

First Regular Session
Seventieth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 15-0019.01 Christy Chase x2008

HOUSE BILL 15-1135

HOUSE SPONSORSHIP

Court and Ginal,

SENATE SPONSORSHIP

Guzman, Merrifield

House Committees

Public Health Care & Human Services

Senate Committees

A BILL FOR AN ACT

101 CONCERNING A TERMINALLY ILL INDIVIDUAL'S FREEDOM TO MAKE
102 END-OF-LIFE DECISIONS.

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 Death with Dignity Act" (act), which authorizes an individual with a terminal illness to request, and the individual's attending physician to prescribe to the individual for self-administration by ingestion, life-ending medication intended to hasten the individual's death. The individual must:

! Be a Colorado resident;

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.

- ! Be an adult who is able to make and communicate health care decisions;
- ! Have a terminal illness; and
- ! Voluntarily request life-ending medication to self-administer by ingestion.

The act outlines the manner by which a terminally ill individual must request life-ending medication to self-administer by ingestion, which includes:

- ! A requirement to make the request orally on 2 separate occasions and by a written, signed, and witness-verified request;
- ! A waiting period between the oral requests, the written request, and the time the attending physician may write the prescription; and
- ! The individual's right to rescind the request at any time and in any manner.

Any person who participates in the life-ending process, including a physician who prescribes life-ending medication to an individual with a terminal illness, is protected from civil and criminal liability and professional disciplinary action if the physician or other person acts in good-faith compliance with the requirements of the act. The attending physician is required to:

- ! Determine that an individual is suffering from a terminal illness, is capable, is making the request voluntarily, and is a Colorado resident;
- ! Inform the individual of his or her medical diagnosis and prognosis, the potential risks and probable result of taking the medication, and feasible alternatives;
- ! Refer the individual to a consulting physician for medical confirmation of the diagnosis, prognosis, and a determination that the patient is capable and is acting voluntarily;
- ! Refer the individual for counseling, if appropriate;
- ! Inform the individual of his or her right to rescind the request for life-ending medication at any time; and
- ! Document in the individual's medical record the procedures followed and related facts.

The bill requires the physician to either dispense the medication directly to the patient or, with the patient's consent, contact a pharmacist about the prescription and personally deliver, mail, or electronically transmit the prescription to the pharmacist, who can dispense the medication to the patient, the patient's expressly identified agent, or the physician.

A health care provider cannot discipline a physician, nurse, pharmacist, or other health care provider for actions taken in good-faith

compliance with the act or for refusing to act; however, a provider that has a policy prohibiting other health care providers from participating under the act while on the provider's premises and that notifies providers of that policy may sanction a provider who violates the policy.

A person who is present when a terminally ill individual self-administers by ingestion life-ending medication is not subject to criminal or civil liability for failing to prevent the patient from self-administering the medication. Physicians, nurses, pharmacists, or other health care providers have no duty to participate in providing life-ending medication to a terminally ill individual.

The bill specifies that life, health, or accident insurance or annuity policies cannot be affected by a terminally ill individual's request for or ingestion of medication to end his or her life.

The act does not authorize a health care provider to end an individual's life by lethal injection, mercy killing, or active euthanasia and clarifies that a health care provider does not engage in those prohibited activities when he or she participates under the act to assist a terminally ill individual in obtaining life-ending medication.

A person commits a class 2 felony if he or she:

- ! Without the permission of the terminally ill individual, willfully alters or forges a request for life-ending medication or conceals or destroys a rescission of the request; or
- ! Coerces or exerts undue influence on a terminally ill individual to request life-ending medication or to destroy a rescission of the request.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 47 to title
3 25 as follows:

4 **ARTICLE 47**

5 **Death with Dignity**

6 **25-47-101. Short title.** THIS ARTICLE SHALL BE KNOWN AND MAY
7 BE CITED AS THE "COLORADO DEATH WITH DIGNITY ACT".

8 **25-47-102. Definitions.** AS USED IN THIS ARTICLE, UNLESS THE
9 CONTEXT OTHERWISE REQUIRES:

10 (1) "ADULT" MEANS AN INDIVIDUAL WHO IS EIGHTEEN YEARS OF

1 AGE OR OLDER.

2 (2) "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS
3 PRIMARY RESPONSIBILITY FOR THE CARE OF THE TERMINALLY ILL
4 INDIVIDUAL AND THE TREATMENT OF THE INDIVIDUAL'S TERMINAL
5 ILLNESS.

6 (3) "CAPABLE" MEANS THAT, IN THE OPINION OF A COURT OR THE
7 TERMINALLY ILL INDIVIDUAL'S ATTENDING PHYSICIAN OR CONSULTING
8 PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST, A TERMINALLY ILL
9 INDIVIDUAL HAS THE ABILITY TO MAKE AND COMMUNICATE HEALTH CARE
10 DECISIONS TO HEALTH CARE PROVIDERS, INCLUDING COMMUNICATION
11 THROUGH PERSONS FAMILIAR WITH THE INDIVIDUAL'S MANNER OF
12 COMMUNICATING IF THOSE PERSONS ARE AVAILABLE.

13 (4) "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS
14 QUALIFIED BY SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL
15 DIAGNOSIS AND PROGNOSIS REGARDING A TERMINALLY ILL INDIVIDUAL'S
16 ILLNESS.

17 (5) "COUNSELING" MEANS ONE OR MORE CONSULTATIONS AS
18 NECESSARY BETWEEN A PSYCHIATRIST OR LICENSED PSYCHOLOGIST AND
19 A TERMINALLY ILL INDIVIDUAL FOR THE PURPOSE OF DETERMINING
20 WHETHER THE INDIVIDUAL IS CAPABLE AND NOT SUFFERING FROM A
21 PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION THAT IMPAIRS
22 HIS OR HER ABILITY TO MAKE AN INFORMED DECISION.

23 (6) "HEALTH CARE PROVIDER" MEANS A PERSON WHO, PURSUANT
24 TO A LICENSE, CERTIFICATION, REGISTRATION, OR OTHER AUTHORITY
25 GRANTED IN STATE LAW, IS AUTHORIZED TO ADMINISTER HEALTH CARE OR
26 DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR
27 PRACTICE OF A PROFESSION. THE TERM INCLUDES A HEALTH CARE

1 FACILITY.

2 (7) "INFORMED DECISION" MEANS A DECISION MADE BY A
3 QUALIFIED INDIVIDUAL TO REQUEST AND OBTAIN A PRESCRIPTION TO END
4 HIS OR HER LIFE IN A HUMANE AND DIGNIFIED MANNER THAT IS:

5 (a) BASED ON AN APPRECIATION OF THE RELEVANT FACTS; AND

6 (b) MADE AFTER THE ATTENDING PHYSICIAN FULLY INFORMS THE
7 QUALIFIED INDIVIDUAL OF:

8 (I) HIS OR HER MEDICAL DIAGNOSIS;

9 (II) HIS OR HER PROGNOSIS;

10 (III) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
11 MEDICATION TO BE PRESCRIBED;

12 (IV) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE
13 PRESCRIBED; AND

14 (V) THE FEASIBLE ALTERNATIVES, INCLUDING PALLIATIVE CARE,
15 HOSPICE CARE, AND PAIN CONTROL.

16 (8) "LICENSED PSYCHOLOGIST" MEANS A PERSON LICENSED UNDER
17 PART 3 OF ARTICLE 43 OF TITLE 12, C.R.S., TO PRACTICE PSYCHOLOGY.

18 (9) "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 (10) "PALLIATIVE CARE" MEANS SPECIALIZED MEDICAL CARE THAT
23 IS FOCUSED ON PROVIDING A SERIOUSLY ILL PATIENT WITH RELIEF FROM
24 SYMPTOMS, PAIN, AND STRESS FROM THE SERIOUS ILLNESS, REGARDLESS
25 OF THE DIAGNOSIS. THE GOAL OF PALLIATIVE CARE IS TO IMPROVE
26 QUALITY OF LIFE FOR BOTH THE PATIENT AND THE PATIENT'S FAMILY.
27 PALLIATIVE CARE IS PROVIDED BY A TEAM OF PHYSICIANS, NURSES, AND

1 OTHER SPECIALISTS WHO WORK WITH A PATIENT'S OTHER HEALTH CARE
2 PROVIDERS TO PROVIDE AN EXTRA LAYER OF SUPPORT. PALLIATIVE CARE
3 CAN BE APPROPRIATE AT ANY PATIENT AGE AND AT ANY STAGE OF A
4 PATIENT'S SERIOUS ILLNESS AND CAN BE PROVIDED TOGETHER WITH
5 CURATIVE TREATMENT. UNLESS OTHERWISE INDICATED, "PALLIATIVE
6 CARE" IS SYNONYMOUS WITH THE TERMS "COMFORT CARE", "SUPPORTIVE
7 CARE", AND SIMILAR DESIGNATIONS.

8 (11) (a) "PARTICIPATE UNDER THIS ARTICLE" OR "PARTICIPATING
9 UNDER THIS ARTICLE" MEANS TO ENGAGE IN AN ACT PERMITTED BY THIS
10 ARTICLE IN GOOD-FAITH COMPLIANCE WITH THE REQUIREMENTS OF THIS
11 ARTICLE, INCLUDING:

12 (I) PERFORMING THE DUTIES OR FUNCTIONS OF AN ATTENDING
13 PHYSICIAN PURSUANT TO SECTION 25-47-105, A CONSULTING PHYSICIAN
14 PURSUANT TO SECTION 25-47-106, OR A PSYCHIATRIST OR LICENSED
15 PSYCHOLOGIST PURSUANT TO SECTION 25-47-107;

16 (II) BEING PRESENT WHEN A QUALIFIED INDIVIDUAL
17 SELF-ADMINISTERS BY INGESTION LIFE-ENDING MEDICATIONS; OR

18 (III) NOT ACTING TO PREVENT A QUALIFIED INDIVIDUAL FROM
19 SELF-ADMINISTERING BY INGESTION LIFE-ENDING MEDICATION.

20 (b) THE TERM DOES NOT INCLUDE:

21 (I) MAKING AN INITIAL DETERMINATION THAT AN INDIVIDUAL HAS
22 A TERMINAL ILLNESS AND INFORMING THE INDIVIDUAL OF THE MEDICAL
23 PROGNOSIS;

24 (II) PROVIDING INFORMATION ABOUT THE "COLORADO DEATH
25 WITH DIGNITY ACT" TO AN INDIVIDUAL UPON HIS OR HER REQUEST;

26 (III) PROVIDING AN INDIVIDUAL, UPON REQUEST, WITH A REFERRAL
27 TO ANOTHER PHYSICIAN; OR

1 (IV) AN INDIVIDUAL CONTRACTING WITH HIS OR HER ATTENDING
2 PHYSICIAN AND CONSULTING PHYSICIAN TO ACT OUTSIDE THE COURSE AND
3 SCOPE OF THE PHYSICIAN'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT
4 CONTRACTOR OF ANOTHER HEALTH CARE PROVIDER.

5 (12) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR A DOCTOR OF
6 OSTEOPATHY LICENSED TO PRACTICE MEDICINE UNDER ARTICLE 36 OF
7 TITLE 12, C.R.S.

8 (13) "QUALIFIED INDIVIDUAL" MEANS A CAPABLE ADULT WHO IS
9 A RESIDENT OF THIS STATE AND HAS SATISFIED THE REQUIREMENTS OF
10 SECTION 25-47-103 IN ORDER TO REQUEST A PRESCRIPTION FOR
11 LIFE-ENDING MEDICATION TO BE SELF-ADMINISTERED BY INGESTION.

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

16 **25-47-103. Individuals permitted to request life-ending**
17 **medication.** (1) AN INDIVIDUAL IS QUALIFIED TO MAKE A REQUEST FOR
18 MEDICATION FOR THE PURPOSE OF SELF-ADMINISTERING THE MEDICATION
19 BY INGESTION TO END HIS OR HER LIFE IN A HUMANE AND DIGNIFIED
20 MANNER IN ACCORDANCE WITH THIS ARTICLE IF THE INDIVIDUAL:

- 21 (a) IS AN ADULT;
- 22 (b) IS CAPABLE;
- 23 (c) IS A COLORADO RESIDENT;
- 24 (d) IS SUFFERING FROM A TERMINAL ILLNESS, AS DETERMINED BY
25 THE ATTENDING PHYSICIAN AND MEDICALLY CONFIRMED BY A
26 CONSULTING PHYSICIAN; AND
- 27 (e) HAS VOLUNTARILY EXPRESSED HIS OR HER WISH TO DIE.

1 (2) A PERSON DOES NOT QUALIFY UNDER THIS ARTICLE SOLELY
2 BECAUSE OF AGE OR DISABILITY.

3 **25-47-104. Written and oral requests for life-ending**
4 **medication - two oral requests required - waiting period - form of**
5 **written request - right to rescind.** (1) (a) IN ORDER TO RECEIVE A
6 PRESCRIPTION FOR MEDICATION TO SELF-ADMINISTER BY INGESTION TO
7 END ONE'S LIFE IN A HUMANE AND DIGNIFIED MANNER, A QUALIFIED
8 INDIVIDUAL MUST MAKE TWO ORAL REQUESTS AND A WRITTEN REQUEST
9 FOR LIFE-ENDING MEDICATION. EACH REQUEST MUST BE MADE TO THE
10 INDIVIDUAL'S ATTENDING PHYSICIAN. THE QUALIFIED INDIVIDUAL MUST
11 MAKE THE SECOND ORAL REQUEST TO HIS OR HER ATTENDING PHYSICIAN
12 NO SOONER THAN FIFTEEN DAYS AFTER MAKING THE INITIAL ORAL
13 REQUEST. AT THE TIME THE QUALIFIED INDIVIDUAL MAKES HIS OR HER
14 SECOND ORAL REQUEST, THE ATTENDING PHYSICIAN SHALL OFFER THE
15 QUALIFIED INDIVIDUAL AN OPPORTUNITY TO RESCIND THE REQUEST.

16 (b) THE ATTENDING PHYSICIAN SHALL NOT WRITE A PRESCRIPTION
17 FOR LIFE-ENDING MEDICATION WITHIN:

18 (I) FIFTEEN DAYS AFTER THE QUALIFIED INDIVIDUAL MAKES AN
19 INITIAL ORAL REQUEST FOR THE MEDICATION; AND

20 (II) FORTY-EIGHT HOURS AFTER THE QUALIFIED INDIVIDUAL
21 MAKES A WRITTEN REQUEST FOR THE MEDICATION.

22 (2) (a) TO BE VALID, A WRITTEN REQUEST FOR LIFE-ENDING
23 MEDICATION MUST BE:

24 (I) SUBSTANTIALLY IN THE SAME FORM AS SET FORTH IN THIS
25 SECTION;

26 (II) SIGNED AND DATED BY A QUALIFIED INDIVIDUAL; AND

27 (III) WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE

1 PRESENCE OF THE QUALIFIED INDIVIDUAL, ATTEST TO THE BEST OF THEIR
2 KNOWLEDGE AND BELIEF THAT THE QUALIFIED INDIVIDUAL IS CAPABLE, IS
3 ACTING VOLUNTARILY, AND IS NOT BEING COERCED TO SIGN THE REQUEST.

4 (b) OF THE TWO WITNESSES TO THE WRITTEN REQUEST, ONE MUST
5 NOT BE:

6 (I) A RELATIVE OF THE QUALIFIED INDIVIDUAL BY BLOOD,
7 MARRIAGE, CIVIL UNION, OR ADOPTION;

8 (II) AN INDIVIDUAL WHO, AT THE TIME THE REQUEST IS SIGNED,
9 WOULD BE ENTITLED, UNDER A WILL OR BY OPERATION OF LAW, TO ANY
10 PORTION OF THE QUALIFIED INDIVIDUAL'S ESTATE UPON HIS OR HER DEATH;
11 OR

12 (III) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE
13 FACILITY WHERE THE QUALIFIED INDIVIDUAL IS RECEIVING MEDICAL
14 TREATMENT OR IS A RESIDENT.

15 (c) NEITHER THE QUALIFIED INDIVIDUAL'S ATTENDING PHYSICIAN
16 NOR THE PSYCHIATRIST OR LICENSED PSYCHOLOGIST WHO PROVIDES
17 COUNSELING TO THE QUALIFIED INDIVIDUAL PURSUANT TO SECTION
18 25-47-107 CAN BE A WITNESS TO THE WRITTEN REQUEST.

19 (3) A REQUEST FOR LIFE-ENDING MEDICATION MUST BE IN
20 SUBSTANTIALLY THE FOLLOWING FORM:

21 REQUEST FOR MEDICATION TO END MY LIFE
22 IN A HUMANE AND DIGNIFIED MANNER

23 I, _____, AM AN ADULT OF SOUND MIND. I AM SUFFERING
24 FROM _____, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS A
25 TERMINAL ILLNESS AND WHICH HAS BEEN MEDICALLY CONFIRMED BY A
26 CONSULTING PHYSICIAN. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS,
27 PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED AND

1 POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, AND THE FEASIBLE
2 ALTERNATIVES, INCLUDING PALLIATIVE CARE, HOSPICE CARE, AND PAIN
3 CONTROL.

4 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICATION I CAN
5 SELF-ADMINISTER BY INGESTION THAT WILL END MY LIFE IN A HUMANE
6 AND DIGNIFIED MANNER.

7 INITIAL ONE:

8 _____ I HAVE INFORMED MY FAMILY OF MY DECISION AND HAVE TAKEN
9 THEIR OPINIONS INTO CONSIDERATION.

10 _____ I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

11 _____ I HAVE NO FAMILY TO INFORM OF MY DECISION.

12 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY
13 TIME.

14 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST, AND I EXPECT TO DIE
15 WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I FURTHER
16 UNDERSTAND THAT ALTHOUGH MOST DEATHS OCCUR WITHIN THREE
17 HOURS, MY DEATH MAY TAKE LONGER. MY PHYSICIAN HAS COUNSELED ME
18 ABOUT THIS POSSIBILITY.

19 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I
20 ACCEPT FULL MORAL RESPONSIBILITY FOR MY ACTIONS.

21 SIGNED: _____

22 DATED: _____

23 **DECLARATION OF WITNESSES**

24 WE DECLARE THAT THE INDIVIDUAL SIGNING THIS REQUEST:

25 (a) IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
26 IDENTITY;

27 (b) SIGNED THIS REQUEST IN OUR PRESENCE;

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

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

5 _____ WITNESS 1/DATE

6 _____ WITNESS 2/DATE

7 NOTE: ONE WITNESS MUST NOT BE A RELATIVE (BY BLOOD, MARRIAGE,
8 CIVIL UNION, OR ADOPTION) OF THE INDIVIDUAL SIGNING THIS REQUEST,
9 MUST NOT BE ENTITLED TO ANY PORTION OF THE INDIVIDUAL'S ESTATE
10 UPON DEATH, AND MUST NOT OWN, OPERATE, OR BE EMPLOYED AT A
11 HEALTH CARE FACILITY WHERE THE INDIVIDUAL IS A PATIENT OR
12 RESIDENT.

13 (4) A QUALIFIED INDIVIDUAL MAY RESCIND HIS OR HER REQUEST
14 FOR LIFE-ENDING MEDICATION AT ANY TIME AND IN ANY MANNER
15 WITHOUT REGARD TO HIS OR HER MENTAL STATE. AN ATTENDING
16 PHYSICIAN SHALL NOT WRITE A PRESCRIPTION FOR LIFE-ENDING
17 MEDICATION UNDER THIS ARTICLE UNLESS THE ATTENDING PHYSICIAN
18 OFFERS THE QUALIFIED INDIVIDUAL AN OPPORTUNITY TO RESCIND THE
19 REQUEST FOR THE MEDICATION IN ACCORDANCE WITH SUBSECTION (1) OF
20 THIS SECTION.

21 **25-47-105. Attending physician responsibilities.** (1) THE
22 ATTENDING PHYSICIAN SHALL:

23 (a) MAKE THE INITIAL DETERMINATION OF WHETHER AN
24 INDIVIDUAL MAKING A REQUEST FOR LIFE-ENDING MEDICATION HAS A
25 TERMINAL ILLNESS, IS CAPABLE, AND HAS MADE THE REQUEST
26 VOLUNTARILY;

27 (b) REQUEST THAT THE INDIVIDUAL DEMONSTRATE COLORADO

1 RESIDENCY PURSUANT TO SECTION 25-47-112;

2 (c) INFORM THE INDIVIDUAL OF THE FOLLOWING IN ORDER TO
3 ENSURE THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION:

4 (I) HIS OR HER MEDICAL DIAGNOSIS;

5 (II) HIS OR HER PROGNOSIS;

6 (III) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE
7 MEDICATION TO BE PRESCRIBED;

8 (IV) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE
9 PRESCRIBED; AND

10 (V) THE FEASIBLE ALTERNATIVES, INCLUDING PALLIATIVE CARE,
11 HOSPICE CARE, AND PAIN CONTROL;

12 (d) REFER THE INDIVIDUAL TO A CONSULTING PHYSICIAN OF THE
13 INDIVIDUAL'S CHOOSING FOR MEDICAL CONFIRMATION OF THE DIAGNOSIS
14 AND PROGNOSIS AND FOR A DETERMINATION OF WHETHER THE INDIVIDUAL
15 IS CAPABLE AND ACTING VOLUNTARILY;

16 (e) REFER THE INDIVIDUAL FOR COUNSELING, IF APPROPRIATE,
17 PURSUANT TO SECTION 25-47-107;

18 (f) RECOMMEND THAT THE INDIVIDUAL NOTIFY HIS OR HER NEXT
19 OF KIN ABOUT THE REQUEST;

20 (g) COUNSEL THE INDIVIDUAL ABOUT THE IMPORTANCE OF HAVING
21 ANOTHER PERSON PRESENT WHEN THE INDIVIDUAL SELF-ADMINISTERS BY
22 INGESTION THE LIFE-ENDING MEDICATION PRESCRIBED PURSUANT TO THIS
23 ARTICLE AND OF INGESTING THE LIFE-ENDING MEDICATION IN A PRIVATE
24 PLACE;

25 (h) INFORM THE INDIVIDUAL THAT HE OR SHE HAS AN
26 OPPORTUNITY TO RESCIND THE REQUEST AT ANY TIME AND IN ANY
27 MANNER AND OFFER THE INDIVIDUAL AN OPPORTUNITY TO RESCIND

1 PURSUANT TO SECTION 25-47-104 (1) (a);

2 (i) VERIFY, IMMEDIATELY PRIOR TO WRITING THE PRESCRIPTION
3 FOR LIFE-ENDING MEDICATION, THAT THE QUALIFIED INDIVIDUAL IS
4 MAKING AN INFORMED DECISION;

5 (j) FULFILL THE MEDICAL RECORD DOCUMENTATION
6 REQUIREMENTS OF SECTION 25-47-110;

7 (k) ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN
8 ACCORDANCE WITH THIS ARTICLE PRIOR TO WRITING A PRESCRIPTION FOR
9 MEDICATION TO ENABLE A QUALIFIED INDIVIDUAL TO END HIS OR HER LIFE
10 IN A HUMANE AND DIGNIFIED MANNER; AND

11 (l) (I) DISPENSE MEDICATIONS DIRECTLY TO THE QUALIFIED
12 INDIVIDUAL, INCLUDING ANCILLARY MEDICATIONS INTENDED TO
13 FACILITATE THE DESIRED EFFECT WHILE MINIMIZING THE INDIVIDUAL'S
14 DISCOMFORT, IF THE ATTENDING PHYSICIAN HAS A CURRENT DRUG
15 ENFORCEMENT ADMINISTRATION CERTIFICATE AND COMPLIES WITH ANY
16 APPLICABLE ADMINISTRATIVE RULE; OR

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

18 (A) CONTACT A LICENSED PHARMACIST AND INFORM THE
19 PHARMACIST OF THE PRESCRIPTION; AND

20 (B) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY, BY MAIL,
21 OR THROUGH ELECTRONIC TRANSMISSION IN THE MANNER PERMITTED
22 UNDER ARTICLE 42.5 OF TITLE 12, C.R.S., TO THE PHARMACIST, WHO
23 SHALL DISPENSE THE MEDICATION TO THE QUALIFIED INDIVIDUAL, THE
24 ATTENDING PHYSICIAN, OR AN EXPRESSLY IDENTIFIED AGENT OF THE
25 QUALIFIED INDIVIDUAL.

26 **25-47-106. Consulting physician confirmation.** (1) BEFORE AN
27 INDIVIDUAL WITH A TERMINAL ILLNESS IS QUALIFIED UNDER SECTION

1 25-47-103, A CONSULTING PHYSICIAN OF THE INDIVIDUAL'S CHOOSING
2 MUST:

3 (a) EXAMINE THE INDIVIDUAL AND HIS OR HER RELEVANT MEDICAL
4 RECORDS;

5 (b) CONFIRM, IN WRITING, THE ATTENDING PHYSICIAN'S DIAGNOSIS
6 THAT THE INDIVIDUAL IS SUFFERING FROM A TERMINAL ILLNESS AND THE
7 PROGNOSIS; AND

8 (c) VERIFY THAT THE INDIVIDUAL IS CAPABLE, IS ACTING
9 VOLUNTARILY, AND HAS MADE AN INFORMED DECISION.

10 **25-47-107. Counseling referral.** IF, IN THE OPINION OF THE
11 ATTENDING PHYSICIAN OR THE CONSULTING PHYSICIAN, AN INDIVIDUAL
12 WITH A TERMINAL ILLNESS MAY BE SUFFERING FROM A PSYCHIATRIC OR
13 PSYCHOLOGICAL DISORDER OR DEPRESSION THAT MAY IMPAIR HIS OR HER
14 ABILITY TO MAKE AN INFORMED DECISION, THE PHYSICIAN SHALL REFER
15 THE INDIVIDUAL FOR COUNSELING. THE ATTENDING PHYSICIAN SHALL NOT
16 PRESCRIBE LIFE-ENDING MEDICATION TO A QUALIFIED INDIVIDUAL WITH A
17 TERMINAL ILLNESS UNTIL THE PERSON PERFORMING THE COUNSELING
18 DETERMINES THAT THE INDIVIDUAL IS NOT SUFFERING FROM A
19 PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION THAT IMPAIRS
20 HIS OR HER ABILITY TO MAKE AN INFORMED DECISION.

21 **25-47-108. Informed decision.** A QUALIFIED INDIVIDUAL IS
22 ELIGIBLE TO RECEIVE A PRESCRIPTION FOR LIFE-ENDING MEDICATION TO
23 SELF-ADMINISTER BY INGESTION ONLY IF HE OR SHE HAS MADE AN
24 INFORMED DECISION. IMMEDIATELY PRIOR TO WRITING A PRESCRIPTION
25 FOR LIFE-ENDING MEDICATION UNDER THIS ARTICLE, THE ATTENDING
26 PHYSICIAN MUST VERIFY WHETHER THE QUALIFIED INDIVIDUAL IS MAKING
27 AN INFORMED DECISION IN ACCORDANCE WITH SECTION 25-47-105 (1) (c)

1 AND (1) (i).

2 **25-47-109. Family notification.** THE ATTENDING PHYSICIAN
3 SHALL RECOMMEND THAT THE QUALIFIED INDIVIDUAL NOTIFY HIS OR HER
4 NEXT OF KIN ABOUT THE REQUEST FOR MEDICATION PURSUANT TO THIS
5 ARTICLE. THE ATTENDING PHYSICIAN MAY APPROVE THE REQUEST FOR
6 LIFE-ENDING MEDICATION EVEN IF THE QUALIFIED INDIVIDUAL DECLINES
7 OR IS UNABLE TO NOTIFY HIS OR HER NEXT OF KIN.

8 **25-47-110. Medical record documentation requirements -**
9 **reporting requirements - department compliance reviews - rules.**

10 (1) THE APPROPRIATE HEALTH CARE PROVIDER SHALL DOCUMENT OR FILE
11 THE FOLLOWING INFORMATION IN A QUALIFIED INDIVIDUAL'S MEDICAL
12 RECORD:

13 (a) ALL ORAL REQUESTS BY A QUALIFIED INDIVIDUAL FOR
14 LIFE-ENDING MEDICATION;

15 (b) ALL WRITTEN REQUESTS BY A QUALIFIED INDIVIDUAL FOR
16 LIFE-ENDING MEDICATION;

17 (c) THE ATTENDING PHYSICIAN'S DIAGNOSIS, PROGNOSIS, AND
18 DETERMINATION THAT THE QUALIFIED INDIVIDUAL IS CAPABLE, IS ACTING
19 VOLUNTARILY, AND IS MAKING AN INFORMED DECISION;

20 (d) THE CONSULTING PHYSICIAN'S DIAGNOSIS, PROGNOSIS, AND
21 VERIFICATION THAT THE QUALIFIED INDIVIDUAL IS CAPABLE, IS ACTING
22 VOLUNTARILY, AND IS MAKING AN INFORMED DECISION;

23 (e) A REPORT OF THE OUTCOME AND DETERMINATIONS MADE
24 DURING COUNSELING, IF PERFORMED;

25 (f) THE ATTENDING PHYSICIAN'S OFFER TO THE QUALIFIED
26 INDIVIDUAL TO RESCIND HIS OR HER REQUEST PURSUANT TO SECTION
27 25-47-104 (1) (a); AND

1 (g) A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL
2 REQUIREMENTS UNDER THIS ARTICLE HAVE BEEN SATISFIED AND
3 INDICATING THE STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A
4 NOTATION OF THE MEDICATION PRESCRIBED.

5 (2) (a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
6 SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS MAINTAINED PURSUANT
7 TO THIS ARTICLE TO ENSURE COMPLIANCE. THE DEPARTMENT SHALL
8 ADOPT RULES TO FACILITATE THE COLLECTION OF INFORMATION
9 REGARDING COMPLIANCE WITH THIS ARTICLE. EXCEPT AS OTHERWISE
10 REQUIRED BY LAW, THE INFORMATION COLLECTED BY THE DEPARTMENT
11 IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR PUBLIC INSPECTION.
12 HOWEVER, THE DEPARTMENT SHALL GENERATE AND MAKE AVAILABLE TO
13 THE PUBLIC AN ANNUAL STATISTICAL REPORT OF INFORMATION
14 COLLECTED UNDER THIS SUBSECTION (2).

15 (b) THE DEPARTMENT SHALL REQUIRE ANY HEALTH CARE
16 PROVIDER, UPON DISPENSING A LIFE-ENDING MEDICATION PURSUANT TO
17 THIS ARTICLE, TO FILE A COPY OF THE DISPENSING RECORD WITH THE
18 DEPARTMENT. THE DISPENSING RECORD IS NOT A PUBLIC RECORD AND IS
19 NOT AVAILABLE FOR PUBLIC INSPECTION.

20 **25-47-111. Requirements for reporting death to coroner.**
21 WHEN THE DEATH OF A QUALIFIED INDIVIDUAL OCCURS, THE DEATH SHALL
22 BE REPORTED TO THE APPROPRIATE COUNTY CORONER. THE CORONER OR
23 HIS OR HER DESIGNEE MUST BE NOTIFIED OF THE ATTENDING PHYSICIAN'S
24 NAME AND CONTACT INFORMATION IN ORDER FOR THE CORONER TO
25 VERIFY WHETHER THE DEATH FOLLOWED THE PROCEDURES AS REQUIRED
26 IN THIS ARTICLE. ONCE THE CIRCUMSTANCES OF A DEATH REPORTED
27 PURSUANT TO THIS SECTION ARE VERIFIED, THE CORONER IS NOT REQUIRED

1 TO PERFORM AN AUTOPSY PURSUANT TO SECTION 30-10-606.5 (1) (a),
2 C.R.S.

3 **25-47-112. Colorado residency requirement.** (1) AN
4 ATTENDING PHYSICIAN SHALL GRANT A REQUEST PURSUANT TO THIS
5 ARTICLE FOR LIFE-ENDING MEDICATION ONLY IF THE REQUESTER IS A
6 COLORADO RESIDENT WHO IS QUALIFIED UNDER SECTION 25-47-103 AND
7 WHO MAKES THE REQUEST IN ACCORDANCE WITH SECTION 25-47-104.

8 (2) AN INDIVIDUAL WITH A TERMINAL ILLNESS MAY DEMONSTRATE
9 COLORADO RESIDENCY BY PROVIDING ANY OF THE FOLLOWING
10 DOCUMENTATION:

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

13 (b) A COLORADO VOTER REGISTRATION CARD OR OTHER
14 DOCUMENTATION SHOWING THE INDIVIDUAL IS REGISTERED TO VOTE IN
15 COLORADO;

16 (c) EVIDENCE THAT THE PERSON OWNS OR LEASES PROPERTY IN
17 COLORADO; OR

18 (d) A COLORADO INCOME TAX RETURN FOR THE MOST RECENT TAX
19 YEAR.

20 **25-47-113. Immunity for good faith participation - prohibition**
21 **against reprisals - exception for gross misconduct.** (1) A PERSON IS
22 NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL
23 DISCIPLINARY ACTION FOR PARTICIPATING UNDER THIS ARTICLE.

24 (2) SUBJECT TO SECTION 25-47-115, A PROFESSIONAL
25 ORGANIZATION OR ASSOCIATION OR A HEALTH CARE PROVIDER SHALL NOT
26 SUBJECT A PERSON TO ANY OF THE FOLLOWING BECAUSE THE HEALTH
27 CARE PROVIDER PARTICIPATED OR REFUSED TO PARTICIPATE UNDER THIS

1 ARTICLE:

2 (a) CENSURE;

3 (b) DISCIPLINE;

4 (c) SUSPENSION;

5 (d) LOSS OF LICENSE, PRIVILEGES, OR MEMBERSHIP; OR

6 (e) ANY OTHER PENALTY.

7 (3) A REQUEST BY A QUALIFIED INDIVIDUAL FOR, OR THE
8 PROVISION BY AN ATTENDING PHYSICIAN OF, LIFE-ENDING MEDICATION IN
9 GOOD-FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT CONSTITUTE
10 NEGLIGENCE FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR THE
11 APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

12 (4) THIS SECTION DOES NOT LIMIT CIVIL OR CRIMINAL LIABILITY
13 FOR NEGLIGENCE, RECKLESSNESS, OR INTENTIONAL MISCONDUCT.

14 **25-47-114. No duty to prescribe or dispense.** A HEALTH CARE
15 PROVIDER HAS NO DUTY, BY LAW OR CONTRACT, TO PARTICIPATE IN THE
16 PROVISION OF LIFE-ENDING MEDICATION TO A QUALIFIED INDIVIDUAL. IF
17 A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO GRANT A
18 QUALIFIED INDIVIDUAL'S REQUEST FOR LIFE-ENDING MEDICATION MADE
19 PURSUANT TO THIS ARTICLE, AND THE QUALIFIED INDIVIDUAL TRANSFERS
20 HIS OR HER CARE TO A NEW HEALTH CARE PROVIDER, THE PRIOR HEALTH
21 CARE PROVIDER SHALL TRANSFER, UPON REQUEST, A COPY OF THE
22 QUALIFIED INDIVIDUAL'S RELEVANT MEDICAL RECORDS TO THE NEW
23 HEALTH CARE PROVIDER.

24 **25-47-115. Health care provider may prohibit participation -**
25 **sanctions if provider violates policy.** (1) (a) A HEALTH CARE PROVIDER
26 MAY PROHIBIT ANOTHER HEALTH CARE PROVIDER FROM PARTICIPATING
27 UNDER THIS ARTICLE ON THE PROHIBITING HEALTH CARE PROVIDER'S

1 PREMISES. THE PROHIBITING HEALTH CARE PROVIDER MUST NOTIFY THE
2 HEALTH CARE PROVIDER IN WRITING OF ITS POLICY WITH REGARD TO
3 PARTICIPATING UNDER THIS ARTICLE.

4 (b) AS USED IN THIS SECTION, "NOTIFY" MEANS PROVIDING A
5 SEPARATE WRITTEN STATEMENT TO A HEALTH CARE PROVIDER
6 SPECIFICALLY INFORMING THE PROVIDER, PRIOR TO HIS OR HER
7 PARTICIPATION UNDER THIS ARTICLE, OF THE SANCTIONING HEALTH CARE
8 PROVIDER'S POLICY ABOUT PARTICIPATION IN ACTIVITIES COVERED UNDER
9 THIS ARTICLE.

10 (2) A HEALTH CARE PROVIDER MAY SUBJECT ANOTHER HEALTH
11 CARE PROVIDER TO THE FOLLOWING SANCTIONS IF THE SANCTIONING
12 HEALTH CARE PROVIDER HAS COMPLIED WITH SUBSECTION (1) OF THIS
13 SECTION:

14 (a) LOSS OF PRIVILEGES, LOSS OF MEMBERSHIP, OR OTHER
15 SANCTION PROVIDED PURSUANT TO THE MEDICAL STAFF BYLAWS,
16 POLICIES, AND PROCEDURES OF THE SANCTIONING HEALTH CARE
17 PROVIDER, IF THE SANCTIONED HEALTH CARE PROVIDER IS A MEMBER OF
18 THE SANCTIONING HEALTH CARE PROVIDER'S MEDICAL STAFF AND
19 PARTICIPATED UNDER THIS ARTICLE WHILE ON THE SANCTIONING
20 PROVIDER'S HEALTH CARE FACILITY PREMISES, OTHER THAN A PRIVATE
21 MEDICAL OFFICE OF A PHYSICIAN OR OTHER PROVIDER;

22 (b) TERMINATION OF A LEASE OR OTHER PROPERTY CONTRACT OR
23 OTHER NONMONETARY REMEDIES PROVIDED BY LEASE CONTRACT, OTHER
24 THAN LOSS OR RESTRICTION OF MEDICAL STAFF PRIVILEGES OR EXCLUSION
25 FROM A PROVIDER PANEL, IF THE SANCTIONED HEALTH CARE PROVIDER
26 PARTICIPATES UNDER THIS ARTICLE WHILE ON THE PREMISES OF THE
27 SANCTIONING HEALTH CARE PROVIDER OR ON PROPERTY THAT IS OWNED

1 BY OR UNDER THE DIRECT CONTROL OF THE SANCTIONING HEALTH CARE
2 PROVIDER; OR

3 (c) (I) TERMINATION OF A CONTRACT OR OTHER NONMONETARY
4 REMEDIES PROVIDED BY CONTRACT IF THE SANCTIONED PROVIDER
5 PARTICIPATES UNDER THIS ARTICLE WHILE ACTING IN THE COURSE AND
6 SCOPE OF THE SANCTIONED PROVIDER'S CAPACITY AS AN EMPLOYEE OR
7 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE
8 PROVIDER.

9 (II) NOTHING IN THIS PARAGRAPH (c) PREVENTS:

10 (A) A HEALTH CARE PROVIDER FROM PARTICIPATING UNDER THIS
11 ARTICLE WHILE ACTING OUTSIDE THE COURSE AND SCOPE OF THE
12 PROVIDER'S CAPACITY AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR;
13 OR

14 (B) AN INDIVIDUAL FROM CONTRACTING WITH HIS OR HER
15 ATTENDING PHYSICIAN AND CONSULTING PHYSICIAN TO ACT OUTSIDE THE
16 COURSE AND SCOPE OF THE PROVIDER'S CAPACITY AS AN EMPLOYEE OR
17 INDEPENDENT CONTRACTOR OF THE SANCTIONING HEALTH CARE
18 PROVIDER.

19 (3) A HEALTH CARE PROVIDER THAT IMPOSES SANCTIONS
20 PURSUANT TO THIS SECTION MUST FOLLOW ALL DUE PROCESS AND OTHER
21 PROCEDURES THE SANCTIONING HEALTH CARE PROVIDER HAS THAT ARE
22 RELATED TO THE IMPOSITION OF SANCTIONS ON ANOTHER HEALTH CARE
23 PROVIDER.

24 (4) SUSPENSION OR TERMINATION OF STAFF MEMBERSHIP OR
25 CLINICAL PRIVILEGES UNDER THIS SECTION IS NOT REPORTABLE UNDER
26 SECTION 24-34-110 (4) (d), C.R.S.

27 **25-47-116. Insurance or annuity policies.** THE SALE,

1 PROCUREMENT, OR ISSUANCE OF, OR THE RATE CHARGED FOR, ANY LIFE,
2 HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY ANY POLICY MUST
3 NOT BE CONDITIONED UPON OR AFFECTED BY THE MAKING OR RESCINDING
4 OF A REQUEST, BY AN INDIVIDUAL WITH A TERMINAL ILLNESS, FOR
5 MEDICATION TO END HIS OR HER LIFE IN ACCORDANCE WITH THIS ARTICLE.
6 A QUALIFIED INDIVIDUAL'S ACT OF INGESTING MEDICATION TO END HIS OR
7 HER LIFE IN A HUMANE AND DIGNIFIED MANNER PURSUANT TO THIS
8 ARTICLE DOES NOT AFFECT A LIFE, HEALTH, OR ACCIDENT INSURANCE OR
9 ANNUITY POLICY.

10 **25-47-117. Effect on wills, contracts, and statutes.** (1) A
11 PROVISION IN A CONTRACT, WILL, OR OTHER AGREEMENT, WHETHER
12 WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER A QUALIFIED
13 INDIVIDUAL MAY MAKE OR RESCIND A REQUEST FOR MEDICATION TO END
14 HIS OR HER LIFE PURSUANT TO THIS ARTICLE IS INVALID.

15 (2) AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING
16 CONTRACT MUST NOT BE CONDITIONED OR AFFECTED BY THE MAKING OR
17 RESCINDING OF A REQUEST BY A QUALIFIED INDIVIDUAL FOR MEDICATION
18 TO END HIS OR HER LIFE PURSUANT TO THIS ARTICLE.

19 **25-47-118. Safe disposal of unused medications.** MEDICATION
20 DISPENSED UNDER THIS ARTICLE THAT THE TERMINALLY ILL INDIVIDUAL
21 DECIDES NOT TO USE OR THAT REMAINS UNUSED AFTER THE TERMINALLY
22 ILL INDIVIDUAL'S DEATH MUST BE DISPOSED OF IN ACCORDANCE WITH
23 SECTION 25-15-328.

24 **25-47-119. Mercy killing prohibited - actions complying with**
25 **article not mercy killing.** NOTHING IN THIS ARTICLE AUTHORIZES A
26 PHYSICIAN OR ANY OTHER PERSON TO END AN INDIVIDUAL'S LIFE BY
27 LETHAL INJECTION, MERCY KILLING, OR ACTIVE EUTHANASIA. ACTIONS

1 TAKEN IN ACCORDANCE WITH THIS ARTICLE DO NOT, FOR ANY PURPOSE,
2 CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, OR HOMICIDE
3 UNDER THE "COLORADO CRIMINAL CODE", TITLE 18, C.R.S. THIS SECTION
4 DOES NOT CONFLICT WITH SECTION 1553 OF THE "PATIENT PROTECTION
5 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE
6 "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010", PUB.L.
7 111-152.

8 **25-47-120. Liabilities.** (1) A PERSON WHO, WITHOUT
9 AUTHORIZATION OF AN INDIVIDUAL WITH A TERMINAL ILLNESS AND WITH
10 THE INTENT OR EFFECT OF CAUSING THE TERMINALLY ILL INDIVIDUAL'S
11 DEATH, WILLFULLY ALTERS OR FORGES A REQUEST FOR A LIFE-ENDING
12 MEDICATION OR CONCEALS OR DESTROYS A RESCISSION OF THE REQUEST
13 COMMITS A CLASS 2 FELONY AND IS SUBJECT TO PUNISHMENT IN
14 ACCORDANCE WITH SECTION 18-1.3-401, C.R.S.

15 (2) A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON AN
16 INDIVIDUAL WITH A TERMINAL ILLNESS TO REQUEST MEDICATION FOR THE
17 PURPOSE OF ENDING THE TERMINALLY ILL INDIVIDUAL'S LIFE OR TO
18 DESTROY A RESCISSION OF A REQUEST FOR LIFE-ENDING MEDICATION
19 COMMITS A CLASS 2 FELONY AND IS SUBJECT TO PUNISHMENT IN
20 ACCORDANCE WITH SECTION 18-1.3-401, C.R.S.

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

24 (4) THE PENALTIES SPECIFIED IN THIS ARTICLE DO NOT PRECLUDE
25 CRIMINAL PENALTIES APPLICABLE UNDER OTHER LAW FOR CONDUCT THAT
26 FAILS TO COMPLY WITH THIS ARTICLE.

27 **25-47-121. Claims by government entity for costs.** A

1 GOVERNMENT ENTITY THAT INCURS COSTS RESULTING FROM AN
2 INDIVIDUAL TERMINATING HIS OR HER LIFE PURSUANT TO THIS ARTICLE IN
3 A PUBLIC PLACE HAS A CLAIM AGAINST THE ESTATE OF THE INDIVIDUAL TO
4 RECOVER THE COSTS AND REASONABLE ATTORNEY FEES RELATED TO
5 ENFORCING THE CLAIM.

6 **25-47-122. No effect on advance medical directives.**

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

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

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

13 (c) AN ADVANCE MEDICAL DIRECTIVE EXECUTED UNDER ARTICLE
14 18.7 OF TITLE 15, C.R.S.

15 **SECTION 2. Exception to the requirements of section 2-2-703,**
16 **Colorado Revised Statutes.** The general assembly hereby finds that the
17 enactment of section 25-47-120, Colorado Revised Statutes, enacted in
18 section 1 of this act, will result in the minor fiscal impact of one
19 additional offender being convicted and sentenced to the department of
20 corrections during the five years following passage of this act. Because
21 of the relative insignificance of this degree of fiscal impact, this
22 enactment is an exception to the five-year appropriation requirements
23 specified in section 2-2-703, Colorado Revised Statutes.

24 **SECTION 3. Applicability.** This act applies to conduct occurring
25 on or after July 1, 2015.

26 **SECTION 4. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, and safety.