused  
12 medication in accordance with this chapter.

13 § 5289. RIGHT TO RESCIND

14 A patient may rescind the request for medication in accordance with this  
15 chapter at any time and in any manner regardless of the patient's mental state.  
16 A prescription for medication under this chapter shall not be written without  
17 the attending physician's offering the patient an opportunity to rescind the  
18 request.

19 § 5290. WAITING PERIOD

20 The attending physician shall write a prescription no less than 48 hours after  
21 the last to occur of the following events:

1           (1) the patient’s written request for medication to hasten his or her  
2 death;

3           (2) the patient’s second oral request; or

4           (3) the attending physician’s offering the patient an opportunity to  
5 rescind the request.

6       § 5291. MEDICAL RECORD DOCUMENTATION

7           (a) The following shall be documented and filed in the patient’s medical  
8 record:

9           (1) the date, time, and wording of all oral requests of the patient for  
10 medication to hasten his or her death;

11           (2) all written requests by a patient for medication to hasten his or her  
12 death;

13           (3) the attending physician’s diagnosis, prognosis, and basis for the  
14 determination that the patient ~~has capacity is capable~~, is acting voluntarily,  
15 and has made an informed decision;

16           (4) the consulting physician’s diagnosis, prognosis, and verification,  
17 pursuant to section 5284 of this title, that the patient ~~has capacity is capable~~,  
18 is acting voluntarily, and has made an informed decision;

19           (5) if the patient was not receiving palliative care or hospice services  
20 at the time of the written request for medication, the attending physician’s  
21 attestation that the patient received a palliative care consultation;

1           (6) a report of the outcome and determinations made during any  
2           counseling which the patient may have received;

3           (7) the date, time, and wording of the attending physician's offer to the  
4           patient to rescind the request for medication at the time of the patient's second  
5           oral request; and

6           (8) a note by the attending physician indicating that all requirements  
7           under this chapter have been satisfied and describing all of the steps taken to  
8           carry out the request, including a notation of the medication prescribed.

9           (b) Medical records compiled pursuant to this chapter shall be subject to  
10          discovery only if the court finds that the records are necessary to resolve issues  
11          of compliance with or limitations on actions under this chapter.

12          § 5292. REPORTING REQUIREMENT

13          ~~(a) The Department of Health shall require that any physician who~~  
14          ~~writes a prescription pursuant to this chapter file a report with the~~  
15          ~~Department covering all the prerequisites for writing a prescription under~~  
16          ~~this chapter. In addition, physicians shall report the number of written~~  
17          ~~requests for medication that were received, regardless of whether a~~  
18          ~~prescription was actually written in each instance.~~

19          (a) The Department of Health shall require:

1           (1) that any physician who writes a prescription pursuant to this  
2 chapter file a report with the Department covering all the prerequisites  
3 for writing a prescription under this chapter; and

4           (2) physicians to report on an annual basis the number of written  
5 requests for medication received pursuant to this chapter, regardless of  
6 whether a prescription was actually written in each instance.

7           (b) The Department shall review annually the medical records of qualified  
8 patients who ~~have~~ hastened their deaths in accordance with this chapter **during**  
9 the previous year.

10           (c) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 to  
11 facilitate the collection of information regarding compliance with this chapter.  
12 ~~Individual medical information collected and reports filed pursuant to~~  
13 ~~subsection (a) of this section are confidential and are exempt from public~~  
14 ~~inspection and copying under the Public Records Act. Individually~~  
15 ~~identifiable health information collected under this chapter, as well as~~  
16 ~~reports filed pursuant to subdivision (a)(1) of this section, are confidential~~  
17 ~~and are exempt from public inspection and copying under the Public~~  
18 ~~Records Act.~~

19           (d) The Department shall generate and make available to the public an  
20 annual statistical report of information collected under subsections (a) and (b)  
21 of this section. The report shall include the number of instances in which

1 medication was taken by a qualified patient to hasten death but failed to have  
2 the intended effect.

3 § 5293. SAFE DISPOSAL OF UNUSED MEDICATIONS

4 The Department of Health shall adopt rules providing for the safe disposal  
5 of unused medications prescribed under this chapter.

6 (1) The Department initially shall adopt rules under this section as  
7 emergency rules pursuant to 3 V.S.A. § 844. The General Assembly  
8 determines that adoption of emergency rules pursuant to this subdivision is  
9 necessary to address an imminent peril to public health and safety.

10 (2) Contemporaneously with the initial adoption of emergency rules  
11 under subdivision (1) of this section, the Department shall propose permanent  
12 rules under this section for adoption pursuant to 3 V.S.A. §§ 836–843. The  
13 Department subsequently may revise these rules in accordance with the  
14 Vermont Administrative Procedure Act.

15 § 5294. PROHIBITIONS; CONTRACT CONSTRUCTION

16 (a) A provision in a contract, will, trust, or other agreement, whether  
17 written or oral, shall not be valid to the extent the provision would affect  
18 whether a person may make or rescind a request for medication to hasten his or  
19 her death in accordance with this chapter.

20 (b) The sale, procurement, or issue of any life, health, or accident insurance  
21 or annuity policy or the rate charged for any policy shall not be conditioned

1 upon or affected by the making or rescinding of a request by a person for  
2 medication to hasten his or her death in accordance with this chapter or the act  
3 by a qualified patient to hasten his or her death pursuant to this chapter.

4 Neither shall a qualified patient's act of ingesting medication to hasten his or  
5 her death have an effect on a life, health, or accident insurance or annuity  
6 policy.

7 § 5295. LIMITATIONS ON ACTIONS

8 (a) A person shall not be subject to civil or criminal liability or professional  
9 disciplinary action for actions taken in good faith reliance on the provisions of  
10 this chapter. This includes being present when a qualified patient takes the  
11 prescribed medication to hasten his or her death in accordance with this  
12 chapter.

13 (b) A ~~professional organization or association or~~ health care provider  
14 shall not subject a person to ~~eensure,~~ discipline, suspension, loss of license,  
15 loss of privileges, ~~loss of membership,~~ or other penalty for actions taken in  
16 good faith reliance on the provisions of this chapter or refusals to act under this  
17 chapter.

18 (c) ~~A~~ The provision by an attending physician of medication in good faith  
19 reliance on the provisions of this chapter shall not constitute patient neglect for  
20 any purpose of law.

1       (d) A request by a patient for medication under this chapter shall not  
2       provide the sole basis for the appointment of a guardian or conservator.

3       (e) A health care provider shall not be under any duty, whether by contract,  
4       by statute, or by any other legal requirement, to participate in the provision to a  
5       qualified patient of medication to hasten his or her death in accordance with  
6       this chapter. If a health care provider is unable or unwilling to carry out a  
7       patient's request in accordance with this chapter and the patient transfers his or  
8       her care to a new health care provider, the previous health care provider, upon  
9       request, shall transfer a copy of the patient's relevant medical records to the  
10       new health care provider. A decision by a health care provider not to  
11       participate in the provision of medication to a qualified patient shall not  
12       constitute the abandonment of the patient or unprofessional conduct under  
13       26 V.S.A. § 1354.

14       § 5296. HEALTH CARE FACILITY EXCEPTION

15       Notwithstanding any other provision of law to the contrary, a health care  
16       facility may prohibit an attending physician from writing a prescription for  
17       medication under this chapter for a patient who is a resident in its facility and  
18       intends to use the medication on the facility's premises, provided the facility  
19       has notified the attending physician in writing of its policy with regard to the  
20       prescriptions. Notwithstanding subsection 5295(b) of this title, any health care

1 provider who violates a policy established by a health care facility under this  
2 section may be subject to sanctions otherwise allowable under law or contract.

3 **§ 5297. LIABILITIES AND PENALTIES**

4 (a) With the exception of the limitations on actions established by section  
5 5295 of this title and with the exception of the provisions of section 5299 of  
6 this title, nothing in this chapter shall be construed to limit liability for civil  
7 damages resulting from negligent conduct or intentional misconduct by any  
8 person.

9 (b) With the exception of the limitations on actions established by section  
10 5295 of this title and with the exception of the provisions of section 5299 of  
11 this title, nothing in this chapter or in 13 V.S.A. § 2312 shall be construed to  
12 limit criminal prosecution under any other provision of law.

13 (c) A health care provider is subject to review and disciplinary action by  
14 the appropriate licensing entity for failing to act in accordance with this  
15 chapter, provided such failure is not in good faith.

16 **§ 5298. FORM OF THE WRITTEN REQUEST**

17 A written request for medication as authorized by this chapter shall be  
18 substantially in the following form:

19 **REQUEST FOR MEDICATION TO HASTEN MY DEATH**

20 I, \_\_\_\_\_, am an adult of sound mind.

1        I am suffering from \_\_\_\_\_, which my attending physician has  
2        determined is a terminal disease and which has been confirmed by a consulting  
3        physician.

4        I have been fully informed of my diagnosis, prognosis, the nature of  
5        medication to be prescribed and potential associated risks, the expected result,  
6        and the feasible end-of-life services, including palliative care, comfort care,  
7        hospice care, and pain control.

8        I request that my attending physician prescribe medication that will hasten  
9        my death.

10       INITIAL ONE:

11       \_\_\_\_\_ I have informed my family or others with whom I have a significant  
12       relationship of my decision and taken their opinions into consideration.

13       \_\_\_\_\_ I have decided not to inform my family or others with whom I have a  
14       significant relationship of my decision.

15       \_\_\_\_\_ I have no family or others with whom I have a significant relationship to  
16       inform of my decision.

17       I understand that I have the right to change my mind at any time.

18       I understand the full import of this request, and I expect to die when I take  
19       the medication to be prescribed. I further understand that although most deaths  
20       occur within three hours, my death may take longer, and my physician has  
21       counseled me about this possibility.

1        I make this request voluntarily and without reservation, and I accept full  
2 moral responsibility for my actions.

3        Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

4        AFFIRMATION OF WITNESSES

5        We affirm that, to the best of our knowledge and belief:

6                (1) the person signing this request:

7                        (A) is personally known to us or has provided proof of identity;

8                        (B) signed this request in our presence;

9                        (C) appears to understand the nature of the document and to be free  
10 from duress or undue influence at the time the request was signed; and

11                (2) that neither of us:

12                        (A) is under 18 years of age;

13                        (B) is a relative (by blood, marriage, civil union, or adoption) of the  
14 person signing this request;

15                        (C) is the patient's attending physician, consulting physician, or a  
16 person who has provided counseling for the patient pursuant to 18 V.S.A.  
17 § 5285;

18                        (D) is entitled to any portion of the person's assets or estate upon  
19 death; or

20                        (E) owns, operates, or is employed at a health care facility where the  
21 person is a patient or resident.

1 Witness 1/Date \_\_\_\_\_

2 Witness 2/Date \_\_\_\_\_

3 NOTE: A knowingly false affirmation by a witness may result in criminal  
4 penalties.

5 § 5299. STATUTORY CONSTRUCTION

6 Nothing in this chapter shall be construed to authorize a physician or any  
7 other person to end a patient's life by lethal injection, mercy killing, or active  
8  euthanasia. Action taken in accordance with this chapter ~~shall not be~~  
9 ~~considered tortious under law and~~ shall not be construed for any purpose to  
10 constitute suicide, assisted suicide, mercy killing, or homicide under the law.

11 Sec. 3. 13 V.S.A. § 2312 is added to read:

12 § 2312. VIOLATION OF PATIENT CHOICE AND CONTROL AT END OF  
13 LIFE ACT

14 A person who violates 18 V.S.A. chapter 113 with the intent to cause the  
15 death of a patient as defined in subdivision 5281(11) of that title may be  
16 prosecuted under chapter 53 of this title (homicide).

17 Sec. 4. 13 V.S.A. § 2004 is added to read:

18 § 2004. FALSE WITNESSING

19 A person who knowingly violates the requirements of 18 V.S.A. § 5282(c)  
20 shall be imprisoned for not more than 10 years or fined not more than  
21 \$2,000.00, or both.

1       Sec. 5. REQUEST FOR EXCEPTION DETERMINATION

2           On or before July 1, 2013, the Governor or designee shall submit a  
3           written request to the Secretary of the U.S. Department of Health and  
4           Human Services pursuant to 45 C.F.R. § 160.204 for an exception from  
5           the federal Health Insurance Portability and Accountability Act of 1996,  
6           Pub. L. No. 104-191, to allow an attending physician to notify a patient's  
7           next of kin of a patient's request for medication pursuant to 18 V.S.A.  
8           § 5288(b).

9       Sec. 6. QUALIFIED HEALTH CARE PROVIDERS

10           On or before September 1, 2013, the Department of Health shall  
11           publish on its website a list of the specific categories of health care  
12           providers qualified to provide palliative care consultations in accordance  
13           with 18 V.S.A. § 5286.

14       Sec. 7. EFFECTIVE DATES

15           This act shall take effect on September 1, 2013, except:

16           (1) 18 V.S.A. § 5293 (rules for safe disposal of unused medications)  
17           of this act shall take effect on passage. The Department of Health shall  
18           ensure that emergency rules adopted under Sec. 2 of this act, 18 V.S.A. §  
19           5293, are in effect on or before September 1, 2013.

20           (2) Secs. 5 (request for exception determination) and 6 (qualified  
21           health care providers) of this act shall take effect on passage