

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 74 entitled “An act relating to modifications to Vermont’s patient choice at  
4 end of life laws” respectfully reports that it has considered the same and  
5 recommends that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

7 Sec. 1. 18 V.S.A. § 5281 is amended to read:

8 § 5281. DEFINITIONS

9 As used in this chapter:

10 \* \* \*

11 (11) “Health care services” means services for the diagnosis, prevention,  
12 treatment, cure, or relief of a health condition, illness, injury, or disease.

13 (12) “Telemedicine” means the delivery of health care services such as  
14 diagnosis, consultation, or treatment through the use of live interactive audio  
15 and video over a secure connection that complies with the requirements of the  
16 Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-  
17 191.

18 Sec. 2. 18 V.S.A. § 5283 is amended to read:

19 § 5283. REQUIREMENTS FOR PRESCRIPTION AND

20 DOCUMENTATION; IMMUNITY

1 (a) A physician shall not be subject to any civil or criminal liability or  
2 professional disciplinary action if the physician prescribes to a patient with a  
3 terminal condition medication to be self-administered for the purpose of  
4 hastening the patient's death and the physician affirms by documenting in the  
5 patient's medical record that all of the following occurred:

6 (1) The patient made an oral request to the physician in the physician's  
7 physical presence or by telemedicine, if the physician determines the use of  
8 telemedicine to be clinically appropriate, for medication to be self-  
9 administered for the purpose of hastening the patient's death.

10 (2) ~~No~~ Not fewer than 15 days after the first oral request, the patient  
11 made a second oral request to the physician in the physician's physical  
12 presence or by telemedicine, if the physician determines the use of  
13 telemedicine to be clinically appropriate, for medication to be self-  
14 administered for the purpose of hastening the patient's death.

15 \* \* \*

16 (5) The physician determined that the patient:  
17 (A) was suffering a terminal condition, based on the physician's  
18 ~~physical examination of the patient and~~ review of the patient's relevant  
19 medical records and a physician's physical examination of the patient;

20 (B) was capable;

21 (C) was making an informed decision;

1 (D) had made a voluntary request for medication to hasten ~~his or her~~  
2 the patient's own death; and

3 (E) was a Vermont resident.

4 (6) The physician informed the patient in person or by telemedicine,  
5 both verbally and in writing, of all the following:

6 \* \* \*

7 (12) The physician wrote the prescription ~~no fewer than 48 hours~~ after  
8 the last to occur of the following events:

9 (A) the patient's written request for medication to hasten ~~his or her~~  
10 the patient's own death;

11 (B) the patient's second oral request; ~~or~~ and

12 (C) the physician's offering the patient an opportunity to rescind the  
13 request.

14 (13) The physician either:

15 (A) dispensed the medication directly, provided that at the time the  
16 physician dispensed the medication, ~~he or she~~ the physician was licensed to  
17 dispense medication in Vermont, had a current Drug Enforcement  
18 Administration certificate, and complied with any applicable administrative  
19 rules; or

20 \* \* \*

1           (14) The physician recorded and filed the following in the patient’s  
2 medical record:

3               (A) the date, time, and wording of all oral requests of the patient for  
4 medication to hasten ~~his or her~~ the patient’s own death;

5               (B) all written requests by the patient for medication to hasten ~~his or~~  
6 ~~her~~ the patient’s own death;

7               (C) the physician’s diagnosis, prognosis, and basis for the  
8 determination that the patient was capable, was acting voluntarily, and had  
9 made an informed decision;

10              (D) the second physician’s diagnosis, prognosis, and verification that  
11 the patient was capable, was acting voluntarily, and had made an informed  
12 decision;

13              (E) the physician’s attestation that the patient was enrolled in hospice  
14 care at the time of the patient’s oral and written requests for medication to  
15 hasten ~~his or her~~ the patient’s own death or that the physician informed the  
16 patient of all feasible end-of-life services;

17   \* \* \*

18 Sec. 3. 18 V.S.A. § 5285 is amended to read:

19 § 5285. LIMITATIONS ON ACTIONS

20   \* \* \*

1           (c) No physician, nurse, pharmacist, or other person licensed, certified, or  
2           otherwise authorized by law to deliver health care services in this State shall be  
3           subject to civil or criminal liability or professional disciplinary action for  
4           acting in good faith compliance with the provisions of this chapter.

5           (d) Except as otherwise provided in this section and sections 5283, 5289,  
6           and 5290 of this title, nothing in this chapter shall be construed to limit liability  
7           for civil damages resulting from negligent conduct or intentional misconduct  
8           by any person.

9           Sec. 4. EFFECTIVE DATE

10           This act shall take effect on passage.

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(Committee vote: \_\_\_\_\_)

\_\_\_\_\_  
Senator \_\_\_\_\_  
FOR THE COMMITTEE